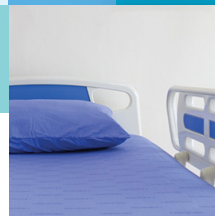


DURABLE MEDICAL EQUIPMENT





2020 – Durable Medical Equipment Formulary (List of Durable Medical Equipment (DME) covered subject to specific brands or manufacturers)

This formulary is effective from January 1, 2020. For more recent information or questions, please contact our Member Service Center at **1-888-620-1919** toll free, for TTY users should call **1-866-620-2520** from Monday to Sunday from 8:00 a.m. to 8:00 p.m., or visit our website www.sssadvantage.com.

This formulary contains a list of *DME*, review this document to identify if there is any equipment or supplies subject to the requirements contained in this formulary. This document includes the list of DME subject to a specific brand or manufacturer for our plan, and is updated to January 1, 2020.

What is the *DME* formulary of Triple-S Advantage, Inc.?

A formulary is a list of items covered by Triple-S Advantage, Inc. subject to a specific brands or manufacturers are necessary for a quality treatment program. The *DME* items listed on this formulary will be covered by Triple-S Advantage, Inc. if they are medically necessary. The physician's medical order must be granted by a contracted physician by Triple-S Advantage, Inc. and the *DME* will be supplied by a vendor contracted.

The *DME* formulary can change?

In general, if you're using one of the item that appear in our formulary and the item was covered at the beginning of the year, this article will continue to be covered by Triple-S Advantage, Inc., during the year of 2020, except if a new item and less expensive item is made available or if there is any adverse information about the safety or effectiveness of the item.

Are there any restrictions on my coverage?

All *DME* and/or supplies must comply with the criteria for Medicare coverage. The doctor must confirm that the coverage criteria are met and should be documented in the medical record. In addition to the validation of the criteria of coverage by the doctor, some items covered may have additional requirements or limits of coverage. These requirements and limits may include:

- **Prior authorization:** Triple-S Advantage, Inc. requires that you or your doctor get a prior authorization for certain items. This means that you need to obtain an approval from us prior to receiving the equipment/supplies or related service. If you do not get prior authorization, Triple-S Advantage, Inc. may not cover the item.
- **Quantity Limit:** For certain items, Triple-S Advantage, Inc. limits the amount of supplies that we cover.

To find out if your item has additional requirements or limits of coverage, look on the formulary that begins in the page #1.

You may request Triple-S Advantage, Inc. to make an exception to the restrictions or limits of the list of DME to the equipment brands or supplies from this list by another brand/manufacturer that is medically necessary to treat your health condition. See the section "How do I request an exception to the DME formulary"? Refer to the page **B** to learn how to request an exception.

What happens if my supplies or DME article requested does not appear on the formulary?

If your supplies or DME are not included in this formulary, please contact us first with Member Services and ask whether their supplies/equipment are covered. If the representative indicates that the supplies/equipment is covered and does not appear in the formulary, it means that the supplies/equipment does not have restrictions of brand or manufacturer, or requirements for prior authorization. You can send the order directly to the DME provider hired:

Clinical Medical Services
PO BOX 3569
Carolina, PR 00983-3569
Tel. (787) 620-2900
Fax (787) 474-2800

If Triple-S Advantage, Inc. indicates that does not cover your supplies/equipment, you can Triple-S Advantage, Inc. to make an exception to cover them. Below tells you about how to request an exception.

How do I request an exception to the DME formulary of Triple-S Advantage, Inc.?

You may request to Triple-S Advantage, Inc. to make an exception to the rules of coverage when is medically necessary. There are several types of exceptions that you can request.

- You can request that we cover an article of a different brand or manufacturer. Your doctor should make this request and must submit it as a request for prior authorization for brand and/or manufacturer accompanied by appropriate documentation that supports the medical necessity of such brand and/ or manufacture.
- You can request that we cover an article if is not listed as a covered service. If approved, the article will be covered at a predetermined level of cost-sharing.
- You can request that we remove the restrictions of coverage limits for your article. For example, for certain articles, Triple-S Advantage, Inc. limited the quantity of the article that can be covered. If the article has a quantity limit, we may request that we remove the limit and we cover a larger quantity. Triple-S Advantage, Inc. will validate, in coordination with the prescribing physician, the medical necessity of the request.

Call Member Services and refer to your evidence of coverage (Chapter 9 - What to do if you have a problem or complaint (coverage decisions, appeals, complaints)), that tells you step by step how to request a Coverage decision and make appeals.

Triple-S Advantage, Inc. is an independent licensee of BlueCross BlueShield Association.

The pharmacy network, and provider network may change at any time. You will receive notice when necessary.

Triple-S Advantage, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Triple-S Advantage, Inc. cumple con las leyes federales aplicables de derechos civiles y no discrimina por razón de raza, color, origen de nacionalidad, edad, discapacidad, o sexo. Triple-S Advantage Inc.

遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística están disponibles libre de cargo para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520). **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call: 1-888-620-1919 (TTY: 1-866-620-2520).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-620-1919 (TTY: 1-866-620-2520).

Member Services also has free language interpreter services available for non-English speakers.

This document is also available in alternate formats such as Braille, large print, and audio tapes.

Automatic External Defibrillators				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
K0607	Replacement battery for automated external defibrillator, garment type only, each	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
K0608	Replacement garment for use with automated external defibrillator, each	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines

Canes, crutches, walkers & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4635	Underarm pad, crutch, replacement, each	Drive Medical	DRIVE	1 / every 5 years
A4636	Replacement, handgrip, cane, crutch, or walker, each	Drive Medical	DRIVE	1 / every 5 years
A4637	Replacement, tip, cane, crutch, walker, each.	Drive Medical	DRIVE	1 / every 5 years
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	Drive Medical	DRIVE	1 / every 5 years
E0105	Cane, quad or three prongs, includes canes of all materials, adjustable or fixed, with tips	Drive Medical	DRIVE	1 / every 5 years

Canes, crutches, walkers & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Drive Medical	DRIVE	1 / every 5 years
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	Drive Medical	DRIVE	1 / every 5 years
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	Drive Medical	DRIVE	1 / every 5 years
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	Drive Medical	DRIVE	1 / every 5 years
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	Drive Medical	DRIVE	1 / every 5 years
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Drive Medical	DRIVE	1 / every 5 years
E0130	Walker, rigid (pickup), adjustable or fixed height	Drive Medical	DRIVE	1 / every 5 years
E0135	Walker, folding (pickup), adjustable or fixed height	Drive Medical	DRIVE	1 / every 5 years
E0140	Walker, with trunk support, adjustable or fixed height, any type	Drive Medical	DRIVE	1 / every 5 years
E0141	Walker, rigid, wheeled, adjustable or fixed height	Drive Medical	DRIVE	1 / every 5 years
E0143	Walker, folding, wheeled, adjustable or fixed height	Drive Medical	DRIVE	1 / every 5 years

Canes, crutches, walkers & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0143	Walker, folding, wheeled, adjustable or fixed height	Drive Medical	DRIVE	1 / every 5 years
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Drive Medical	DRIVE	1 / every 5 years
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	Drive Medical	DRIVE	1 / every 5 years
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Drive Medical	DRIVE	1 / every 5 years
E0153	Platform attachment, forearm crutch, each	Drive Medical	DRIVE	1 / every 5 years
E0154	Platform attachment, walker, each	Drive Medical	DRIVE	1 / every 5 years
E0155	Wheel attachment, rigid pick-up walker, per pair	Drive Medical	DRIVE	1 / every 5 years
E0156	Seat attachment, walker	Drive Medical	DRIVE	1 / every 5 years
E0157	Crutch attachment, walker, each	Drive Medical	DRIVE	1 / every 5 years
E0158	Leg extensions for walker, per set of four (4)	Drive Medical	DRIVE	1 / every 5 years
E0159	Brake attachment for wheeled walker, replacement, each	Drive Medical	DRIVE	1 / every 5 years

Commodes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0160	Sitz type bath or equipment, portable, used with or without commode	Medline	Medline	1 / every 5 years
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	Medline	Medline	1 / every 5 years

Commodes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0163	Commode chair, mobile or stationary, with fixed arms	Drive Medical	DRIVE	1 / every 5 years
E0165	Commode chair, mobile or stationary, with detachable arms	Drive Medical	DRIVE	1 / every 5 years
E0167	Pail or pan for use with commode chair, replacement only	Drive Medical	Drive Medical	1 / every 5 years
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Drive Medical	DRIVE	1 / every 5 years
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Lifseat	Lifseat	1 / every 5 years
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Uplift	Uplift	1 / every 5 years
E0175	Foot rest, for use with commode chair, each	Drive Medical	Drive Medical	1 / every 5 years
E0162	Sitz Bath Chair	Drive Medical	Drive Medical	1 / every 5 years

Continuous Passive Motion Equipment				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0935	Continuous passive motion exercise device for use on knee only	Kinetec USA	USA CPM KINETEC	Continuous passive motion devices are devices Covered for patients who have received a total knee replacement. To qualify for coverage, use of the device must commence within 2 days following surgery. In addition, coverage is limited to that portion of the three-week period following surgery during which the device is used in the patient's home. There is insufficient evidence to justify coverage of these devices for longer periods of time or for other applications.

