

Subject: Durable Medical Equipment: Rehabilitation and Mobility Devices

Medical Policy #: 4.2

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Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

For ALL Durable Medical Equipment (DME) listed in this MPM may or may not require Prior Authorization. Log on to Pres Online to verify and/or submit a request: <https://ds.phs.org/preslogin/index.jsp>

- Items that do not require Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.

Description

[Medicare Benefit Policy Manual Chapter 15, Covered Medical and Other Health Services](#), see section 110.1 Durable Medical Equipment (DME) for entire guidelines.

DME is equipment which:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient's home, at school or at work.
- DME can be rented or purchased, depending on the length of time the member will need the equipment. The decision whether to rent or purchase DME is made by PHP

Items classified in DME may not be covered in every instance. Coverage is subject to the following:

There must be an in-person visit with a physician specifically addressing the patient's mobility needs. History and physical examination focusing on an assessment of the patient's mobility limitation needs to include:

- The equipment must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a body part.
- The patient's diagnosis justifies that the equipment or supply being requested is medically necessary.
- The practitioner's documentation must include the patient's diagnosis, the reason equipment is required and the practitioner's estimate of the duration of its need.

Necessity for the Equipment:

Equipment is necessary when it can be expected to make a meaningful contribution to the treatment of the patient's illness or injury or to the improvement of his or her malformed body member. In most cases the physician's prescription for the equipment and other medical information available to the DME MAC will be sufficient to establish that the equipment serves this purpose.

Reasonableness of the Equipment:

Even though an item of DME may serve a useful medical purpose, the DME MAC or A/B MAC (A) must also consider to what extent, if any, it would be reasonable for the Medicare program to pay for the item prescribed. The following considerations should enter into the determination of reasonableness:

1. Would the expense of the item to the program be clearly disproportionate to the therapeutic benefits which could ordinarily be derived from use of the equipment?
2. Is the item substantially more costly than a medically appropriate and realistically feasible alternative pattern of care?
3. Does the item serve essentially the same purpose as equipment already available to the beneficiary?

Payment Consistent With What is Necessary and Reasonable:

Where a claim is filed for equipment containing features of an aesthetic nature or features of a medical nature which are not required by the patient's condition or where there exists a reasonably feasible and medically appropriate alternative pattern of care which is less costly than the equipment furnished, the amount payable is based on the rate for the equipment or alternative treatment which meets the patient's medical needs.

Many of the following criteria refer the user to a CMS Local Coverage Determination (LCD). Unless otherwise noted, these LCDs are located at Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, and can be accessed on the Internet at: [Celerian Group Company \(CGS\)](#)

The ([Pricing, Data Analysis and Coding \(PDAC\)](#)) contractor maintains product listings for many HCPCS codes on their website (Select, DMECS to search for HCPCS codes and associated product lists). Not every HCPCS code has a product classification list; but reviewed products are added to the listings for each code as coding determinations are completed. For Medicare claim purposes, this product classification listing is accepted as evidence of correct coding.

Other DME related medical policies:

- Durable Medical Equipment (DME): Diabetic Equipment, **MPM 4.4**
- Durable Medical Equipment (DME): Miscellaneous, **MPM 4.5**
- Durable Medical Equipment (DME): Orthotics/Prosthetics, **MPM 4.6**
- Durable Medical Equipment (DME): Therapy Oxygen Devices, **MPM 4.3**
- Osteogenic Bone Growth Stimulators, **MPM 15.1**

Coverage Determination

Prior Authorization may be required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

****See [Attachment A](#) at the end of this policy for a Dynasplint and JAS Range of Motion reference**

Criteria for Rehabilitation and Mobility Devices

1. Augmentative Speech Device:

Prior Authorization is required.

For Commercial and Medicare, PHP follows CMS Speech Generating Devices (SGD) LCD [L33739](#) with related LCA [A52469](#) and Speech Generating Devices, NCD [50.1](#).

For Medicaid PHP follows [NMAC 8.324.5.12.C.\(9\)](#) for coverage of speech generating devices. See also NMAC 8.324.5.14.B(2), A trial rental period of up to 60 calendar days is required for all electronic devices to ensure that the chosen device is the most appropriate device to meet the MAP eligible recipient's medical needs. At the end of the trial rental period, if purchase of the device is recommended, documentation of the MAP eligible recipient's ability to use the communication device must be provided showing that the MAP eligible recipient's ability to use the device is improving and that the MAP eligible recipient is motivated to continue to use this device.

Must be evaluated by a speech-language pathologist (SLP) who confirms the member has a severe speech impairment; and has the cognitive ability to use the augmentative communication devices.

2. Mobility Assistive Equipment (MAE):

For the following Mobility Assistive Equipment (MAE), PHP follows [NCD 280.3](#) for clinical criteria to prescribe MAE. MAE includes, but is not limited to canes, crutches, walkers, manual wheelchairs, power wheelchairs and scooters. White cane is not considered a MAE. Medical necessity must be established. A sequential approach should be the foundation for determining the type of equipment that is medically necessary, except when the member's condition clearly precludes the reasonable use of a device. For example, if you already have a walker through Medicare, you do not qualify for a cane. If you have a walker, you can upgrade to a wheelchair (with medical necessity established). A change in the member's medical condition may dictate a change in the MAE.

Determination of the presence of a mobility deficit:

PHP also follows the algorithm established by CMS to determine when MAE is reasonable and necessary. For additional detailed information, refer to MLN Matters Number [MM3791](#) and [MM3952](#).

A. Canes and Crutches:

Prior Authorization is not required.

For Medicare, Medicaid and Commercial.

PHP follows CGS DME LCD ([L33733](#)) Canes and Crutches and related policy article LCA ([A52459](#)), for the coverage of canes and crutches.

B. Knee Crutch Hands Free Walker:

Prior Authorization is required for E0118.

For Medicare, Medicaid and Commercial.

PHP follows CGS DME LCD ([L33733](#)) and related LCA ([A52459](#)). Code **E0118** describes a crutch substitute which can be either a device strapped to the lower leg with a platform or a device with wheels and a platform which can be propelled with members sound limb, (e.g. Roll-A-Bout knee walker, Turning Leg Caddy®, Rolleraid™ or iWALKFree™, used for below-the-knee injuries or surgery, is covered only when the individual's condition is such that he/she is unable to use standard assistive devices.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

C. **Walkers:**

Prior authorization is required for E1399.

For Medicare, Medicaid and Commercial.

PHP follows CGS LCD [L33791](#), and related Policy Article ([A52503](#)) for coverage criteria for Commercial, Medicare and Medicaid.

D. **Gait Trainer (or sometimes referred to as a rollator)**

1. **Adult Gait Trainers**

Prior authorization is not required for (E0141, E0143 and E0149).

For Commercial and Medicare members only.

According to guidance by Palmetto GBA [Pricing, Data Analysis and Coding \(PDAC\)](#) tool (Product Classification List (PCL), HCPCS codes (E0141, E0143 and E0149) are classified as rollator with either 2, 3, or 4 wheels.

PHP follows CGS DME LCD ([L33791](#)) Walkers and related LCA ([A52503](#)). Gait Trainer and/or rollator (E0141, E0143 and E0149) are covered for beneficiaries who meet **all** of the coverage criteria for a standard walker and in addition to the criteria, heavy duty walker (E0149) requires the member to weigh more than 300 pounds. If an E0149 walker is provided and if the beneficiary weighs 300 pounds or less, it will be denied as not reasonable and necessary.

Gait trainers (or sometimes referred to as a rollator) is a term used to describe certain devices that are used to support a member during ambulation. Gait trainers are billed using one of the codes for walkers. If a gait trainer has a feature described by one of the walker attachment codes E0154 (platform), E0156 (seat), E0157 (crutch) that code may be separately billed. Other unique features of gait trainers are not separately payable and may not be billed with code E1399. If a supplier chooses to bill separately for a feature of a gait trainer that is not described by a specific HCPCS code, then code A9900 must be used. The sequential approach used by CMS for determining medically necessary treatment applies to gait trainers and walkers, i.e. if you have a walker, you do not qualify for a gait trainer unless a change in condition occurs and medically necessity is established.

2. **For Pediatric Gait trainer:**

Prior authorization is required for (E8000, E8001, E8002).

For Medicaid members only.

PHP follows MCG A-0886 for pediatric gait trainer. Due to contractual restrictions, providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

E. **Four-wheeled walker with seat and brakes:**

Prior authorization is not required for E0147.

For Commercial, Medicare and Medicaid.

PHP follows CGS LCD [L33791](#), and the related Policy Article ([A52503](#)) for coverage criteria. Heavy duty, 4-wheeled, multiple braking system, variable wheel resistance walker (E0147) is covered for members who meet coverage criteria for a standard walker and who are unable to use a standard walker due to severe neurologic disorder **or** other condition (see below in *italic*) causing the restricted use of one hand. Obesity alone is not a sufficient reason for 4-wheeled heavy-duty walker (E0147). If an E0147 walker is provided and if the additional coverage criteria are not met, it will be denied as not reasonable and necessary. Seat attachment (E0156), will only be covered at the initial issue of a 4-wheeled walker or as a replacement component.