CPAP, BiPAP and Respiratory Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4604	Tubing with integrated heating element for use with positive airway pressure device	Philips Respironics	Philips Respironics	1 per 3 months

CPAP, BiPAP and Respiratory Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A7020	Interface for cough stimulating device, includes all components, replacement only	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Philips Respironics	Philips Respironics	1 / every 5 years
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Philips Respironics / ResMed	Philips Respironics / ResMed	2 per 1 month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Philips Respironics / ResMed	Philips Respironics / ResMed	2 per 1 month
A7030	Full face mask used with positive airway pressure device, each	Philips Respironics / ResMed	COMFORTGEL, AMARA VIEW AND AMARA	1 per 3 months
A7031	Face mask interface, replacement for full face mask, each	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 1 month
A7032	Cushion for use on nasal mask interface, replacement only, each	Philips Respironics / ResMed	Philips Respironics / ResMed	2 per 1 month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Philips Respironics / ResMed	Philips Respironics / ResMed	2 per 1 month

CPAP, BiPAP and Respiratory Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Philips Respironics / ResMed	COMFORT GEL BLUE, TRUEBLUE GEL, WISP, OPTILIFE, NUANCE, DREAMWEAR AND NUANCE PRO	1 per 3 months
A7035	Headgear used with positive airway pressure device	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 6 months
A7036	Chinstrap used with positive airway pressure device	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 6 months
A7037	Tubing used with positive airway pressure device	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 3 months
A7038	Filter, disposable, used with positive airway pressure device	Philips Respironics / ResMed	Philips Respironics / ResMed	2 per 1 month
A7039	Filter, non-disposable, used with positive airway pressure device	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 6 months
A7044	Oral interface used with positive airway pressure device, each	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Philips Respironics / ResMed	Philips Respironics / ResMed	1 per 6 months

CPAP, BiPAP and Respiratory Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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)	Philips Respironics / ResMed	DreamStation BPAP Pro	1 / every 5 years
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)	Philips Respironics / ResMed	DREAMSTATION	1 / every 5 years
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)	Philips Respironics	Trilogy	1 / every 5 years
E0480	Percussor, electric or pneumatic, home model	HillRom	HillRom	1 / every 5 years
E0482	Cough stimulating device, alternating positive and negative airway pressure	Philips Respironics	COUGH ASSIST	1 / every 5 years
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	RESPIRTECH	INCOURAGE SYSTEM - CHEST COMPRESSION	1 / every 5 years

CPAP, BiPAP and Respiratory Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Generic upon availability	Generic upon availability	1 / every 5 years
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	HillRom	HillRom	1 / every 5 years
E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	Drive Medical	Drive Medical	1 / every 5 years
E0560	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery	Drive Medical	Drive Medical	1 / every 5 years
E0561	Humidifier, non-heated, used with positive airway pressure device	Philips Respironics / ResMed	Dreamstation	1 / every 5 years
E0562	Humidifier, heated, used with positive airway pressure device	Philips Respironics / ResMed	Dreamstation	1 / every 5 years
E0601	Continuous positive airway pressure (cpap) device	Philips Respironics / ResMed	DreamStation CPAP	1 / every 5 years
E0618	Apnea monitor, without recording feature	Philips Respironics	Philips Respironics	1 / every 5 years
A4614	Peak Expiratory Flow Rate Meter, Hand Held	Medline	Medline	Limits for coverage are not established in the Medicare Guidelines

Enteral Nutrition / Infusion Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	Interstate	Interstate	1 / every 5 years
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	Coloplast	Coloplast	Limits for coverage are not established in the Medicare Guidelines
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Medline	Medline	1 per day
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Medline	Enfit	1 per day
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Medline	Medline	1 per day
B4081	Nasogastric tubing with stylet	Medline	Medline	More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunosomy tube (B4087-B4088) every three months is not reasonable and necessary.

Enteral Nutrition / Infusion Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
B4082	Nasogastric tubing without stylet	Medline	Medline	More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunosomy tube (B4087-B4088) every three months is not reasonable and necessary.
B4083	Stomach tube - levine type	Covidien	Covidien	More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunosomy tube (B4087-B4088) every three months is not reasonable and necessary.
B4087	Gastrostomy/jejunosomy tube, standard, any material, any type, each	Halyard Health	MIC	More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunosomy tube (B4087-B4088) every three months is not reasonable and necessary.
B4088	Gastrostomy/jejunosomy tube, low-profile, any material, any type, each	Halyard Health	MIC-KEY	More than three nasogastric tubes (B4081-B4083), or one gastrostomy/jejunosomy tube (B4087-B4088) every three months is not reasonable and necessary.

Enteral Nutrition / Infusion Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)

Enteral Nutrition / Infusion Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)

Enteral Nutrition / Infusion Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Abbott / Nestle	Abbott / Nestle	Based on Medical Order (Nutritional Requirements)
B9000	Enteral nutrition infusion pump - without alarm	MEDLINE	ENTRAFLO	Refer to coverage for B9002
B9002	Enteral nutrition infusion pump - with alarm	MEDLINE	ENTRAFLO	1 / every 5 years
E0620	Skin piercing device for collection of capillary blood, laser, each	No Manufacturer	No Manufacturer	The medical necessity for a laser skin piercing device (code E0620) and related lens shield cartridge (code A4257) has not been established; therefore, claims for code E0620 and/or code A4257 will be denied as not reasonable and necessary.
E0776	Iv pole	Drive Medical	Drive Medical	1 / every 5 years

Enteral Nutrition / Infusion Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Drive Medical	Drive Medical	1 / every 5 years
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Drive Medical	Drive Medical	1 / every 5 years
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volts, each	Drive Medical	Drive Medical	1 / every 5 years
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Drive Medical	Drive Medical	1 / every 5 years
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Drive Medical	Drive Medical	1 / every 5 years
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Drive Medical	Drive Medical	1 / every 5 years

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4310	Insertion tray without drainage bag and without catheter (accessories only)	MEDLINE	MEDLINE	CATHETER INSERTION TRAY (A4310-A4316, A4353, and A4354) One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not reasonable and necessary. One intermittent catheter with insertion supplies (A4353) will be covered per episode of reasonable and necessary sterile intermittent catheterization

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for routine catheter maintenance. CATHETER INSERTION TRAY (A4310- A4316, A4353, and A4354) One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not reasonable and necessary. One intermittent catheter with insertion supplies (A4353) will be covered per episode of reasonable and necessary sterile intermittent catheterization

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for routine catheter maintenance. CATHETER INSERTION TRAY (A4310- A4316, A4353, and A4354) One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not reasonable and necessary. One intermittent catheter with insertion supplies (A4353) will be covered per episode of reasonable and necessary sterile intermittent catheterization

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for routine catheter maintenance. CATHETER INSERTION TRAY (A4310- A4316, A4353, and A4354) One insertion tray will be covered per episode of indwelling catheter insertion. More than one tray per episode will be denied as not reasonable and necessary. One intermittent catheter with insertion supplies (A4353) will be covered per episode of reasonable and necessary sterile intermittent catheterization

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	Coloplast / Convatec	Coloplast / Convatec	1 per month
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	Coloplast / Convatec	Coloplast / Convatec	1 per month
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	Coloplast / Convatec	Coloplast / Convatec	1 per month
A4320	Irrigation tray with bulb or piston syringe, any purpose	COVIDIEN	COVIDIEN	Limits for coverage are not established in the Medicare Guidelines
A4321	Therapeutic agent for urinary catheter irrigation	Coloplast / Convatec	Coloplast / Convatec	Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction (a4321), will be denied as not reasonable and necessary.
A4322	Irrigation syringe, bulb or piston, each	COVIDIEN	COVIDIEN	Limits for coverage are not established in the Medicare Guidelines

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4326	Male external catheter with integral collection chamber, any type, each	Coloplast / Convatec	Coloplast / Convatec	2 / per month
A4327	Female external urinary collection device; meatal cup, each	Coloplast / Convatec	Coloplast / Convatec	For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be denied as not reasonable and necessary.
A4328	Female external urinary collection device; pouch, each	Coloplast / Convatec	Coloplast / Convatec	For female external urinary collection devices, more than one meatal cup (A4327) per week or more than one pouch (A4328) per day will be denied as not reasonable and necessary.
A4330	Perianal fecal collection pouch with adhesive, each	Coloplast	Coloplast	Limits for coverage are not established in the Medicare Guidelines
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4332	Lubricant, individual sterile packet, each	Coloplast / Convatec	Coloplast / Convatec	Usual Maximum Quantity of Supplies 200 PER MONTH

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Coloplast / Convatec	Coloplast / Convatec	Adhesive catheter anchoring devices (A4333) and catheter leg straps (A4334) for indwelling urethral catheters are covered. More than 3 per week of A4333 or 1 per month of A4334 will be denied as not reasonable and necessary
A4334	Urinary catheter anchoring device, leg strap, each	Coloplast / Convatec	Coloplast / Convatec	Adhesive catheter anchoring devices (A4333) and catheter leg straps (A4334) for indwelling urethral catheters are covered. More than 3 per week of A4333 or 1 per month of A4334 will be denied as not reasonable and necessary
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				routine catheter maintenance.
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for routine catheter maintenance.
A4344	Indwelling catheter, foley type, two-way, all silicone, each	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for routine catheter maintenance.
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each	Coloplast / Convatec	Coloplast / Convatec	INDWELLING CATHETERS (A4311 - A4316, A4338 - A4346) No more than one catheter per month is covered for routine catheter maintenance.

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4349	Male external catheter, with or without adhesive, disposable, each	Coloplast / Convatec	Coloplast / Convatec	The utilization of male external catheters (A4349) generally should not exceed 35 per month. Greater utilization of these devices must be accompanied by documentation of medical necessity.
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Coloplast / Convatec	Coloplast / Convatec	Usual Maximum Quantity of Supplies 200 PER MONTH
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Coloplast / Convatec	Coloplast / Convatec	Usual Maximum Quantity of Supplies 200 PER MONTH
A4353	Intermittent urinary catheter, with insertion supplies	Coloplast / Convatec	Coloplast / Convatec	Usual Maximum Quantity of Supplies 200 PER MONTH
A4354	Insertion tray with drainage bag but without catheter	Coloplast / Convatec	Coloplast / Convatec	1 per month
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	Coloplast / Convatec	Coloplast / Convatec	More than one irrigation tubing set per day for continuous catheter irrigation will

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				be denied as not reasonable and necessary.
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	Coloplast / Convatec	Coloplast / Convatec	One external urethral clamp or compression device (A4356) is covered every 3 months or sooner if the rubber/foam casing deteriorates.
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	Coloplast / Convatec	Coloplast / Convatec	2 per month
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Coloplast / Convatec	Coloplast / Convatec	2 per month
A4361	Ostomy faceplate, each	Coloplast / Convatec	Coloplast / Convatec	3 per 6 months
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4363	Ostomy clamp, any type, replacement only, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4364	Adhesive, liquid or equal, any type, per oz.	Coloplast / Convatec	Coloplast / Convatec	4 per month
A4366	Ostomy vent, any type, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4367	Ostomy belt, each	Coloplast / Convatec	Coloplast / Convatec	1 per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4368	Ostomy filter, any type, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	Coloplast / Convatec	Coloplast / Convatec	2 per month
A4371	Ostomy skin barrier, powder, per oz.	Coloplast / Convatec	Coloplast / Convatec	10 per 6 months
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Coloplast / Convatec	Coloplast / Convatec	10 per month
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Coloplast / Convatec	Coloplast / Convatec	10 per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4384	Ostomy faceplate equivalent, silicone ring, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 / per month
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4396	Ostomy belt with peristomal hernia support	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4397	Irrigation supply; sleeve, each	Coloplast / Convatec	Coloplast / Convatec	4 per month
A4398	Ostomy irrigation supply; bag, each	Coloplast / Convatec	Coloplast / Convatec	2 per 6 months
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	Coloplast / Convatec	Coloplast / Convatec	2 per 6 months
A4400	Ostomy irrigation set	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A4402	Lubricant, per ounce	Coloplast / Convatec	Coloplast / Convatec	4 per month
A4404	Ostomy ring, each	Coloplast / Convatec	Coloplast / Convatec	10 per month
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Coloplast / Convatec	Coloplast / Convatec	4 per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Coloplast / Convatec	Coloplast / Convatec	4 per month
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	Coloplast / Convatec	Coloplast / Convatec	4 per month
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), without filter, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2-piece system), with filter, each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2-piece system), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2-piece system), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2-piece system), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 / per month
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	Medline	Medline	20 / per month
A4450	Tape, non-waterproof, per 18 square inches	Coloplast / Convatec	Coloplast / Convatec	40 per month
A4452	Tape, waterproof, per 18 square inches	Coloplast / Convatec	Coloplast / Convatec	40 per month
A4455	Adhesive remover or solvent (for tape, cement or another adhesive), per ounce	Coloplast / Convatec	Coloplast / Convatec	16 per 6 months
A4456	Adhesive remover, wipes, any type, each	Medline	Medline	50 per month
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A5053	Ostomy pouch, closed; for use on faceplate, each	Coloplast / Convatec	Coloplast / Convatec	60 per month
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	60 per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A5055	Stoma cap	Coloplast / Convatec	Coloplast / Convatec	31 per month
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	40 per month
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	40 per month
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5063	Ostomy pouch, drainable; for use on barrier with flange (2-piece system), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5081	Stoma plug or seal, any type	Coloplast / Convatec	Coloplast / Convatec	31 per month
A5082	Continent device; catheter for continent stoma	Coloplast / Convatec	Coloplast / Convatec	1 per month
A5082	Continent device; catheter for continent stoma	Coloplast / Convatec	Coloplast / Convatec	1 per month
A5083	Continent device, stoma absorptive cover for continent stoma	Coloplast	COLOPLAST	150 per month

Equipment for urological / ostomy supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A5093	Ostomy accessory; convex insert	Coloplast / Convatec	Coloplast / Convatec	10 per month
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Coloplast / Convatec	Coloplast / Convatec	2 per 6 months
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Coloplast / Convatec	Coloplast / Convatec	2 per 6 months
A5105	Urinary suspensory with leg bag, with or without tube, each	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	Coloplast / Convatec	Coloplast / Convatec	1 per month
A5113	Leg strap; latex, replacement only, per set	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A5114	Leg strap; foam or fabric, replacement only, per set	Coloplast / Convatec	Coloplast / Convatec	Limits for coverage are not established in the Medicare Guidelines
A5120	Skin barrier, wipes or swabs, each	Coloplast / Convatec	Coloplast / Convatec	150 per 6 months
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5126	Adhesive or non-adhesive; disk or foam pad	Coloplast / Convatec	Coloplast / Convatec	20 per month
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	Coloplast / Convatec	Coloplast / Convatec	1 per month

Heating Pad, Paraffin and Lamps				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4265	Paraffin, per pound	Fabrication Enterprise	Fabrication Enterprise	Limits for coverage are not established in the Medicare Guidelines
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	Drive Medical	Drive Medical	1 / every 5 years
E0202	Phototherapy (bilirubin) light with photometer	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0205	Heat lamp, with stand, includes bulb, or infrared element	Drive Medical	Drive Medical	1 / every 5 years
E0210	Electric heat pad, standard	HOME AIDE	HOME AIDE	1 / every 5 years
E0225	Hydrocollator unit, includes pads	Drive Medical	Drive Medical	1 / every 5 years
E0235	Paraffin bath unit, portable (see medical supply code a4265 for paraffin)	Fabrication Enterprise	Fabrication Enterprise	Limits for coverage are not established in the Medicare Guidelines
E0236	Pump for water circulating pad	Kinetec USA	Kinetec USA	1 / every 5 years
E0239	Hydrocollator unit, portable	Drive Medical	Drive Medical	1 / every 5 years
E0249	Pad for water circulating heat unit, for replacement only	Drive Medical	Drive Medical	1 / every 5 years
A4633	Replacement Bulb/Lamp for Ultraviolet Light Therapy System, Each	Generic upon availability	Generic upon availability	Limits for coverage are not established in the Medicare Guidelines

Hospital beds, mattresses and pressure reducing surfaces (accessories and equipment)				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0193	Powered air flotation bed (low air loss therapy)	Kinetec USA	Kinetec USA	1 / every 5 years
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
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	Drive Medical	Drive Medical	1 / every 5 years
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Drive Medical	Drive Medical	1 / every 5 years
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	Drive Medical	Drive Medical	1 / every 5 years
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Drive Medical	Drive Medical	1 / every 5 years
E0280	Bed cradle, any type	Drive Medical	Drive Medical	1 / every 5 years

Hospital beds, mattresses and pressure reducing surfaces (accessories and equipment)				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Drive Medical	Drive Medical	1 / every 5 years
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Drive Medical	Drive Medical	1 / every 5 years
E0182	Pump for alternating pressure pad, for replacement only	Drive Medical	Drive Medical	1 / every 5 years
E0184	Dry pressure mattress	Drive Medical	Drive Medical	1 / every 5 years
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 / every 5 years
E0186	Air pressure mattress	Drive Medical	Drive Medical	1 / every 5 years
E0187	Water pressure mattress	Drive Medical	Drive Medical	1 / every 5 years
E0188	Synthetic sheepskin pad	Drive Medical	Drive Medical	1 / every 5 years
E0189	Lambswool sheepskin pad, any size	Drive Medical	Drive Medical	1 / every 5 years
E0191	Heel or elbow protector, each	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0196	Gel pressure mattress	Drive Medical	Drive Medical	1 / every 5 years
E0197	Air pressure pad for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 / every 5 years
E0198	Water pressure pad for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 / every 5 years