The member must have previously attempted to meet mobility needs with a standard-wheeled walker, a straight cane or quad cane. If these assistive devices do not meet the member's mobility needs, or if the member's condition is such that it is clear the individual will not be able to use a standard-wheeled walker, straight cane or quad cane. Here are some examples of conditions but not limited to:

- *Member has a severe orthopedic condition that limits ability to ambulate, (i.e., osteoporosis, osteoarthritis, joint replacement or moderate to severe pain).*
- *Member has a cardiopulmonary condition that limits endurance during ambulation.*
- *Member requires frequent rests during ambulation due to fatigue.*
- *Without a four-wheeled walker, the member's independence, activities of daily living or the ability to perform self-care activities are restricted.*

Code E0147 describes a 4-wheeled, adjustable height, folding-walker that has **all** of the following characteristics:

1. Capable of supporting beneficiaries who weigh greater than 350 pounds,
2. Hand operated brakes that cause the wheels to lock when the hand levers are released,
3. The hand brakes can be set so that either or both can lock both wheels,

4. The pressure required to operate each hand brake is individually adjustable,
5. There is an additional braking mechanism on the front crossbar,
6. At least two wheels have brakes that can be independently set through tension adjustability to give varying resistance.

The only walkers that may be billed using code E0147 are those products for which a written coding verification review (CVR) has been made by the [Pricing, Data Analysis and Coding \(PDAC\)](#) Contractor and subsequently published on the Product Classification List (PCL). Suppliers should contact the PDAC Contractor for guidance on the correct coding of these items, (see policy article A52503).

F. Manual Wheelchair Bases:

Prior authorization is required.

For Commercial, Medicaid and Medicare.

PHP follows CGS DME LCD [L33788](#) Manual Wheelchair Bases, with the related LCA ([A52497](#)).

According to LCA ([A52497](#)), all manual wheelchair base codes describe a complete product.

- Rollabout Chair (E1031)
- Transport Chairs (E1037, E1038, E1039)
- Manual Wheelchair Bases (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)

According to LCA ([A52497](#)), a complete manual wheelchair base includes the following:

- A complete frame
- Propulsion wheels
- Casters
- Brakes
- A sling seat, seat pan which can accommodate a wheelchair seat cushion, or a seat frame structured in such a way as to be capable of accepting a seating system
- A sling back, other seat back support which can accommodate a wheelchair back cushion, or a back frame structured in such a way as to be capable of accepting a back system
- Standard leg and footrests
- Armrests
- Safety accessories (other than those separately billable in the Wheelchair Accessories Local Coverage Determination)

For Medicaid, see also [NMAC 8.324.5](#) for coverage of manual/motorized wheelchairs.

G. Power Mobility Devices:

Prior Authorization is required.

For Commercial, Medicaid and Medicare.

PHP follows CGS DME LCD [L33789](#), and the related Policy Article LCA ([A52498](#)) for the basic coverage criteria, in addition to the criteria specific to the type of power mobility device (PMD) such as power operated vehicles (POVs) or power wheelchairs (PWCs) as well as for other specific types of power wheelchairs.

For Medicaid, see also [NMAC 8.324.5](#) for coverage of manual/motorized wheelchairs.

H. Wheelchair Options/Accessories:

Prior Authorization is required.

For Commercial, Medicaid and Medicare.

PHP follows coverage criteria for specific items described in LCD ([L33792](#)) and related Policy Article ([A52504](#)) for the following:

- Arm of chair.
- Foot rest/Leg rest.
- Non-standard seat frame dimensions.
- Wheels/Tires for Manual Wheelchairs.
- Batteries/Chargers (A non-sealed battery (E2358, E2360, E2362, E2364, E2372) will be denied as not reasonable and necessary).
- Power Tilt and/or Recline Seating Systems
- Power Wheelchair Drive Control Systems
- Other Power Wheelchair Accessories.

- Miscellaneous Accessories, (manual swing-away, retractable or removable mounting hardware E1028 accessory)

For Medicaid, see also [NMAC 8.324.5](#) for accessories items that are not covered by CMS, such as wheel chair trays and seating.

See also the entirety of the bundling table contained in the Wheelchair Options and Accessories LCD ([L33792](#)) related Policy Article ([A52504](#)) or see Attachment B at end of policy for Table of codes to help determine bundled codes when multiple codes are listed for possible unbundling.

I. **Wheelchair Seat Cushion:**

Prior Authorization is required.

For Commercial, Medicaid and Medicare.

PHP follows CGS DME Wheelchair Seating, LCD [L33312](#), and related Policy Article (LCA- [A52505](#)).

For Medicaid, see also [NMAC 8.324.5.12.C\(12\)\(a\)](#) for seating systems. See also [NMAC 8.324.5.14.A\(1-5\)](#) for service limitations and coverage restrictions. **Benefit Certification is required.**

J. **Seat Elevation (E2300):**

Prior Authorization is required.

For Commercial, Medicaid and Medicare.

Effective May 16, 2023, PHP will temporarily follow coverage criteria described in CMS National Coverage Analysis, Administrative File: [CAG-00461N](#), until the information about coverage of these items will be included in future updates to the Wheelchair Options/Accessories (L33792), LCA (A52504) and Power Mobility Devices LCD (L33789) and LCD-related Policy Articles (A52498).

For billing and coding, PHP will temporarily follow [CGS Payment of Power Seat Elevation Equipment on Power Wheelchairs](#). (See Group 3 and Group 5 of Power Mobility Devices, LCD (L33789) for the appropriate power wheelchair codes to be billed with code E2300).

K. **Power Wheelchair (K0830 or K0831) with built in seat elevation:**

Prior Authorization is required.

For Commercial, Medicaid and Medicare.

Seat Elevation code (E2300) cannot be used with K0830 or K0831. These codes K0830 and K0831 have seat elevation as part of the power chair component.

3. **Standing Frame Devices:**

Prior Authorization is required for E0641 and E0642.

No standers are covered for Commercial and Medicare.

PHP covers prone standers for Medicaid as advised under ([NMAC 8.324.5.13.D.\(2\)\(q\)](#)).

The following three non-powered assistive device called standing frame/table systems are covered when the medically necessary criteria are met:

- A. One position (e.g., upright, supine or prone stander, device HCPCS code **E0638**) when **ALL** the following criteria must be met:
 - The member is unable to ambulate **or** stand independently due to neuromuscular condition but has sufficient residual strength in the lower extremities (e.g., hips and legs) to allow for use of the device.
 - Unsuccessful to achieve a standing position even with the use of physical therapy or other assistive devices.
 - Completed the appropriate standing device training and the member has demonstrated the ability to safely use the device.
 - The use of the non-powered assistive device is expected to provide meaningful improvement in at least **ONE** of the following:
 - functional use of the arms or hands
 - functional head and trunk control
 - performance of activities of daily living (ADLs)
 - digestive, respiratory, circulatory or excretory function
 - skin integrity, by off-loading weight through standing (e.g., relief of pressure ulcers not achievable by other means)
 - There is evidence that the caregiver is able to follow through at home and the member has had a trial in the stander without ill effects (i.e. increased hypotensive response, increased spasticity or increased anxiety and irritability).
- B. A multi-positional (e.g., 3-way stander) standing frame/table system (HCPCS code **E0641**) when criteria (A) are met and the individual has a medical condition that requires frequent changes in positioning
- C. A mobile (dynamic) standing frame/table system (HCPCS code **E0642**) when criteria (A) are met and the individual has the upper arm strength required to self-propel the device.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Exclusions of coverage for Standers:

- Electric, motorized, or powered standing devices is considered not primarily medical in nature.
- Combination sit-to stand frame/table systems (HCPCS code E0637), powered or motorized options are considered self-help or convenience items. A combination sit-to-stand device is a standing device with a seat lift mechanism aimed at allowing frequent repositioning (sitting to standing, standing to sitting) without assistance. These combination devices may consist of the use of a sling or seat, lifting the user directly from a wheelchair or sitting position to a standing position, either mechanically (e.g., foot pump) or through the use of a motorized control.

4. Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulation (FES):

Coverage is for Commercial, Medicaid and Medicare.

Prior Authorization is required.

PHP follows [NCD 160.12 Neuromuscular Electrical Stimulation](#) (NMES), for neuromuscular stimulator devices used for muscle atrophy (E0745); and functional neuromuscular stimulation (FES) used for spinal cord injury (E0764 & E0770).

See also [NCD 160.13](#), for supplies such as adhesive tapes and lead wires (A4595), a form-fitting conductive garment (E0731) used in the delivery of NMES.

5. Specialty Beds and Mattresses:

Prior authorization is required for heavy duty beds (E0301, E0302, E0303, E0304); and semi-electric beds (E0260, E0261, E0294, E0295, and E0329); E1399 miscellaneous; and air fluidized bed (E0194).