Hospital beds, mattresses and pressure reducing surfaces (accessories and equipment)				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0199	Dry pressure pad for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 / every 5 years
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Drive Medical	Drive Medical	1 / every 5 years
E0251	Hospital bed, fixed height, with any type side rails, without mattress	Drive Medical	Drive Medical	1 / every 5 years
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Drive Medical	Drive Medical	1 / every 5 years
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Drive Medical	Drive Medical	1 / every 5 years
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Drive Medical	Competitor	1 / every 5 years
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Drive Medical	Competitor	1 / every 5 years
E0271	Mattress, innerspring	Drive Medical	Drive Medical	1 / every 5 years
E0272	Mattress, foam rubber	Drive Medical	Drive Medical	1 / every 5 years
E0277	Powered pressure-reducing air mattress	Drive Medical	Drive Medical	1 / every 5 years
E0290	Hospital bed, fixed height, without side rails, with mattress	Drive Medical	Drive Medical	1 / every 5 years
E0291	Hospital bed, fixed height, without side rails, without mattress	Drive Medical	Drive Medical	1 / every 5 years

Hospital beds, mattresses and pressure reducing surfaces (accessories and equipment)				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Drive Medical	Drive Medical	1 / every 5 years
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Drive Medical	Drive Medical	1 / every 5 years
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Drive Medical	Drive Medical	1 / every 5 years
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Drive Medical	Drive Medical	1 / every 5 years
E0305	Bed side rails, half length	Drive Medical	Drive Medical	1 / every 5 years
E0310	Bed side rails, full length	Drive Medical	Drive Medical	1 / every 5 years
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Drive Medical	Drive Medical	1 / every 5 years
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 / every 5 years
E0372	Powered air overlay for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 / every 5 years
E0373	Nonpowered advanced pressure reducing mattress	Drive Medical	Drive Medical	1 / every 5 years

Lymphedema and Compression Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0650	Pneumatic compressor, non-segmental home model	BioCompression	BioCompression	1 / every 5 years
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	BioCompression	BioCompression	1 / every 5 years
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	BioCompression	BioCompression	1 / every 5 years
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	BioCompression	BioCompression	1 / every 5 years
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	BioCompression	BioCompression	1 / every 5 years
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	BioCompression	BioCompression	1 / every 5 years
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	BioCompression	BioCompression	1 / every 5 years
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	BioCompression	BioCompression	1 / every 5 years
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	BioCompression	BioCompression	1 / every 5 years
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	BioCompression	BioCompression	1 / every 5 years

Lymphedema and Compression Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	BioCompression	BioCompression	1 / every 5 years
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	BioCompression	BioCompression	1 / every 5 years
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	BioCompression	BioCompression	1 / every 5 years
E0671	Segmental gradient pressure pneumatic appliance, full leg	BioCompression	BioCompression	1 / every 5 years
E0672	Segmental gradient pressure pneumatic appliance, full arm	BioCompression	BioCompression	1 / every 5 years
E0673	Segmental gradient pressure pneumatic appliance, half leg	BioCompression	BioCompression	1 / every 5 years
E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral or Bilateral System)	BioCompression	BioCompression	1 / every 5 years

Medical Lifters				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0621	Sling or seat, patient lift, canvas or nylon	Drive Medical	Drive Medical	1 / every 5 years
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Drive Medical	Drive Medical	1 / every 5 years

Medical Lifters				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0635	Patient lift, electric with seat or sling	Drive Medical	Drive Medical	1 / every 5 years
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	AryLift	AryLift	1 / every 5 years
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Drive Medical	Drive Medical	1 / every 5 years
E0640	Patient lift, fixed system, includes all components/accessories	Drive Medical	Drive Medical	1 / every 5 years
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Drive Medical	DRIVE	1 / every 5 years
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Drive Medical	Drive Medical	1 / every 5 years
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Drive Medical	Drive Medical	1 / every 5 years
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.	Drive Medical	Drive Medical	1 / every 5 years
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	Drive Medical	Drive Medical	1 / every 5 years

Monitors & Supplies for Diabetes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	Trividia Health	Trividia Health	Limits for coverage are not established in the Medicare Guidelines
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	Trividia Health	Trividia Health	Limits for coverage are not established in the Medicare Guidelines
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Trividia Health	Trividia Health	Limits for coverage are not established in the Medicare Guidelines
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Trividia Health	Trividia Health	Limits for coverage are not established in the Medicare Guidelines

Monitors & Supplies for Diabetes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Trividia Health	True Metrix	The quantity of test strips (code A4253) and lancets (code A4259) that are covered depends on the usual medical needs of the beneficiary and whether or not the beneficiary is being treated with insulin Usual Utilization For a beneficiary who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if basic coverage criteria are met. For a beneficiary who is currently being treated with insulin injections, up to 300 test strips and up to 300 lancets every 3 months are covered if basic coverage criteria are met.
A4255	Platforms for home blood glucose monitor, 50 per box	Trividia Health	TRIVIDIA	Limits for coverage are not established

Monitors & Supplies for Diabetes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				in the Medicare Guidelines
A4256	Normal, low and high calibrator solution / chips	Trividia Health	Trividia Health	Limits for coverage are not established in the Medicare Guidelines
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	Trividia Health	Trividia Health	The medical necessity for a laser skin piercing device (code E0620) and related lens shield cartridge (code A4257) has not been established; therefore, claims for code E0620 and/or code A4257 will be denied as not reasonable and necessary
A4258	Spring-powered device for lancet, each	HOME AIDE	HOME AIDE	More than one spring powered device (code A4258) per 6 months is not reasonable and necessary.

Monitors & Supplies for Diabetes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4259	Lancets, per box of 100	HOME AIDE	EASY COMFORTTWIST TOP	The quantity of test strips (code A4253) and lancets (code A4259) that are covered depends on the usual medical needs of the beneficiary and whether or not the beneficiary is being treated with insulin Usual Utilization For a beneficiary who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if basic coverage criteria are met. For a beneficiary who is currently being treated with insulin injections, up to 300 test strips and up to 300 lancets every 3 months are covered if basic coverage criteria are met.
E0607	Home blood glucose monitor	Trividia Health	True Metrix	1 / every 5 years

Monitors & Supplies for Diabetes				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2100	Blood glucose monitor with integrated voice synthesizer	HOME AIDE	EASY TALK	1 / every 5 years
E2101	Blood glucose monitor with integrated lancing/blood sample	HOME AIDE	HOME AIDE	1 / every 5 years

Nebulizers and Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Covidien	Covidien	Limits for coverage are not established in the Medicare Guidelines
A4217	Sterile water/saline, 500 ml	Baxter	Baxter	Limits for coverage are not established in the Medicare Guidelines
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	Cardinal Health	Cardinal Health	2 per month
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	Drive Medical	Drive Medical	2 per month (in addition to A7003)
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	Drive Medical	Drive Medical	1 per 6 months
A7006	Administration set, with small volume filtered pneumatic nebulizer	Drive Medical	Drive Medical	1 per month
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	Drive Medical	Drive Medical	2 per month
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Drive Medical	Drive Medical	Limits for coverage are not established

Nebulizers and Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				in the Medicare Guidelines
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	Drive Medical	Drive Medical	One unit (100 ft.)/ PER 2 MONTHS
A7012	Water collection device, used with large volume nebulizer	Drive Medical	Drive Medical	2 per month
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	Drive Medical	Drive Medical	2 per month
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	Drive Medical	Drive Medical	1 PER 3 MONTHS
A7015	Aerosol mask, used with DME nebulizer	Cardinal Health	Cardinal Health	1 per month
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	Cardinal Health	Cardinal Health	2 PER YEAR
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	Drive Medical	Drive Medical	1 per 3 years
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines

Nebulizers and Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	Philips Respironics	Philips Respironics	1 / every 5 years
E0570	Nebulizer, with compressor	Drive Medical	Power Neb Ultra Nebulizer	1 / every 5 years
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	Drive Medical	Drive Medical	1 / every 5 years
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Philips Respironics	Philips Respironics	1 / every 5 years
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Drive Medical	Drive Medical	1 / every 5 years
E0585	Nebulizer, with compressor and heater	Drive Medical	Drive Medical	1 / every 5 years
E1372	Immersion external heater for nebulizer	Drive Medical	Drive Medical	1 per 3 years
K0730	Controlled dose inhalation drug delivery system			Limits for coverage are not established in the Medicare Guidelines

Osteogenesis stimulator				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4559	Coupling gel or paste, for use with ultrasound device, per oz.	HR Pharmaceuticals Inc	HR Pharmaceuticals Inc	Limits for coverage are not established in the Medicare Guidelines
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Orthofix	Orthofix	Limits for coverage are not established in the Medicare Guidelines

Osteogenesis stimulator				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Orthofix	Orthofix	Limits for coverage are not established in the Medicare Guidelines
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Orthofix	Orthofix	Limits for coverage are not established in the Medicare Guidelines

Other Durable Medical Equipment or Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0462	Rocking bed with or without side rails	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0602	Breast pump, manual, any type	Medela	Medela	Limits for coverage are not established in the Medicare Guidelines
E0605	Vaporizer, room type	Cardinal Health	Cardinal Health	Limits for coverage are not established in the Medicare Guidelines
E0606	Postural drainage board	Cardinal Health	Cardinal Health	Limits for coverage are not established in the Medicare Guidelines

Other Durable Medical Equipment or Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Lener Medical	Lener Medical	Limits for coverage are not established in the Medicare Guidelines
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4-foot panel	Lener Medical	Lener Medical	Limits for coverage are not established in the Medicare Guidelines
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6-foot panel	Lener Medical	Lener Medical	Limits for coverage are not established in the Medicare Guidelines
E0694	Ultraviolet multidirectional light therapy system in 6-foot cabinet, includes bulbs/lamps, timer and eye protection	Lener Medical	Lener Medical	Limits for coverage are not established in the Medicare Guidelines
E0740	Non-implanted pelvic floor electrical stimulator, complete system	Orthofix	Orthofix	Limits for coverage are not established in the Medicare Guidelines
E0744	Neuromuscular stimulator for scoliosis	Orthofix	Orthofix	Limits for coverage are not established in the Medicare Guidelines
E0745	Neuromuscular stimulator, electronic shock unit	Orthofix	Orthofix	Limits for coverage are not established in the Medicare Guidelines

Other Durable Medical Equipment or Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Sigmedics	Sigmedics	Limits for coverage are not established in the Medicare Guidelines
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	Sigmedics	Sigmedics	Limits for coverage are not established in the Medicare Guidelines
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines

Other Durable Medical Equipment or Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1812	Dynamic knee, extension/flexion device with active resistance control	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines

Other Durable Medical Equipment or Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	DYNASPLINT SYSTEMS INC	DYNASPLINT SYSTEMS INC	Limits for coverage are not established in the Medicare Guidelines
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	DYNASPLINT SYSTEMS INC	DYNASPLINT SYSTEMS INC	Limits for coverage are not established in the Medicare Guidelines
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	DYNASPLINT SYSTEMS INC	DYNASPLINT SYSTEMS INC	Limits for coverage are not established in the Medicare Guidelines
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	DYNASPLINT SYSTEMS INC	DYNASPLINT SYSTEMS INC	Limits for coverage are not established in the Medicare Guidelines

Other Durable Medical Equipment or Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	DYNASPLINT SYSTEMS INC	DYNASPLINT SYSTEMS INC	Limits for coverage are not established in the Medicare Guidelines
E2120	Pulse Generator System for Tympanic Treatment of Inner Ear Endolymphatic Fluid	Generic upon availability	Generic upon availability	Limits for coverage are not established in the Medicare Guidelines
A8004	Soft Interface for Helmet, Replacement Only	Performance Health	Performance Health	Limits for coverage are not established in the Medicare Guidelines
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies and Accessories	Genadyne	Genadyne	Coverage is provided up to a maximum of 15 dressing kits (A6550) per wound per month.
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary or Portable	Genadyne	Genadyne	1 / every 5 years
E1310	Whirlpool, non-portable (built-in type)	Cardinal Health	Cardinal Health	1 / every 5 years
E0948	Fracture frame, attachments for complex cervical traction	Drive Medical	Drive Medical	1 / every 5 years

Oxygen Equipment and Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Philips Respironics	Philips Respironics	1 / every 5 years
A4615	Cannula, nasal	Carefusion	Cardinal Health	2 per month
A4616	Tubing (oxygen), per foot	Carefusion	Cardinal Health	2 per month
A4617	Mouth piece	Carefusion	Cardinal Health	2 per month
A4619	Face tent	Carefusion	Cardinal Health	1 per month
A4620	Variable concentration mask	Medline	Medline	2 per month
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Trividia Health	TRIVIDIA	1 / every 5 years
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	PRAXAIR	PRAXAIR	1 / every 5 years

Oxygen Equipment and Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	CHART INDUSTRIES	HELIOS	1 / every 5 years
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	CHART INDUSTRIES	HELIOS	1 / every 5 years
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	PRAXAIR	PRAXAIR	Based on Medical Order
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	PRAXAIR	PRAXAIR	Based on Medical Order
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	PRAXAIR	PRAXAIR	Based on Medical Order
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	PRAXAIR	PRAXAIR	Based on Medical Order
E1355	Stand/rack	Drive Medical	Drive Medical	1 / every 5 years
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Philips Respironics	EVERFLO	1 / every 5 years

Oxygen Equipment and Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Philips Respironics	Philips Respironics	1 / every 5 years
E1392	Portable Oxygen Concentrator, Rental	Respironics	SimplyGo	1 / every 5 years
E1405	Oxygen and water vapor enriching system with heated delivery	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
E1406	Oxygen and water vapor enriching system without heated delivery	Philips Respironics	Philips Respironics	Limits for coverage are not established in the Medicare Guidelines
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	Philips Respironics	Philips Respironics	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1230	Power operated vehicle (three or four-wheel nonhighway) specify brand name and model number	Drive Medical	Drive Medical	1 / every 5 years
E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Drive Medical	Drive Medical	1 / every 5 years
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	Drive Medical	Drive Medical	1 / every 5 years
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Drive Medical	Drive Medical	1 / every 5 years
E2324	Power wheelchair accessory, chin cup for chin control interface	Drive Medical	Drive Medical	1 / every 5 years
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	No Manufacturer	No Manufacturer	1 / every 5 years
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
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	Drive Medical	Drive Medical	1 / every 5 years
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	Drive Medical	Drive Medical	1 / every 5 years
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Drive Medical	Drive Medical	1 / every 5 years
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	Drive Medical	Drive Medical	1 / every 5 years
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Drive Medical	Drive Medical	1 / every 5 years
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Drive Medical	Drive Medical	1 / every 5 years
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	Drive Medical	Drive Medical	1 / every 5 years
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Drive Medical	Drive Medical	1 / every 5 years
E2368	Power wheelchair component, drive wheel motor, replacement only	Drive Medical	Drive Medical	1 / every 5 years
E2369	Power wheelchair component, drive wheel gear box, replacement only	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Drive Medical	Drive Medical	1 / every 5 years
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	Drive Medical	Drive Medical	1 / every 5 years
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
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	Drive Medical	Drive Medical	1 / every 5 years
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Drive Medical	Drive Medical	1 / every 5 years
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Drive Medical	Drive Medical	1 / every 5 years
E2378	Power wheelchair component, actuator, replacement only	Drive Medical	Drive Medical	1 / every 5 years
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2397	Power wheelchair accessory, lithium-based battery, each	Shoprider	Shoprider	1 / every 5 years
K0010	Standard - weight frame motorized/power wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Drive Medical	Drive Medical	1 / every 5 years
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Drive Medical	Drive Medical	1 / every 5 years
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Drive Medical	Drive Medical	1 / every 5 years
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Drive Medical	Drive Medical	1 / every 5 years
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Drive Medical	Drive Medical	1 / every 5 years
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years

Power Operated & Motorized Vehicles & accessories				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 / every 5 years

Seat Lift Mechanisms				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0627	Seat lift mechanism, electric, any type	Uplift	Uplift	1 / every 5 years
E0629	Seat lift mechanism, non-electric, any type	Uplift	Uplift	1 / every 5 years

Speech Generating Devices				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	No Manufacturer	No Manufacturer	1 / every 5 years
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	No Manufacturer	No Manufacturer	1 / every 5 years
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	No Manufacturer	No Manufacturer	1 / every 5 years

Speech Generating Devices				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	No Manufacturer	No Manufacturer	1 / every 5 years
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	No Manufacturer	No Manufacturer	1 / every 5 years
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	No Manufacturer	No Manufacturer	1 / every 5 years

Suction Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4624	Tracheal suction catheter, any type other than closed system, each	GLOBAL HEALTH CARE	Cardinal	More than three A4624 catheters per day will be denied as not reasonable and necessary for tracheostomy suctioning.
A4628	Oropharyngeal suction catheter, each	Medline	Mediline	More than three catheters (A4628) per week will be denied as not reasonable and necessary for oropharyngeal suctioning.

Suction Equipment & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A7000	Canister, disposable, used with suction pump, each	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
A7001	Canister, non-disposable, used with suction pump, each	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
A7002	Tubing, used with suction pump, each	Medline	Mediline	Limits for coverage are not established in the Medicare Guidelines
E0600	Respiratory suction pump, home model, portable or stationary, electric	Drive Medical	DRIVE Stationary Unit	1 / every 5 years
E2000	Gastric suction pump, home model, portable or stationary, electric	Gomco	Gomco	1 / every 5 years

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4461	Surgical dressing holder, non-reusable, each	Medline	Medline	Limits for coverage are not established in the Medicare Guidelines
A4463	Surgical dressing holder, reusable, each	Medline	Medline	Limits for coverage are not established in the Medicare Guidelines
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	Medline	Medline	Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024) A collagen-based dressing

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days, depending on the specific product. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Medline	Medline	Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024) A collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days, depending on the specific product. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	Medline	Medline	Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024) A collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days, depending on the specific product. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	Medline	Medline	Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024) A collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days, depending on the specific product. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	Medline	Medline	Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024) A collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days, depending on the specific product. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6024	Collagen dressing wound filler, sterile, per 6 inches	Medline	Medline	Collagen Dressing Or Wound Filler (A6010, A6011, A6021-A6024) A collagen-based dressing or wound filler is covered for full thickness wounds (e.g., stage III or IV ulcers) wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal. They can stay in place up to 7 days, depending on the specific product. Collagen based dressings are not covered for wounds with heavy exudate, third-degree burns, or when an active vasculitis is present.
A6154	Wound pouch, each	Coloplast / Convatec	Coloplast / Convatec	Wound Pouch (A6154) Dressing change is up to 3 times per week.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	Medtronic	Medtronic	Alginate Or Other Fiber Gelling Dressing (A6196-A6199) Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not reasonable and necessary on dry wounds or wounds covered with eschar. Dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				of alginate or other fiber gelling dressing (rope) is used at each dressing change.
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	Medtronic	Medtronic	Alginate Or Other Fiber Gelling Dressing (A6196-A6199) Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not reasonable and necessary on dry wounds or wounds covered with eschar. Dressing change is up to once per day. One wound cover sheet of