For Medicare, Medicaid and Commercial.

PHP follows CGS DME for specialty beds and mattresses/support surfaces. Refer to the following LCDs for coverage criteria:

- For (E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199 and A4640), see LCD **for Pressure Reducing Support Surfaces, Group 1** ([L33830](#)), related Article [A52489](#).
- For (E0193, E0277, E0371, E0372, E0373 & E1399) see LCD **for Pressure Reducing Support Surfaces, Group 2** ([L33642](#)), related Article [A52490](#).
- For (E0194), see LCD **for Pressure Reducing Support Surfaces, Group 3** ([L33692](#)), related Article [A52468](#). Prior Authorization is required for E0194.
- LCD **for Hospital Beds and Accessories** ([L33820](#)), related Article [A52508](#): for fixed height, electric, and heavy duty beds (the following items (a-h) are related to LCD L33820)
 - a. Fixed Height Beds: E0250, E0251, E0290, E0291, E0328
 - b. A variable height hospital bed (E0255, E0256, E0292, and E0293) is covered if the member meets one of the criteria for a fixed height hospital bed and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
 - c. A semi-electric hospital bed (E0260, E0261, E0294, E0295, and E0329) is covered if the member meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position. **Prior authorization is required**
 - d. Total Electric Hospital bed (E0265, E0266, E0296, and E0297) is not covered for Commercial, Medicaid, Medicare; the height adjustment feature is a convenience feature.
 - e. Heavy Duty Beds HCPCS code (E0301, E0302, E0303, E0304). A heavy duty extra wide hospital bed (E0301, E0303) is covered if the member meets one of the criteria for a fixed height hospital bed and the member's weight is more than 350 pounds but does not exceed 600 pounds. An extra heavy-duty hospital bed (E0302, E0304) is covered if the member meets one of the criteria for a hospital bed and the member's weight exceeds 600 pounds. **Prior authorization is required.**
 - f. Accessories: E0271, E0272, E0273, E0274, E0280, E0305, E0310, E0315, E0316, E0910, E0911, E0912, E0940.
 - g. Miscellaneous: **Prior authorization is required for (E1399).**

Unless addressed in one of the above LCDs, all requests for specialty beds or mattresses should be referred to the Medical Director.

6. Specialty Car Seats:

Prior Authorization is required for (E1399)

For Medicaid members.

PHP follows [NMAC 8.324.5.12.C.\(12\)](#)

All the following criteria must be met for Specialty Car Seat (E1399):

- The patient has a neuromuscular, neurological, orthopedic or cognitive condition affecting the ability to sit unsupported and maintain postural or head control while being transported.
- The patient is not able to be transported in current mobility system (wheelchair, or stroller).

- The patient is no longer able to use a standard car safety seat due to height and weight restrictions or has severe postural support needs (i.e. scoliosis/kypnosis) that cannot be met by a standard car safety seating system.
- The patient has been evaluated by a seating specialist or therapist to determine physical need, size, accessories, and fit into the caregiver's vehicle. ([NMAC 8.324.5.14\(3\)](#)).

Exclusion: Mobility bases for specialty car seats are considered convenience items and are not a covered benefit.

7. **Specialty Rehabilitation Equipment:**

a) **For Patient Lifts:**

Prior Authorization is required for E0630 and E0635.

For Commercial, Medicaid and Medicare.

PHP follows CMS LCD ([L33799](#)) and LCA [A52516](#), for Patient Lifts.

A patient lift is covered if transfer between bed and a chair, wheelchair, or commode is required and, without the use of a lift, the beneficiary would be bed confined.

A patient lift (E0625) is non-covered, it is not primarily medical in nature.

Note: If coverage is provided for code E1035 or E1036, payment will be discontinued for any other mobility assistive equipment, including but not limited to canes, crutches, walkers, rollabout chairs, transfer chairs, manual wheelchairs, power-operated vehicles, or power wheelchairs.

For Medicaid, see also [NMAC 8.324.5](#) for hydraulic patient lift.

b) **For Seat Lifts:**

Prior Authorization is required for E0627 and E0629.

For Commercial, Medicaid and Medicare.

PHP follows CMS LCD for Seat Lift Mechanisms ([L33801](#)), related Article [A52518](#).

A seat lift mechanism placed over or on top of a toilet, any type (E0172) is non-covered.

Coverage of seat lift mechanisms (E0627 & E0629) is limited to those types which operate smoothly, can be controlled by the member, and effectively assist a member in standing up and sitting down without other assistance.

Unless addressed in one of the above LCDs, all requests for specialty rehabilitation equipment should be referred to the medical director.

8. **Orthopedic Footwear and Prosthetic Shoe:**

Prior Authorization is not required.

For Commercial, Medicare and Medicaid:

PHP follows LCD ([L33641](#)), Orthopedic footwear. Statutory coverage criteria for orthopedic footwear are specified in the related Policy Article. ([A52481](#)).

For coverage of Prosthetic Shoe (code L3250), see also [NCD \(280.10\)](#).

For therapeutic shoes related to diabetic members please see DME: For Individuals with Diabetes, MPM 4.4.

For Medicaid:

Covered services, NMAC [8.324.5.12.D.\(1 thru 7\)](#), Prosthetics and orthotics supplies:

- coverage of orthopedic shoes for a MAP eligible recipient 21 years and older is limited to the shoe that is attached to a leg brace.
- therapeutic shoes furnished to a diabetic is limited to one of the following within one calendar year:
 - a. no more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts; and
 - b. no more than one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes).

Non-Covered services, NMAC 8.324.5.15(D)(1)(2), Prosthetic and orthotics:

- orthotic supports for the arch or other supportive devices for the foot, unless they are integral parts of a leg brace or therapeutic shoes furnished to diabetics; and
- prosthetic devices or implants that are used primarily for cosmetic purposes.

See Durable Medical Equipment Medicare Administrative Contractor ([DME MAC](#)) for Jurisdiction C for additional specific criteria not listed in this Medical Policy, or access Local Coverage Article ([A55426](#)) for Standard Documentation Requirements for DME.

Exclusion

A quick reference list tool ([NCD 280.1](#)) for determining the coverage status of certain pieces of DME. Note, this is not an all-inclusive list.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

1. Comfort and convenience items generally are not covered and include but are not limited to:
 - Hand-held showers or shower heads
 - Bath/Shower chairs, stools or seats (E0240 and E0241) (Only covered for Medicaid, [MPM 48.0](#)).
 - Pump-driven hot or cold therapy pads (
 - Water beds –
 - Jacuzzi units
 - Hot tubs
 - Grab bars (only covered for Medicaid members)
 - Non-hospital beds, such as TempurPedic or Select Comfort mattresses, etc.
 - Toilet frames
 - Wheelchair/walker/stroller accessories such as baskets, seats or shades (if it does not meet criteria mentioned above)
 - Patient lift, bathroom or toilet (E0625)
 - Standing frame system, one position (e.g. upright, supine or prone stander) (E0638); multi-positional (3-way) stander (E0641; mobile dynamic stander (E0642) for Commercial and Medicare.
 - Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels (E0637).
 - Seat lift mechanism placed over or on top of toilet, and type (E0172)
 - Wheelchair/walker/stroller accessories such as baskets, seats or shades (if it does not meet criteria mentioned above)
2. Physical fitness exercise equipment. Exercise equipment is considered primarily non-medical and is not covered. See [NCD 280.1](#), Durable Medical Equipment Reference List.
3. Upgraded or deluxe items, (i.e., for home and office). See CMS, Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), [90 - Payment for Additional Expenses for Deluxe Features](#).
4. Duplicate items (backup equipment). See CGS, Jurisdiction C Supplier Manual, Chapter 3 - Supplier Documentation, [Section 15 - Backup Equipment](#). See also NMAC 8.324.5.12.C.
5. All DME located in skilled nursing facility or hospital is excluded from coverage.
6. Structural changes to the home to accommodate DME. (Exception: Environmental modification as part of Medicaid Long Term Care benefits.)

DME Maintenance

Repairs and Replacement of Medical Necessary DME:

PHP follows [CMS Benefit Policy Manual 110.02, Ch 15](#), Section 110.2.A & C for the definition of Repairs and Replacement.

Repairs:

Repairs to items which a member owns are covered when necessary to make the items serviceable. However, “routine periodic maintenance”, such as testing, cleaning, regulating, and checking is not covered. For detail information see section Repairs/Replacement of Standard Documentation Requirements ([A55426](#)).

Medicare **does not** separately reimburse for **repairs** of:

- Items in the frequent and substantial servicing payment category; **or**
- Oxygen equipment; **or**
- Items in the capped rental payment category during the capped rental period; **or**
- Items covered under a manufacturer’s or supplier’s warranty; **or**
- Previously denied items.

Replacement:

Beneficiary owned items or a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage may be due to a specific accident or to a natural disaster (e.g., fire, flood). Contractors may request documentation confirming details of the incident (e.g., police report, insurance claim report). Damage to DME caused by irresponsible utilization, neglect or abuse will not be covered.

Repair and replacement of purchased wheelchairs and specialty rehab DME: Refer to the member’s Group Subscriber Agreement (GSA) **OR** New Mexico Administrative Code (NMAC) [8.324.5](#)

Definitions

Durable Medical Equipment (DME): Items that are reusable and provide support for physical limitations and disabilities, can withstand repeated use, and are used for a medical purpose, in the member’s residence (excluding a SNF or acute-care hospital) under a physician’s supervision

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Orthotic appliances: Devices that support or brace the body and may be used to improve the function of a movable part of the body.

Prosthetic device: Artificial substitutes for a missing body part; used for functional or cosmetic reasons.

Items requiring frequent and substantial servicing (rental only): Items for which there must be frequent and substantial servicing in order to avoid risk to the patient's health. Examples of these items include ventilators, aspirators, IPPB machines, passive motion exercise devices, etc. Items in this category may be rented for as long as the patient's need continues.

Reasonable useful lifetime: In the absence of Medicare Program Instructions, the reasonable useful lifetime can be determined by the member's individual plan, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment was delivered to the member, not the age of the equipment. If the equipment remains in good working order and meets the member's medical needs, it should not be automatically replaced.

Customized DME: DME which have been uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of the beneficiary's treating physician. See Pub. [100-04, Chapter 20, Section 30.3](#) for information on customized DME.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

Codes	Speech Generating Devices (SGD) (L33739)
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified
For covered ICD-10 codes, refer to Speech Generating Devices (SGD) - Policy Article (A52469)	

Codes	For Canes and Crutches, see LCD (L33733) for the following codes.
A4635	Underarm pad, crutch replacement, EACH
A4636	Replacement, handgrip/cane/crutch/walker, each. (Only used to bill for replacement items for covered, members-owned walkers).
A4637	Replacement, tip/cane/crutch/walker, each. (Only used to bill for replacement items for covered, members-owned walkers).
A9270	Noncovered item or service
E0100	Cane, all materials, adjustable or fixed, with tip
E0105	Cane, all materials, quad or three prong, adjustable or fixed, with tips
E0110	Crutches, forearm, pair, various materials, adjustable/fixed, tips and handgrips
E0111	Crutch forearm, each, various materials, adjustable/fixed, tip, handgrip
E0112	Crutches underarm, pair, wood, adjustable/fixed, pads, tip, handgrip
E0113	Crutch underarm, each, wood, adjustable/fixed, pad, tip, handgrip
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0116	Crutch, underarm, other than wood, adjustable or fixed, with PAD, tip, handgrip, with or without shock absorber, each
E0117	Crutch, underarm, articulating, spring assisted, each **Medical necessity for an underarm, articulating, spring assisted crutch has not been established.
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0153	Platform attachment, forearm crutch, each

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Codes	For Canes and Crutches, see LCD (L33733) for the following codes.
For covered ICD-10 codes, refer to Canes and Crutches - Policy Article (A52459)	

Codes	For Gait trainer and Walkers see LCD (L33791) for the following codes. Note: **See Table in Policy Article A52503 for codes that may bundle into primary code for codes listed below. For example: Codes A4636, A4637, E0155, E0159 cannot be billed separately, these codes are included in E0143.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
E0130	Walker, rigid (pickup), adjustable/fixed height, Hemi-walker
E0135	Walker, folding (pickup), adjustable/fixed height, Hemi-walker
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat. **Non-Covered. Medical necessity for a walker with an enclosed frame (E0144) has not been established
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance. Must support members weighing greater than 350lbs.
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy duty, wheeled, rigid or folding, any type
**E0154	Platform attachment, walker, each. A gait trainer or rollator. (Only used for accessories provided with the initial issue of a walker or for replacement components).
E0155	Wheel attachment, rigid pick-up walker, per pair
**E0156	Seat attachment, walker "Rollator" types of walkers are manufactured with a seat, suppliers may bill two codes for this walker: E0143 (wheeled walker) and the E0156 (seat attachment). (Only used for accessories provided with the initial issue of a walker or for replacement components).
E0157	Crutch attachment, walker, each. (Only used for accessories provided with the initial issue of a walker or for replacement components).
E0158	Leg extensions for walker, per set of four (4). (Only used for accessories provided with the initial issue of a walker or for replacement components).
**E0159	Brake attachment for wheeled walker, replacement, each. (Only used to bill for replacement items for covered, members-owned walkers).
For covered ICD-10 codes, refer to Walkers Policy Article (A52503)	

Codes	For Manual Wheelchair Base, see (LCD L33788) and Policy article (A52497)
**E1031	Rollabout Chair. (A manual wheelchair base thus considered a complete product). ** (code repeats in LCA A52497 and LCA A52504)
E1037	Transport chair, Pediatric size. (A manual wheelchair base thus considered a complete product)
E1038	Transport chair, adult size patient weight capacity up to and including 300 lbs. (A manual wheelchair base thus considered a complete product)
E1039	Transport Chair, adult size, heavy duty, patient wt capacity greater than 300lbs. (A manual wheelchair base thus considered a complete product)
E1161	Manual adult size wheelchair, includes tilt in space. (A manual wheelchair base thus considered a complete product)
E1229	Wheelchair, pediatric size, not otherwise specified. (A manual wheelchair base thus considered a complete product)
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system

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E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Manual wheelchair/base

HCPCS Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0986	Manual wheelchair accessory, push-rim activated power assist system
K0013	Custom motorized/power wheelchair base
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds

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HCPSC Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

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HCPSC Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria

HCPSC codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
ARM OF CHAIR:	
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E2209	Accessory, arm trough, with or without hand support, each

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HCPCS codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
K0015	Detachable, non-adjustable height armrest, replacement only, each
K0017	Detachable, adjustable height armrest, base, replacement only, each
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each
K0019	Arm pad, replacement only, each
K0020	Fixed, adjustable height armrest, pair
FOOTREST/LEGREST:	
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
E1020	Residual limb support system for wheelchair, any type
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, h style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, replacement only, each
K0043	Footrest, lower extension tube, replacement only, each
K0044	Footrest, upper hanger bracket, replacement only, each
K0045	Footrest, complete assembly, replacement only, each
K0046	Elevating legrest, lower extension tube, replacement only, each
K0047	Elevating legrest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or legrest, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), each
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
NONSTANDARD SEAT FRAME DIMENSIONS:	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches

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HCPCS codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair
REAR WHEELS FOR MANUAL WHEELCHAIRS:	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0073	Caster pin lock, each

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HCPCS codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
K0077	Front caster assembly, complete, with solid tire, replacement only, each
BATTERIES/CHARGERS:	
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
E2397	Power wheelchair accessory, lithium-based battery, each
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
POWER SEATING SYSTEMS:	
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E2300	Wheelchair accessory, power seat elevation system, any type.
E2301	Wheelchair accessory, power standing system, any type. Non-covered.
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related

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HCPCS codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
	electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
OTHER POWER WHEELCHAIR ACCESSORIES:	
E1016	Shock absorber for power wheelchair, each

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HCPCS codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
K0098	Drive belt for power wheelchair, replacement only
MISCELLANEOUS ACCESSORIES:	
E0705	Transfer device, any type, each
E0950	Wheelchair accessory, tray, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0971	Manual wheelchair accessory, anti-tipping device, each
E0974	Manual wheelchair accessory, anti-rollback device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each

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HCPSC codes	Wheelchair Options and Accessories using LCD (L33792) and related policy article (A52504). Note: **See Table in Policy Article (A52504) for codes that may bundle into primary code for codes listed below.
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0985	Wheelchair accessory, seat lift mechanism
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory. (code repeats in another LCD L33312)
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
**E1031	Rollabout Chair. (A manual wheelchair base thus considered a complete product). ** (Code repeats in LCA A52497 and LCA A52504)
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E2207	Wheelchair accessory, crutch and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2230	Manual wheelchair accessory, manual standing system. Not covered.
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2398	Wheelchair accessory, dynamic positioning hardware for back
K0105	Iv hanger, each
K0108	Wheelchair component or accessory, not otherwise specified Code repeats Code K0108 repeats in LCA (A52504) and (A52505)

HCPSC codes	Wheelchair Seating (Cushion) see LCD (L33312) and related policy article (A52505)
SEAT CUSHIONS:	
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth

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HCPSC codes	Wheelchair Seating (Cushion) see LCD (L33312) and related policy article (A52505)
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
BACK CUSHIONS:	
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
POSITIONING ACCESSORIES:	
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0966	Manual wheelchair accessory, headrest extension, each
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
MISCELLANEOUS:	
E0992	Manual wheelchair accessory, solid seat insert
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware

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HCPSC codes	Wheelchair Seating (Cushion) see LCD (L33312) and related policy article (A52505)
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
K0108	Wheelchair component or accessory, not otherwise specified Code K0108 repeats in LCA (A52504) and (A52505)
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
For covered ICD-10 diagnoses codes, see LCA (A52505)	