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate or other fiber gelling dressing rope) is used at each dressing change.
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Medtronic	Medtronic	Alginate Or Other Fiber Gelling Dressing (A6196-A6199) Alginate or other fiber gelling dressing covers are covered for moderately to highly exudative full thickness wounds (e.g., stage III or IV ulcers); and alginate or other fiber gelling dressing fillers for moderately to highly exudative full thickness wound cavities (e.g., stage III or IV ulcers). They are not reasonable and necessary on dry wounds or wounds covered with

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				eschar. Dressing change is up to once per day. One wound cover sheet of the approximate size of the wound or up to 2 units of wound filler (1 unit = 6 inches of alginate or other fiber gelling dressing rope) is used at each dressing change.
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Coloplast	Coloplast	Composite Dressing (A6203-A6205) Composite dressings are covered for moderately to highly exudative wounds. Composite dressing change is up to 3 times per week, one wound cover per dressing change.
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	Coloplast	Coloplast	Composite Dressing (A6203-A6205) Composite dressings are covered for moderately to highly exudative wounds. Composite

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				dressing change is up to 3 times per week, one wound cover per dressing change.
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Coloplast	Coloplast	Contact Layer (A6206-A6208) Contact layer dressings are used to line the entire wound to prevent adhesion of the overlying dressing to the wound. They are not reasonable and necessary when used with any dressing that has a non-adherent or semi-adherent layer as part of the dressing. They are not intended to be changed with each dressing change. Dressing change is up to once per week.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Foam Dressing Or Wound Filler (A6209-A6215) Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Coloplast / Convatec	Coloplast / Convatec	Foam Dressing Or Wound Filler (A6209-A6215) Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Foam Dressing Or Wound Filler (A6209-A6215) Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Foam Dressing Or Wound Filler (A6209-A6215) Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Foam Dressing Or Wound Filler (A6209-A6215) Foam dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with moderate to heavy exudate. Dressing change for a foam wound cover used as a primary dressing is up to 3 times per week. When a foam wound cover is used as a secondary dressing for wounds with very heavy exudate, dressing change is up to 3 times per week. Dressing change frequency for foam wound fillers is up to once per day.
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medline	Medline	60 per month

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Covidien	Covidien	Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407) Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each other in any one area.
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	Covidien	Covidien	Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407) Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				other in any one area.
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covidien	Covidien	Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste (A6222-A6224, A6266) Coverage is based upon the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel or zinc paste is up to once per day.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
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	Covidien	Covidien	Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste (A6222-A6224, A6266) Coverage is based upon the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel or zinc paste is up to once per day.
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covidien	Covidien	Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste (A6222-A6224, A6266) Coverage is based upon the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				saline, hydrogel or zinc paste is up to once per day.
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	Covidien	Covidien	Gauze, Impregnated, Water Or Normal Saline (A6228-A6230) There is no medical necessity for these dressings compared to non-impregnated gauze which is moistened with bulk saline or sterile water. When these dressings are billed, they will be denied as not reasonable and necessary.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
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	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.
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	Coloplast / Convatec	Coloplast / Convatec	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.
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	Coloplast / Convatec	Coloplast / Convatec	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	Coloplast / Convatec	Coloplast / Convatec	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	Coloplast	Coloplast	Hydrocolloid Dressing (A6234-A6241) Hydrocolloid dressings are covered for use on wounds with light to moderate exudate. Dressing change for hydrocolloid wound covers or hydrocolloid wound fillers is up to 3 times per week.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
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	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
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	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medline	Medline	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Coloplast / Convatec	Coloplast / Convatec	Hydrogel Dressing (A6231-A6233, A6242-A6248) Hydrogel dressings are covered when used on full thickness wounds (e.g., stage III or IV ulcers) with minimal or no exudate. Hydrogel dressings are not reasonable and necessary for stage II ulcers. Dressing change for hydrogel wound covers without adhesive border or hydrogel wound fillers is up to once per day. Dressing change for hydrogel wound covers with adhesive border is up to 3 times per week. The quantity of hydrogel filler used for each wound must not exceed the amount needed to line the surface of the wound. Additional

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				amounts used to fill a cavity are not reasonable and necessary. Maximum utilization of code A6248 is 3 units (fluid ounces) per wound in 30 days.
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Coloplast / Convatec	Coloplast / Convatec	Specialty Absorptive Dressing (A6251-A6256) Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers). Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				dressing with a border.
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	Medline	Medline	Specialty Absorptive Dressing (A6251-A6256) Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers). Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Covidien	Covidien	Specialty Absorptive Dressing (A6251-A6256) Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers). Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Dynarex	Dynarex	Specialty Absorptive Dressing (A6251-A6256) Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers). Specialty absorptive

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.
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	Medline	Medline	Specialty Absorptive Dressing (A6251-A6256) Specialty absorptive dressings are covered when used for moderately or highly exudative full thickness wounds (e.g., stage III or IV ulcers). Specialty absorptive dressing change is up to once per day for a dressing without an adhesive border and up to every other day for a dressing with a border.
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	Medline	Medline	Transparent Film (A6257-A6259) Transparent film dressings are covered when used on open partial

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				thickness wounds with minimal exudate or closed wounds. Dressing change is up to 3 times per week.
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Medline	Medline	Transparent Film (A6257- A6259) Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Dressing change is up to 3 times per week.
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	Coloplast	Coloplast	Transparent Film (A6257- A6259) Transparent film dressings are covered when used on open partial thickness wounds with minimal exudate or closed wounds. Dressing change is up to 3 times per week.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	Covidien	Covidien	Gauze, Impregnated, With Other Than Water, Normal Saline, Hydrogel, Or Zinc Paste (A6222-A6224, A6266) Coverage is based upon the characteristics of the underlying material(s). Dressing change for gauze dressings impregnated with other than water, normal saline, hydrogel or zinc paste is up to once per day.
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Covidien	Covidien	Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407) Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				top of each other in any one area.
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	Covidien	Covidien	Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407) Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to stack more than 2 gauze pads on top of each other in any one area.
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	Medline	Medline	Gauze, Non-Impregnated (A6216-A6221, A6402-A6404, A6407) Non-impregnated gauze dressing change is up to 3 times per day for a dressing without a border and once per day for a dressing with a border. It is usually not reasonable and necessary to

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				stack more than 2 gauze pads on top of each other in any one area.
A6410	Eye pad, sterile, each	Medline	Medline	Limits for coverage are not established in the Medicare Guidelines
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	Covidien	Covidien	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	Covidien	Covidien	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	Covidien	Covidien	Frequency of replacement would be no more than one per week unless they are part of

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				a multi-layer compression bandage system.
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Covidien	Covidien	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Covidien	Covidien	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Covidien	Covidien	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Dynarex	Dynarex	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
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	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
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	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	Medline	Medline	Frequency of replacement would be no more than one per week unless they are part of a multi-layer compression bandage system.
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Medline	Medline	Zinc Paste Impregnated Bandage (A6456) A zinc paste impregnated bandage is covered for the treatment of venous leg ulcers that meet the statutory requirements for a qualifying wound (surgically

Surgical Dressings				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
				created or modified, or debrided). Dressing change frequency for A6456 is weekly.
A6457	Tubular dressing with or without elastic, any width, per linear yard	Medline	Medline	Limits for coverage are not established in the Medicare Guidelines
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	Medline	Medline	Unilateral use - 2 units per year Bilateral use - 4 units per year
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	Medline	Medline	Unilateral use - 2 units per year Bilateral use - 4 units per year
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	Medline	Medline	Unilateral use - 2 units per year Bilateral use - 4 units per year

Transcutaneous Electrical Nerve Stimulators (TENS) & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4556	Electrodes, (e.g., apnea monitor), per pair	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines

Transcutaneous Electrical Nerve Stimulators (TENS) & Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4557	Lead wires, (e.g., apnea monitor), per pair	Drive Medical	Drive Medical	Replacement of lead wires (A4557) more often than every 12 months would rarely be reasonable and necessary.
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz.	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	Drive Medical	Drive Medical	2 TENS leads - a maximum of one unit of A4595 per month 4 TENS leads - a maximum of two units of A4595 per month
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	Drive Medical	Drive Medical	1 / every 5 years
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	Drive Medical	Drive Medical	1 / every 5 years
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines

Tracheostomy Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4481	Tracheostoma filter, any type, any size, each	COVIDIEN	COVIDIEN	62 per month
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Covidien	Covidien	Limits for coverage are not established in the Medicare Guidelines
A4605	Tracheal suction catheter, closed system, each	Halyard Health	KIM VENT (BALLARD)	Limits for coverage are not established in the Medicare Guidelines
A4608	Transtracheal oxygen catheter, each	Covidien	Covidien	Limits for coverage are not established in the Medicare Guidelines
A4623	Tracheostomy, inner cannula	Covidien	Covidien	62 per month
A4625	Tracheostomy care kit for new tracheostomy	Covidien	Covidien	31 per month
A4626	Tracheostomy cleaning brush, each	Covidien	Covidien	2 per month
A4629	Tracheostomy care kit for established tracheostomy	Covidien	Covidien	31 per month
A7501	Tracheostoma valve, including diaphragm, each	Covidien	Covidien	1 per month
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Covidien	Covidien	1 per month
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Covidien	Covidien	1 per 6 months
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Covidien	Covidien	62 per month

Tracheostomy Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	Covidien	Covidien	2 per 3 months
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	Covidien	Covidien	62 per month
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	Covidien	Covidien	62 per month
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	Covidien	Covidien	62 per month
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Covidien	Covidien	62 per month
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	Medtronic	SHILEY	1 per 3 months
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	Covidien	Covidien	1 per 3 months

Tracheostomy Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	Covidien	Covidien	1 per 12 months
A7524	Tracheostoma stent/stud/button, each	Covidien	Covidien	1 per 3 months
A7525	Tracheostomy mask, each	Covidien	Covidien	1 per month
A7526	Tracheostomy tube collar/holder, each	Covidien	Covidien	31 per month
A7527	Tracheostomy/laryngectomy tube plug/stop, each	Covidien	Covidien	2 per 3 months

Traction Systems				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	3D ORTHOTICS	3D ORTHOTICS	1 / every 5 years
E0855	Cervical traction equipment not requiring additional stand or frame	Meditrac Medical	Meditrac Medical	1 / every 5 years
E0860	Traction equipment, overdoor, cervical	Simon Preston	Simon Preston	1 / every 5 years
E0870	Traction frame, attached to footboard, extremity traction, (e.g., buck's)	Performance Health	Performance Health	Limits for coverage are not established in the Medicare Guidelines
E0880	Traction stand, free standing, extremity traction, (e.g., buck's)	Performance Health	Performance Health	Limits for coverage are not established in the Medicare Guidelines
E0890	Traction frame, attached to footboard, pelvic traction	Performance Health	Performance Health	Limits for coverage are not established in the Medicare Guidelines

Traction Systems				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	Performance Health	Performance Health	Limits for coverage are not established in the Medicare Guidelines
E0920	Fracture frame, attached to bed, includes weights	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0930	Fracture frame, free standing, includes weights	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0940	Trapeze bar, free standing, complete with grab bar	Drive Medical	Drive Medical	1 / every 5 years
E0941	Gravity assisted traction device, any type	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0942	Cervical Head Harness/Halter	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0944	Pelvic Belt/Harness/Boot	SMG Global	SMG Global	Limits for coverage are not established in the Medicare Guidelines
E0945	Extremity belt/harness	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0946	Fracture, Frame, Dual With Cross Bars, Attached To Bed, (E.G. Balken, 4 Poster)	SMG Global	SMG Global	Limits for coverage are not established in the Medicare Guidelines

Traction Systems				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0947	Fracture Frame, Attachments For Complex Pelvic Traction	SMG Global	SMG Global	Limits for coverage are not established in the Medicare Guidelines

Transcutaneous Electrical Joint Stimulation Devices (TEJSD)				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Orthofix	Orthofix	There is insufficient published clinical evidence to establish that treatment with tejds (hcpcs code E0762) meets the requirements to be considered reasonable and necessary for the treatment of osteoarthritis or any other condition. claims for tejds (code E0762) will be denied as not reasonable and necessary

Urinary/ Bowel Incontinence Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4336	Incontinence supply, urethral insert, any type, each	Bard	Bard	Limits for coverage are not established in the Medicare Guidelines

Urinary/ Bowel Incontinence Supplies				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	Bard	Bard	Limits for coverage are not established in the Medicare Guidelines
E0325	Urinal; male, jug-type, any material	Medline	Medline	Limits for coverage are not established in the Medicare Guidelines
E0326	Urinal; female, jug-type, any material	Cardinal Health	Cardinal Health	Limits for coverage are not established in the Medicare Guidelines
E0275	Bed pan, standard, metal or plastic	Drive Medical	Drive Medical	Bed Pans (E0275, E0276) are covered for beneficiaries who are bed-confined (see NCD 280.1).
E0276	Bed Pan, Fracture, Metal Or Plastic	Generic upon availability	Generic upon availability	Limits for coverage are not established in the Medicare Guidelines