Codes	For Prone stander see NMAC 8.324.5.13.D.(2).(g)
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels Non-covered.
E0638	Standing frame system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels. (Covered only for Medicaid)
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric

Codes	For Neuromuscular Electrical Stimulations (NMES)
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
E0731	Form-fitting conductive garment for delivers of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0745	Neuromuscular stimulator, electronic shock unit (Neuromuscular stimulation artificially stimulates muscles that may have atrophied because of damaged nerve pathways, often due to injury, surgery, or infarction)
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified

HCPSC Codes	For Pressure Reducing Support Surfaces (Group 1) see LCD (L33830) and related article LCA (A52489).
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182	Pump for alternating pressure pad, for replacement only
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0188	Synthetic sheepskin pad. (Do not bill E0188 for Continuous Passive Motion devices)
E0189	Lambswool sheepskin pad, any size. (Do not bill E0189 for Continuous Passive Motion devices)
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
E1399	Durable Medical Equipment, Miscellaneous

HCPSC Codes	For Pressure Reducing Support Surfaces, Group 2 see LCD (L33642), and related Article A52490 :
E0193	Powered air flotation bed (low air loss therapy)

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HCPCS Codes	For Pressure Reducing Support Surfaces, Group 2 see LCD (L33642), and related Article A52490 :
E0277	Powered pressure-reducing air mattress
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E1399	Durable Medical Equipment, Miscellaneous

HCPCS Codes	For Pressure Reducing Support Surfaces, Group 3, see LCD (L33692), and related Article A52468 :
E0194	Air fluidized bed.

HCPCS Codes	For Hospital Beds and Accessories, see LCD (L33820), related Article (A52508):
Group 1-FIXED HEIGHT BEDS:	
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
Group 2-VARIABLE HEIGHT BEDS:	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
Group 3-SEMI-ELECTRIC BEDS:	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
Group 4-TOTAL ELECTRIC BEDS:	
A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary.:	
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress. Not covered.
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress. Not covered.
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress. Not covered.
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress. Not covered.
Group 5-HEAVY DUTY BEDS:	
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress

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HCPSC Codes	For Hospital Beds and Accessories, see LCD (L33820), related Article (A52508):
Group 6-ACCESSORIES:	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress. NOT COVERED
E0271	MATTRESS, INNERSPRING (will be covered for a member owned hospital bed)
E0272	MATTRESS, FOAM RUBBER, (will be covered for a member owned hospital bed)
E0273	Bed board
E0274	Over-bed table
E0280	Bed cradle, any type
E0305	Bed side rails, half length
E0310	Bed side rails, full length
E0315	Bed accessory: board, table, or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0940	Trapeze bar, free standing, complete with grab bar
Group 7-MISCELLANEOUS:	
E1399	Durable Medical Equipment, Miscellaneous

Codes	For Patient Lifts see LCD (L33799) and LCA (A52516)
E0621	Ling or seat, patient lift, canvas or nylon. (Code E0621 is covered as an accessory when ordered as a replacement for a covered patient lift.)
E0625	Patient lift, bathroom or toilet, not otherwise classified. Not covered
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635	Patient lift, electric with seat or sling
E0636	Multipositional patient support system, with integrated lift, patient accessible controls
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E1035	Multipositional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs.
E1036	Multipositional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs

Codes	For Pediatric Gait Trainer see MCG A-0886 for Medicaid members only
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components Only covered for Medicaid members
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components. Only covered for Medicaid members
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components. Only covered for Medicaid members

Codes	Seat Lift Mechanisms (L33801), related Article A52518 .
E0172	Seat Lift Mechanism placed over or on top of toilet, any type. Not covered.
E0627	Seat lift mechanism, electric, any type
E0629	Seat Lift Mechanism, non-electric, any type

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HCPCS CODE	Description for Orthopedic Footwear. Codes may not be covered under all circumstances. Please visit LCD L33641 or LCA A52481 policy and read the guidelines carefully.
A9283	Foot pressure off loading/supportive device, any type, each
L3000	Foot, insert, removable, molded to patient model, 'UCB' type, berkeley shell, each
L3001	Foot, insert, removable, molded to patient model, spenco, each
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each
L3003	Foot, insert, removable, molded to patient model, silicone gel, each
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot, insert, removable, formed to patient foot, each
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each
L3040	Foot, arch support, removable, premolded, longitudinal, each
L3050	Foot, arch support, removable, premolded, metatarsal, each
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3160	Foot, adjustable shoe-styled positioning device
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each
L3201	Orthopedic shoe, oxford with supinator or pronator, infant
L3202	Orthopedic shoe, oxford with supinator or pronator, child
L3203	Orthopedic shoe, oxford with supinator or pronator, junior
L3204	Orthopedic shoe, high top with supinator or pronator, infant
L3206	Orthopedic shoe, high top with supinator or pronator, child
L3207	Orthopedic shoe, high top with supinator or pronator, junior
L3208	Surgical boot, each, infant
L3209	Surgical boot, each, child
L3211	Surgical boot, each, junior

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HCPSC CODE	Description for Orthopedic Footwear. Codes may not be covered under all circumstances. Please visit LCD L33641 or LCA A52481 policy and read the guidelines carefully.
L3212	Benesch boot, pair, infant
L3213	Benesch boot, pair, child
L3214	Benesch boot, pair, junior
L3215	Orthopedic footwear, ladies' shoe, oxford, each
L3216	Orthopedic footwear, ladies' shoe, depth inlay, each
L3217	Orthopedic footwear, ladies' shoe, high top, depth inlay, each
L3219	Orthopedic footwear, men's shoe, oxford, each
L3221	Orthopedic footwear, men's shoe, depth inlay, each
L3222	Orthopedic footwear, men's shoe, high top, depth inlay, each
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear, custom shoe, depth inlay, each
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3251	Foot, shoe molded to patient model, silicone shoe, each
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each
L3254	Non-standard size or width
L3255	Non-standard size or length
L3257	Orthopedic footwear, additional charge for split size
L3260	Surgical boot/shoe, each
L3265	Plastazote sandal, each
L3300	Lift, elevation, heel, tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3330	Lift, elevation, metal extension (skate)
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
L3334	Lift, elevation, heel, per inch
L3340	Heel wedge, each
L3350	Heel wedge
L3360	Sole wedge, outside sole
L3370	Sole wedge, between sole

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HCPSC CODE	Description for Orthopedic Footwear. Codes may not be covered under all circumstances. Please visit LCD L33641 or LCA A52481 policy and read the guidelines carefully.
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge, rocker
L3410	Metatarsal bar wedge, between sole
L3420	Full sole and heel wedge, between sole
L3430	Heel, counter, plastic reinforced
L3440	Heel, counter, leather reinforced
L3450	Heel, sach cushion type
L3455	Heel, new leather, standard
L3460	Heel, new rubber, standard
L3465	Heel, thomas with wedge
L3470	Heel, thomas extended to ball
L3480	Heel, pad and depression for spur
L3485	Heel, pad, removable for spur
L3500	Orthopedic shoe addition, insole, leather
L3510	Orthopedic shoe addition, insole, rubber
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3530	Orthopedic shoe addition, sole, half
L3540	Orthopedic shoe addition, sole, full
L3550	Orthopedic shoe addition, toe tap standard
L3560	Orthopedic shoe addition, toe tap, horseshoe
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition, convert instep to velcro closure
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition, march bar
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified

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HCPCS CODE	Description for Orthopedic Footwear. Codes may not be covered under all circumstances. Please visit LCD L33641 or LCA A52481 policy and read the guidelines carefully.
Refer to LCA (A52481) for covered ICD-10 listing for the above HCPCS codes.	

Reviewed by / Approval Signatures

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16. CMS, Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), 90 - Payment for Additional Expenses for Deluxe Features, (Rev. 1, 10-01-03). [Cited 02-22-2022]
17. CGS, Jurisdiction C Supplier Manual, Chapter 3 - Supplier Documentation, Section 15 - Backup Equipment, Winter 2022. [Cited 02/22/2022]
18. [CGS Payment of Power Seat Elevation Equipment on Power Wheelchairs](#), June 08, 2023 [Cited 06/14/2023]
19. CMS National Coverage Analysis announcement, Administrative File: [CAG-00461N](#), for Power Seat Elevation Equipment on Power Wheelchairs, Decision Memo DATE: May 16, 2023. [Cited 06-14-2023]

Publication History

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| 01-29-14 | Annual Review |
| 09-19-16 | Annual Review. |
| 03-22-17 | Annual review. Change to language for Gait Trainers. CMS LCD 11450 retired. Now following Article A52503. |
| 11-28-18 | Annual review. Removed Orthotrac Pneumatic Vest, (MCG, 21 st Edition, Self-Operated Spinal Unloading Devices, retired 01/01/2007). The Orthotrac™ Pneumatic Vest is determined investigational and there is no further scientific literature. |
| 01/22/20 | Annual review. Additional defining Criteria to NMES and FES added from NCD. Update of LCD and HCPCS codes. No change. |
| 08/13/20 | Update only for item #7 Specialty Beds and Mattresses: On last annual review (01/22/20) did not include Medicaid weblink and Policy Articles related to Group 1, 2, 3 for Pressure Reducing Support Surfaces. In the process updated LCD weblinks. |
| 03/24/21 | Annual review. Reviewed by PHP Medical Policy Committee from 02/23/2021 thru 03/16/2021. For those items in the policy, where there are no criteria guidance by HSD, Medicaid will follow the criteria by the LCDs. <ol style="list-style-type: none"> 1. Augmentative Speech Device: Continue using LCD L33739 for Commercial and Medicare and NMAC 824.5 for Medicaid. The trial rental period of up to 60 days was added to Medicaid. Removed the language regarding the purchase of 60 days requirement. PA will continue. 2. Continuous Passive Motion (CPM) devices: Continue using NCD 280.1 for Commercial, Medicare and Medicaid. Will continue to cover E0936 for post -surgical repair of shoulder, even though CMS limits use to knee only. Will continue no PA requirement. 3. Mechanical Stretching Devices for Static or Dynamic Joint Extension and Flexion: Continue to follow MCG A-0882 for Dynamic Joint and add to follow MCG A-0889 for Static joint (which was erroneously left out). No PA requirement, except for E1399 will continue. 4. Mobility Assistive Equipment (MAE): <ol style="list-style-type: none"> A. Canes and Crutches: Continue using L33733 for all LOB. No prior authorization is required. B. Knee Crutch Hands Free Walker (E0118): Continue using LCD L33733 for all LOB. Language added |

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"Based on medical necessity, a crutch substitute is covered only if the functional mobility deficit cannot be sufficiently resolved by the use of a cane or crutch." Continue PA for E0118. E0114 was reviewed and will not require PA.

- C. Walkers: Continue using LCD L33791 for all LOB. Criteria added from LCD. Code E0140 will be removed from PA grid; and E0144 will be set to no pay (per CMS the reasonable and necessary use of enclosed frame walker has not been established).
 - D. Gait Trainer: Adult gait trainer continue to use LCD L33791 for all LOB. Rollator (E0143) is considered to be a gait trainer. E0143 (Rollator) will not require PA for all LOB. Pediatric Gait Trainer will now follow MCG A-0886 for Medicaid members only and will continue PA.
 - E. Four-wheeled walker with seat and brakes. Continued to follow LCD L33791 for all LOB.
 - F. Manual Wheelchair Bases: Continue to follow LCD L33788 for all LOB. Continue PA for: E1038, E1039, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0005, K0006, K0007, K0008, K0009; and the following will remain with no PA requirement: E1037, E1161, K0001, K0002, K0003 and K0004. Added to policy a bundling table that shows items that are included in the wheelchair bases.
 - G. Power Mobility Devices: Continue to follow LCD L33789 for all LOB. Will continue PA and no new PA to be added.
 - H. Wheelchair Options/Accessories: Continue to follow LCD L33792 for all LOB. Will continue PA and no new PA to be added. List the items names for Group 1 thru Group 9. Will look into configuration of codes using the bundling table contained in the Wheelchair Options and Accessories LCA (A52504).
 - I. Wheelchair Seat Cushion: Continue to follow LCD L33312 for all LOB. Prior auth continues and no new PA to be added.
5. Prone Standers (covered for Medicaid only): Language updated to say "all standers are not covered for Commercial and Medicare." Will configure E0638 to not pay for Medicare and Commercial.
 6. Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES): Continue to follow NCD 160.12 for both Treatment of Muscle Atrophy and Spinal cord injury. Continue PA. NMES supplies: A4556, A4557, A4558, A4595).
 7. Specialty Beds and Mattresses: Continue to follow the listed LCDs for all LOB. Total Electric Beds: E0265, E0266, E0296, E0297 will be set to deny as non-covered for all LOB per CMS. Semi-Electric Beds: E0260, E0261, E0294, E0295, E0329 will now require PA. Continue PA for Heavy Duty Beds E0301, E0302, E0303 and E0304.
 8. Specialty Car Seats: Only for Medicaid. Continue using homegrown criteria. Continue PA for E1399.
 9. Patient lifts will follow LCD L33799 for all LOB. Patient Lifts codes E0636, E0639, E0640, E1035 and E1036 will continue PA; Codes E0630 and E0635 will now require PA for all LOB; and E0625 will be set as non-covered for all LOB; per LCA (A52516) it is not primarily medical in nature). Seat Lifts will follow LCD L33801 for all LOB and the applicable codes E0172, E0627 and E0629. Codes E0627 & E0629 will now require PA for all LOB; and E0172 will be set as non-covered for all LOB, a seat lift placed over or on top of a toilet, any type (E0172) is non-covered, per LCA (A52518). Power seating system is a new non-covered item added to policy. The following non-covered codes will be set to not pay: E2300, E2301, E2331, A9270, E1028 & E2230 for all LOB per Wheelchair Options Accessories - Policy Article (A52504).
 10. Orthopedic Footwear: Continue to follow the LCD L33641 for all LOB. Medicaid will also follow NMAC guidance. No PA required. Codes L3215, L3216, L3217, L3219, L3221, L3222 will be set to not pay for outpatient setting (Status Indicator- E1), (see Noncovered items listed by CGS, January 06, 2017).
- 09-08-21 Updated the Specialty Beds and Mattresses (item 7) to clarify confusion. Inserted HCPCS for each LCDs and noted (a-h) pertains to L33820 and removed the language regarding "Groups."
- 03-23-22 Annual review. Reviewed by PHP Medical Policy Committee from 02-02-2022 thru 02-25-2022. For those items in the policy, where there are no criteria guidance by HSD, Medicaid will follow the criteria by CMS. (Codes A4636, A4637, A9270, A9900, E1028, E1031, and K0108 repeat in other LCAs).
1. Augmentative Speech Device: Continue using LCD L33739 for Commercial and Medicare. Continue NMAC 824.5 for Medicaid. Continue PA for: E2500, E2502, E2504, E2506, E2508, E2511, E2510, E2512 and E2599
 2. Continuous Passive Motion (CPM) devices: Retired the entire section. Continue no PA requirement E0935 and E0936.
 3. Mechanical Stretching Devices for Static or Dynamic Joint Extension and Flexion: Retired the section. Continue no PA requirement for Dynamic Joint: E1800, E1805, E1810, E1812, E1815, E1820, E1825 and E1830; Static Joint: E1801, E1806, E1811, E1816, E1818, E1821 and E1841.
 4. Mobility Assistive Equipment (MAE):
 - A. Canes and Crutches: Continue using L33733 for all LOB. Continue no PA requirement: A4635, A4636, A4637, A9270, E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0116, E0117, and E0153. Code E0114 was reviewed and will continue no PA.
 - B. Knee Crutch Hands Free Walker (E0118): Continue using LCD L33733 for all LOB. Continue PA for E0118.
 - C. Walkers: Continue to follow LCD (L33791) and LCA (A52503) for section (C), (D1), & (E) for all LOB.

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Continue no PA requirement E0140 that was removed on last review; and E0144 will continue to be not reasonable and necessary per CMS. Continue no PA requirement for applicable codes for (C, D, & E): A4636, A4637, A9270, A9900, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0154, E0155, E0156, E0157, E0158 and E0159. PA will continue for miscellaneous code E1399.

Criteria language for section (C) has been updated and reformatted and removed language that repeats.

- D. Gait Trainer: Title change to add “(or sometimes referred to as a rollator)” per LCA.
 1. Adult gait trainer/rollator continues to use LCD L33791 for Commercial and Medicare only.

Revised: Added reference language that PDAC product classification list tab confirms E0141, E0143 and E0149 has rollator. Revised: Added criteria to this section, which is the same criteria for standard walker mentioned in section (C). Revised: Format of criteria and references to only include the information/language specific to Gait Trainer/rollator were combined in section (D1) to simplify the complexity of the related LCD/LCA. More importantly the HCPCS codes applicable to Gait Trainer/Rollator were identified and verified by PDAC as (E0141, E0143 and E0149). These codes will continue no PA requirement for all LOB. (*On last review only, code E0143 was identified to be a rollator; and on this review, using two separate documents (LCA A52503 and PDAC) helped identify additional HCPCS codes: (E0141 and E0149) used for gait trainer/rollator. As of current three walker codes (E0141, E0143 and E0149) are classified as Rollator (per PDAC). Note: E0143 has the highest utilization. The language “*The sequential approach used by CMS...*” will remain in this section.
 2. Pediatric Gait Trainer will continue to follow MCG A-0886 for Medicaid members. Continue PA for E8000, E8001 and E8002.
- E. Four-wheeled walker with seat and brakes. Continued to follow LCD L33791/A52503 for all LOB. CMS mentions “other conditions” in the body of the criteria, which PHP has developed a homegrown criterion. This criterion as been reviewed and will remain.
- F. Manual Wheelchair Bases: No change. Continue to follow LCD L33788 for all LOB. Continue PA for: E1038, E1039, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0005, K0006, K0007, K0008, K0009. Continue no PA requirement for: E1037, E1161, K0001, K0002, K0003 and K0004.
- G. Power Mobility Devices: No change. Continue to follow LCD L33789 for all LOB. Continue no PA requirement for E0983, E0984, K0899. All other 66 codes will continue PA requirement.
- H. Wheelchair Options/Accessories: Continue to follow LCD L33792 (group 1-9) for all LOB.