Mechanical Ventilators				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
A4618	Breathing circuits	Covidien	Covidien	Limits for coverage are not established in the Medicare Guidelines
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Philips Respironics	Trilogy	1 / every 5 years
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Philips Respironics	Trilogy	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0705	Transfer device, any type, each	Drive Medical	Drive Medical	1 / every 5 years
E0950	Wheelchair accessory, tray, each	Drive Medical	Drive Medical	1 / every 5 years
E0951	Heel loop/holder, any type, with or without ankle strap, each	Drive Medical	Drive Medical	1 / every 5 years
E0952	Toe loop/holder, any type, each	Sunrise Medical	Sunrise Medical	1 / every 5 years
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Sunrise Medical	Sunrise Medical	1 / every 5 years
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Drive Medical	Drive Medical	1 / every 5 years
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Drive Medical	Drive Medical	1 / every 5 years
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Drive Medical	Drive Medical	1 / every 5 years
E0959	Manual wheelchair accessory, adapter for amputee, each	Drive Medical	Drive Medical	1 / every 5 years
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0966	Manual wheelchair accessory, headrest extension, each	Drive Medical	Drive Medical	1 / every 5 years
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Drive Medical	Drive Medical	1 / every 5 years
E0968	Commode seat, wheelchair	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0969	Narrowing device, wheelchair	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E0971	Manual wheelchair accessory, anti-tipping device, each	Drive Medical	Drive Medical	1 / every 5 years
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Drive Medical	Drive Medical	1 / every 5 years
E0974	Manual wheelchair accessory, anti-rollback device, each	Drive Medical	Drive Medical	1 / every 5 years
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Drive Medical	Drive Medical	1 / every 5 years
E0980	Safety vest, wheelchair	Drive Medical	Drive Medical	1 / every 5 years
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E0982	Wheelchair accessory, back upholstery, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Drive Medical	Drive Medical	1 / every 5 years
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Drive Medical	Drive Medical	1 / every 5 years
E0985	Wheelchair accessory, seat lift mechanism	Drive Medical	Drive Medical	1 / every 5 years
E0986	Manual wheelchair accessory, push-rim activated power assist system	Drive Medical	Drive Medical	1 / every 5 years
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	Drive Medical	Drive Medical	1 / every 5 years
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Drive Medical	Drive Medical	1 / every 5 years
E0992	Manual wheelchair accessory, solid seat insert	Drive Medical	Drive Medical	1 / every 5 years
E0994	Arm rest, each	Drive Medical	Drive Medical	1 / every 5 years
E0995	Wheelchair accessory, calf rest/pad, each	Drive Medical	Drive Medical	1 / every 5 years
E1002	Wheelchair accessory, power seating system, tilt only	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Drive Medical	Drive Medical	1 / every 5 years
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Drive Medical	Drive Medical	1 / every 5 years
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Drive Medical	Drive Medical	1 / every 5 years
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Drive Medical	Drive Medical	1 / every 5 years
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Drive Medical	Drive Medical	1 / every 5 years
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Drive Medical	Drive Medical	1 / every 5 years
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Drive Medical	Drive Medical	1 / every 5 years
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1014	Reclining back, addition to pediatric size wheelchair	Drive Medical	Drive Medical	1 / every 5 years
E1015	Shock absorber for manual wheelchair, each	Drive Medical	Drive Medical	1 / every 5 years
E1016	Shock absorber for power wheelchair, each	Drive Medical	Drive Medical	1 / every 5 years
E1020	Residual limb support system for wheelchair, any type	Drive Medical	Drive Medical	1 / every 5 years
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Drive Medical	Drive Medical	1 / every 5 years
E1029	Wheelchair accessory, ventilator tray, fixed	Drive Medical	Drive Medical	1 / every 5 years
E1030	Wheelchair accessory, ventilator tray, gimbaled	Drive Medical	Drive Medical	1 / every 5 years
E1031	Rollabout chair, any and all types with casters 5" or greater	Drive Medical	Drive Medical	1 / every 5 years
E1037	Transport chair, pediatric size	Drive Medical	Drive Medical	1 / every 5 years
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Drive Medical	Drive Medical	1 / every 5 years
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	Drive Medical	Drive Medical	1 / every 5 years
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	Drive Medical	Drive Medical	1 / every 5 years
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	Drive Medical	Drive Medical	1 / every 5 years
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	Drive Medical	Drive Medical	1 / every 5 years
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	Drive Medical	Drive Medical	1 / every 5 years
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	Drive Medical	Drive Medical	1 / every 5 years
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Drive Medical	Drive Medical	1 / every 5 years
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	Drive Medical	Drive Medical	1 / every 5 years
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1161	Manual adult size wheelchair, includes tilt in space	Drive Medical	Drive Medical	1 / every 5 years
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest	Drive Medical	Drive Medical	1 / every 5 years
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	Drive Medical	Drive Medical	1 / every 5 years
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	Drive Medical	Drive Medical	1 / every 5 years
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	Drive Medical	Drive Medical	1 / every 5 years
E1221	Wheelchair with fixed arm, footrests	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1222	Wheelchair with fixed arm, elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1223	Wheelchair with detachable arms, footrests	Drive Medical	Drive Medical	1 / every 5 years
E1224	Wheelchair with detachable arms, elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Drive Medical	Drive Medical	1 / every 5 years
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Drive Medical	Drive Medical	1 / every 5 years
E1227	Special height arms for wheelchair	Drive Medical	Drive Medical	1 / every 5 years
E1228	Special back height for wheelchair	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Drive Medical	Drive Medical	1 / every 5 years
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Drive Medical	Drive Medical	1 / every 5 years
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Drive Medical	Drive Medical	1 / every 5 years
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Drive Medical	Drive Medical	1 / every 5 years
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Drive Medical	Drive Medical	1 / every 5 years
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Drive Medical	Drive Medical	1 / every 5 years
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Drive Medical	Drive Medical	1 / every 5 years
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	Drive Medical	Drive Medical	1 / every 5 years
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	Drive Medical	Drive Medical	1 / every 5 years
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	Drive Medical	Drive Medical	1 / every 5 years
E1296	Special wheelchair seat height from floor	Drive Medical	Drive Medical	1 / every 5 years
E1297	Special wheelchair seat depth, by upholstery	Drive Medical	Drive Medical	1 / every 5 years
E1298	Special wheelchair seat depth and/or width, by construction	Drive Medical	Drive Medical	1 / every 5 years
E1353	Regulator	Drive Medical	Drive Medical	Limits for coverage are not established in the Medicare Guidelines
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Drive Medical	Drive Medical	1 / every 5 years
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Karman Healthcare	Karman Healthcare	1 / every 5 years
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Drive Medical	Drive Medical	1 / every 5 years
E2207	Wheelchair accessory, crutch and cane holder, each	Drive Medical	Drive Medical	1 / every 5 years
E2208	Wheelchair accessory, cylinder tank carrier, each	Drive Medical	Drive Medical	1 / every 5 years
E2209	Accessory, arm trough, with or without hand support, each	Drive Medical	Drive Medical	1 / every 5 years
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Drive Medical	Drive Medical	1 / every 5 years
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Drive Medical	Drive Medical	1 / every 5 years
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Drive Medical	Drive Medical	1 / every 5 years
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Drive Medical	Drive Medical	1 / every 5 years
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Drive Medical	Drive Medical	1 / every 5 years
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Drive Medical	Drive Medical	1 / every 5 years
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Performance Health	Performance Health	1 / every 5 years
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Drive Medical	Drive Medical	1 / every 5 years
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 / every 5 years
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Orthotic Rehabilitation	Orthotic Rehabilitation	1 / every 5 years
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	Jaeco Orthopedic	Jaeco Orthopedic	1 / every 5 years
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Jaeco Orthopedic	Jaeco Orthopedic	1 / every 5 years
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Orthotic Rehabilitation	Orthotic Rehabilitation	1 / every 5 years
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Jaeco Orthopedic	Jaeco Orthopedic	1 / every 5 years
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Jaeco Orthopedic	Jaeco Orthopedic	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Jaeco Orthopedic	Jaeco Orthopedic	1 / every 5 years
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Jaeco Orthopedic	Jaeco Orthopedic	1 / every 5 years
K0001	Standard wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0002	Standard hemi (low seat) wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0003	Lightweight wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0004	High strength, lightweight wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0005	Ultralightweight wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0006	Heavy duty wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0007	Extra heavy duty wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0009	Other Manual Wheelchair/Base	Drive Medical	Drive Medical	1 / every 5 years
K0012	Lightweight portable motorized/power wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0015	Detachable, non-adjustable height armrest, each	Drive Medical	Drive Medical	1 / every 5 years
K0017	Detachable, adjustable height armrest, base, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0019	Arm pad, each	Drive Medical	Drive Medical	1 / every 5 years
K0020	Fixed, adjustable height armrest, pair	Drive Medical	Drive Medical	1 / every 5 years
K0037	High mount flip-up footrest, each	Drive Medical	Drive Medical	1 / every 5 years
K0038	Leg strap, each	Drive Medical	Drive Medical	1 / every 5 years
K0039	Leg strap, h style, each	Drive Medical	Drive Medical	1 / every 5 years
K0040	Adjustable angle footplate, each	Drive Medical	Drive Medical	1 / every 5 years
K0041	Large size footplate, each	Drive Medical	Drive Medical	1 / every 5 years
K0042	Standard size footplate, each	Drive Medical	Drive Medical	1 / every 5 years
K0043	Footrest, lower extension tube, each	Drive Medical	Drive Medical	1 / every 5 years
K0044	Footrest, upper hanger bracket, each	Drive Medical	Drive Medical	1 / every 5 years
K0045	Footrest, complete assembly	Drive Medical	Drive Medical	1 / every 5 years
K0046	Elevating legrest, lower extension tube, each	Drive Medical	Drive Medical	1 / every 5 years
K0047	Elevating legrest, upper hanger bracket, each	Drive Medical	Drive Medical	1 / every 5 years
K0050	Ratchet assembly, replacement only	Drive Medical	Drive Medical	1 / every 5 years
K0051	Cam release assembly, footrest or legrest, replacement only, each	Drive Medical	Drive Medical	1 / every 5 years
K0052	Swingaway, detachable footrests, each	Drive Medical	Drive Medical	1 / every 5 years
K0053	Elevating footrests, articulating (telescoping), each	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0065	Spoke protectors, each	Drive Medical	Drive Medical	1 / every 5 years
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Drive Medical	Drive Medical	1 / every 5 years
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Drive Medical	Drive Medical	1 / every 5 years
K0071	Front caster assembly, complete, with pneumatic tire, each	Drive Medical	Drive Medical	1 / every 5 years
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Drive Medical	Drive Medical	1 / every 5 years
K0073	Caster pin lock, each	Drive Medical	Drive Medical	1 / every 5 years
K0077	Front caster assembly, complete, with solid tire, each	Drive Medical	Drive Medical	1 / every 5 years
K0098	Drive belt for power wheelchair	Drive Medical	Drive Medical	1 / every 5 years
K0105	Iv hanger, each	Drive Medical	Drive Medical	1 / every 5 years
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	Drive Medical	Drive Medical	1 / every 5 years
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches	Drive Medical	Drive Medical	1 / every 5 years
K0848	Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0849	Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0850	Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0851	Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0852	Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0853	Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0854	Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More	Drive Medical	Drive Medical	1 / every 5 years
K0855	Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More	Drive Medical	Drive Medical	1 / every 5 years
K0856	Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0857	Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0858	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0859	Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds	Drive Medical	Drive Medical	1 / every 5 years

Wheelchairs, accessories & cushions				
HCPCS Code	DME Description	Manufacturer	Brand	Limits
K0860	Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0861	Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0862	Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0863	Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds	Drive Medical	Drive Medical	1 / every 5 years
K0864	Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds or More	Drive Medical	Drive Medical	1 / every 5 years

 TRIPLE-S ADVANTAGE
Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-620-1919 (TTY: 1-866-620-2520).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-620-1919 (TTY: 1-866-620-2520).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-620-1919 (TTY: 1-866-620-2520)。

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-620-1919 (TTY: 1-866-620-2520).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-620-1919 (TTY: 1-866-620-2520).

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Arabic: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة: 1-866-620-2520 (والبكم الصم هاتف رقم) 1-888-620-1919 برقم اتصل.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-620-1919 (TTY: 1-866-620-2520) पर कॉल करें।

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-620-1919 (TTY: 1-866-620-2520).

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Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-620-1919 (TTY: 1-866-620-2520).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-620-1919 (TTY: 1-866-620-2520)まで、お電話にてご連絡ください。

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-620-1919 (телетайп: 1-866-620-2520).

Catalan: ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-888-620-1919 (TTY o teletip: 1-866-620-2520).

**NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND
ACCESSIBILITY REQUIREMENTS AND NONDISCRIMINATION STATEMENT:
DISCRIMINATION IS AGAINST THE LAW**

Triple-S Advantage, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Triple-S Advantage, Inc. does not exclude people or treat them differently because of race, color national origin, age, disability, or sex.

Triple-S Advantage, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not Spanish, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, contact a Service Representative.

If you believe that Triple-S Advantage, Inc. has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with:

Service Representative

P.O Box 11320, San Juan, PR

00922-1320

Telephone: 1-888-620-1919, TTY: 1-866-620-2520

Fax. 787-993.3261, e-mail: TSACompliance@sssadvantage.com

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, a Service Representative is available to help you.

You can also file a civil rights complaint with the US Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health

and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-620-1919 (TTY: 1-866-620-2520).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-620-1919 (TTY: 1-866-620-2520)。

ATENCIÓN: si usted habla español, servicios de asistencia lingüística están disponibles libre de cargo para usted. Llame al: 1-888-620-1919 (TTY: 1-866-620-2520).