Group 1: Continue PA for K0015, K0017, K0018, K0019, K0020.

Group 2: Continue PA for: K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053.

Group 3: Continue PA for K0056

Group 4: Continue PA for K0065, K0069, K0070, K0071, K0072, K0073, K0077.

Group 5: Continue no PA requirement. Per LCD L33792, non-sealed battery (E2358, E2360, E2362, E2364, E2372) will be denied as not reasonable and necessary. These codes will be set to not pay.

Group 6: Continue no PA requirement. Per LCA A52504, a power seat elevation feature (E2300) and power standing feature (E2301) are non-covered because they are not primarily medical in nature. Codes E2301/E2300 to deny for all LOB, per LCA A52504.

Group 7: Continue no PA requirement. Attendant control (code E2331) is covered.

Group 8: Code K0098 will no longer require PA. All other codes will continue no PA requirement.

Group 9: Code E1028 will now require PA for all LOB. Continue PA for E0950, K0105 and K0108.

Per LCA A52504: a manual standing system for a manual wheelchair E2230 is non-covered (no benefit category) because it is not primarily medical in nature. Code E2230 will be set to not pay for all LOB.
- I. Wheelchair Seat Cushion: Continue to follow LCD L33312 for all LOB. Continue PA for Group 1 and 2. Continue no PA for Group 3, except E1028 will require PA (See Section H Grp9). Continue PA for K0108 and E2619 will be removed from PA grid for Group 4.
5. Prone Stenders: Continue coverage for Medicaid only. An error in policy that PA is required for code(s) E0638, has been corrected. Continue no PA requirement for E0638.
6. Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES): Continue to follow NCD 160.12 for both Treatment of Muscle Atrophy and Spinal cord injury for all LOB. Continue to follow NCD 160.13 for supplies. Continue PA for E0745, E0764, E0770 and E0731. Supply codes: A4556, A4557, A4558, A4595 continues as Status N.
7. Specialty Beds and Mattresses: Continue to follow LCD and LCA (L33830/A52489; L33642/A52490; L33692/A52468; and L33820/A52508) for all LOB. Continue non-coverage for Total Electric Beds: E0265, E0266, E0296, E0297 for all LOB. Continue PA requirement for Semi-Electric Beds: E0260, E0261, E0294, E0295, E0329. Continue PA for Heavy Duty Beds E0301, E0302, E0303 and E0304. Continue no PA requirement for codes (A4640, E0184, E0185, E0186, E0188, E0189, E0193, E0194, E0197, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0277, E0290, E0294, E0295, E0297, E0301, E0302, E0303, E0304, E0328 and E0372) based off Benchmark summary reviewed on 03-25-2022.

8. Specialty Car Seats: Only for Medicaid. Continue using homegrown criteria. Continue PA for E1399.
9. Patient lifts: Continue to follow LCD L33799 for all LOB. Patient Lifts codes E0636, E0639, E0640, E1035, E1036, E0630 and E0635 will continue PA. Continue non-coverage for all LOB, per LCA (A52516) it is not primarily medical in nature). **Seat Lifts:** continue to follow LCD L33801 for all LOB. Continue PA for E0627 and E0629 for all LOB. Continue non-covered for E0172 for all LOB, a seat lift placed over or on top of a toilet, any type (E0172) is non-covered, per LCA (A52518). **Power Seating Systems:** Moved item to section 4(H) under power tilt/recline seating systems.
10. Orthopedic Footwear: Continue to follow the LCD L33641 for all LOB. Medicaid will also follow NMAC guidance. No PA required code (L3250. Prosthetic Shoe) moved to this section.
Correction on previous publication for E2331 and E1028 saying it was non-covered. They are after all covered.

Update on 05-25-2022: Reviewed by PHP Medical Policy Committee on 05-11 and 05-12-2022 on the update of coverage for Standers which was previously titled Prone Standers. New title is Standing Frame/Table Devices: PHP has redetermined coverage for non-powered assistive device called standing frame systems (codes E0638, E0641 and E0642). PHP reevaluated these standers and is now less restrictive in terms of removing the restrictive criteria of a member being “pre-ambulatory with potential to become ambulatory” to now allow coverage for member to use the device for when “an individual who is unable to ambulate or stand independently due to neuromuscular condition but has sufficient residual strength in the lower extremities (e.g., hips and legs).” Also, previously PHP excluded Dynamic Standers (code E0642) but upon reconsideration PHP will now cover mobile (dynamic) standing frame/table system (code E0642) for members who has the ability and degree of upper arm strength necessary to self-propel, when all other criteria are met. Prior authorization will continue for HCPCS code E0641 and E0642. Please note we will continue to exclude Electric, motorized, or powered standing devices since these are considered not primarily medical in nature; and combination sit-to-stand frame/table system device (HCPCS code E0637).

- 03-22-23 Annual review. Reviewed by PHP Medical Policy Committee from 02-15-2022 thru 02-24-2023. For most of the items in the policy, where there are no criteria guidance by HSD, Medicaid will follow the criteria by CMS. Note codes (A4636, A4637, A9270, A9900, E1028, E1031, and K0108) repeat in other LCAs).
- Previously retired items: Continuous Passive Motion (CPM) devices, codes (E0935 and E0936); and Mechanical Stretching Devices for Static or Dynamic Joint Extension and Flexion, codes Dynamic Joint: E1800, E1805, E1810, E1812, E1815, E1820, E1825 and E1830; Static Joint: E1801, E1806, E1811, E1816, E1818, E1821 and E1841, utilization are stable and will continue to be retired.
1. Augmentative Speech Device: Continue using LCD L33739 for Commercial and Medicare. Continue NMAC 824.5 for Medicaid. PA requirement for E2500, E2502, E2504, E2506, E2508 and E2511 has been removed. Continue PA for E2510, E2512 and E2599.
 2. Mobility Assistive Equipment (MAE):
 - A. Canes and Crutches: Continue to follow L33733 for all LOB. Continue no PA requirement: A4635, A4636, A4637, A9270, E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0116, E0117, and E0153.
 - B. Knee Crutch Hands Free Walker (E0118): Continue to follow LCD L33733 for all LOB. Continue PA for E0118.
 - C. Walkers: Continue to follow LCD (L33791) and LCA (A52503) for section (C), (D1), & (E) for all LOB. Continue decision to remove PA for E0140 in CY 2021. Continue config of code E0144 as non-covered. Continue no PA requirement for applicable codes for (C, D1, & E): A4636, A4637, A9270, A9900, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0154, E0155, E0156, E0157, E0158 and E0159. PA will continue for miscellaneous code E1399. Criteria language for section (C) has been removed and only the LCD/LCA weblinks are provided.
 - D. Gait Trainer (or sometimes referred to as a rollator):
 1. Adult gait trainer: Continue to follow LCD L33791 for Commercial and Medicare only. The billing guidance language will remain. Continue no PA requirement for E0141, E0143 and E0149.
 2. Pediatric Gait Trainer will continue to follow MCG A-0886 for Medicaid members. Continue PA for E8000, E8001 and E8002.
 - E. Four-wheeled walker with seat and brakes: Continued to follow LCD L33791/A52503 for all LOB. Continue no PA for E0147. Changed language to be less restrictive: CMS mentions “other conditions” in the body of the criteria, which PHP has developed a homegrown criterion. This criterion has been rewritten to make it less restrictive by providing examples of conditions rather than having to meet two of the listed criteria. Removed language “two of the following criteria must be met” and replaced it with “Examples of conditions listed below but not limited to:”
 - F. Manual Wheelchair Bases: No change. Continue to follow LCD L33788 for all LOB. Continue PA for: E1038, E1039, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0005, K0006, K0007, K0008, K0009. Continue no PA requirement for: E1037, E1161, K0001, K0002, K0003 and K0004.
 - G. Power Mobility Devices: No change. Continue to follow LCD L33789 for all LOB. Codes E0983, E0984 and K0899 will not require PA for ALOB, which will result all codes under (G) will require PA.
 - H. Wheelchair Options/Accessories: Continue to follow LCD L33792 and LCA (A52504 (Group 1-9) for

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all LOB. All of the codes in (Group 1, Group 2, Group 3, Group 4, Group 6, Group 7, Group 8 and Group 9) will require PA for ALOB, except for Group 5. The following codes will now require PA for ALOB: E0973, E2209, E0951, E0952, E0954, E0990, E0995, E1020, K0195, E1011, E2201, E2202, E2203, E2204, E0961, E0967, E0988, E2205, E2206, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, **E2331**, E2373, E2374, E2375, E2376, E2377, E1016, E1018, E2351, E2368, E2369, E2370, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0098, E0705, E0958, E0959, E0971, E0974, E0978, E0981, E0982, E0985, E1014, E1015, E1017, E1028, E1029, E1030, E1225, E1226, E2207, E2208, E2210, E2295, and E2398. **Group 5:** will continue no PA requirement for E2359, E2361, E2363, E2365, E2366, E2367, E2371, E2397, and K0733. Continue non-coverage configuration for ALOB set in 2022 for (E2358, E2360, E2362, E2364, E2372), per LCD L33792 deny as not reasonable and necessary. **Group 6:** Continue non-coverage for ALOB, per LCA A52504, a power seat elevation feature (E2300) and power standing feature (E2301) are non-covered because they are not primarily medical in nature. **Group 9:** Per LCA A52504: a manual standing system for a manual wheelchair E2230 is not primarily medical in nature thus non-covered. Continue config set in CY 2022 for code E2230 as non-covered all LOB.

- I. Wheelchair Seat Cushion: Continue to follow LCD L33312 & LCA A52505 for all LOB. Place the remaining codes E2601, E2622, E2623, E2624, E2625, E0953, E0955, E0956, E0957, E0960, E0966, A9900, E0992, E2231, E2291, E2292, E2293, E2294, E2619, and K0669 (Group 1 thru Group 4) to require PA for ALOB. Continue PA for E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621, E1028, and K0108.
3. Standing Frame: Continue coverage for Medicaid only. Continue no PA requirement for E0638, but E0641 and E0642 will continue to require PA. Set E0641 and E0642 to config non-payment for Medicare and Commercial, since covered for Medicaid only. Continue CY 2022 to config code E0637 to not pay for ALOB since considered not medically necessary. Continue CY 2022 config of E0638 to not pay for non-Medicaid.
4. Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES): Continue to follow NCD 160.12 for both Treatment of Muscle Atrophy and Spinal cord injury for all LOB. Continue to follow NCD 160.13 for supplies. The coverage determination guideline language has been removed from policy and reformatted to only include NCD weblinks. Continue PA for E0745, E0764, E0770 and E0731. Supply codes: A4556, A4557, A4558, A4595 continues as Status N.
5. Specialty Beds and Mattresses: Continue to follow LCD and LCA (L33830/A52489; L33642/A52490; L33692/A52468; and L33820/A52508) for all LOB. Continue non-coverage for Total Electric Beds: E0265, E0266, E0296, E0297 for all LOB. Continue PA requirement for E0194, E0260, E0261, E0294, E0295, E0329, E0301, E0302, E0303 and E0304. Continue no PA requirement for codes (A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0193, E0194, E0196, E0197, E0198, E0199, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0271, E0272, E0273, E0274, E0277, E0280, E0290, E0291, E0292, E0293, E0294, E0295, E0297, E0301, E0302, E0303, E0304, E0305, E0310, E0315, E0316, E0328, E0372, E0373, E0910, E0911, E0912, E0940).
6. Specialty Car Seats: Only for Medicaid. Continue using homegrown criteria. Continue PA for E1399.
7. Specialty Rehabilitation Equipment:
 - a) Patient lifts: Continue to follow LCD L33799 for all LOB. Patient Lifts codes E0630, E0635, E0636, E0639, E0640, E1035, and E1036 will continue PA. Code E0625, continue non-coverage for all LOB, per LCA (A52516) it is not primarily medical in nature).
 - b) Seat Lifts: continue to follow LCD L33801 for all LOB. Continue PA for E0627 and E0629 for all LOB. Continue non-covered for E0172 for all LOB, a seat lift placed over or on top of a toilet, any type is non-covered, per LCA (A52518).
8. Orthopedic Footwear: Continue to follow the LCD L33641 for all LOB. Medicaid will also follow NMAC guidance. No PA required. Codes L3215, L3216, L3217, L3219, L3221, L3222 are Status Indicator- (E1), Not covered by Medicare as of 01/01/2007 and are configured non-covered for ALOB.

Updated July 26, 2023 for Seat Elevation: Reviewed by PHP Medical Policy Committee on 06/14/2023. CMS proposed reconsideration of National Coverage Determination ([NCD](#)) [280.3](#), Mobility Assistive Equipment to establish a covered benefit category for power seat elevation (E2300) equipment in Group 3 PWCs. According to CMS National Coverage Analysis announcement of Administrative File: [CAG-00461N](#), the non-covered power seat elevation (E2300) feature is being reconsidered as a covered benefit effective May 16, 2023. The DME MAC for New Mexico, CGS news titled [Payment of Power Seat Elevation Equipment on Power Wheelchairs](#) says Power Wheelchair, Group 2, HCPCS codes (K0830 or K0831) should be used for power seat elevation (code E2300) equipment; and the information about coverage of these items will be included in future updates to the Wheelchair Options/Accessories, LCD (L33792) and related LCA (A52504); and Power Mobility Devices LCD (L33789) and LCD-related Policy Articles (A52498). Code E2300 will be reconfigured as a covered benefit effective May 16, 2023, for ALOB; and set to require PA for ALOB. Code K0830 and K0831 will continue to require PA.

Updated Nov 15, 2023: Remove code A9900 from the PA grid for ALOB. Rationale: Utilization is low and this code is not only for wheelchair but could be for O2 related accessory; walkers; seat cushion, pneumatic related, as well as other supplies such as syringe.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

Attachment A

*Dynasplint and JAS Range of Motion, (Attachment A)

Body Part	Motion	Normal Ranges	75% Normal
Cervical Spine	Flexion	60 degrees	45 degrees
Cervical Spine	Extension	75 degrees	56 degrees
Cervical Spine	Lateral flexion/side bending	45 degrees	34 degrees
Cervical Spine	Rotation	80 degrees	60 degrees
Thoracic Spine	Flexion	80-90 degrees	60 degrees
Thoracic Spine	Extension	20-30 degrees	15 degrees
Thoracic Spine	Lateral flexion/side bending	20-35 degrees	15 degrees
Thoracic Spine	Rotation	30-45 degrees	23 degrees
Lumbosacral Spine	Flexion	60 degrees	45 degrees
Lumbosacral Spine	Extension	25 degrees	19 degrees
Lumbosacral Spine	Lateral flexion/side bending	25 degrees	19 degrees
Lumbosacral Spine	Rotation		
Shoulder	Flexion	150-180 degrees	113 degrees
Shoulder	Extension	40-60 degrees	30 degrees
Shoulder	Abduction	150-180 degrees	113 degrees
Shoulder	Horizontal Abduction	90 degrees	68 degrees
Shoulder	Horizontal Adduction	45 degrees	34 degrees
Shoulder	Internal Rotation	55 degrees	41 degrees
Shoulder	External Rotation	60-90 degrees	45 degrees
Elbow and Forearm	Flexion	140-150 degrees	105 degrees
Elbow and Forearm	Extension	0-5 degrees	lacking 15 degrees
Elbow and Forearm	Supination	80-90 degrees	60 degrees
Elbow and Forearm	Pronation	80-90 degrees	60 degrees
Wrist	Flexion	70-80 degrees	53 degrees
Wrist	Extension	60-70 degrees	45 degrees
Wrist	Ulnar Deviation	30 degrees	23 degrees
Wrist	Radial Deviation	20 degrees	15 degrees
Thumb	MP Flexion - Extension	0-50 degrees	
Thumb	IP Flexion - Extension	0-80 degrees	
Thumb	Abduction	0-70 degrees	

*Dynasplint and JAS Range of Motion

Body Part	Motion	Normal Ranges	75% Normal
Index Finger	MP Flexion	90 degrees	68 degrees
Index Finger	MP Hyperextension	45 degrees	34 degrees
Index Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Index Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Middle Finger	MP Flexion	90 degrees	68 degrees
Middle Finger	MP Hyperextension	45 degrees	34 degrees
Middle Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Middle Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Ring Finger	MP Flexion	90 degrees	68 degrees
Ring Finger	MP Hyperextension	45 degrees	45 degrees
Ring Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Body Part	Motion	Normal Ranges	75% Normal
Ring Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Little Finger	MP Flexion	90 degrees	68 degrees
Little Finger	MP Hyperextension	45 degrees	45 degrees
Little Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Little Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Hip	Flexion	100-120 degrees	75 degrees
Hip	Extension	30 degrees	23 degrees
Hip	Abduction	40-50 degrees	30 degrees
Hip	Adduction	20-30 degrees	15 degrees
Hip	Internal Rotation	35-45 degrees	26 degrees
Hip	External Rotation	35-45 degrees	26 degrees
Knee	Flexion	135 degrees	101 degrees
Knee	Extension	0 degrees	lacking 10 degrees
Ankle	Dorsiflexion	10-15 degrees	8 degrees
Ankle	Plantarflexion	40-50 degrees	30 degrees
Ankle	Inversion	5-35 degrees	
Ankle	Eversion	5-20 degrees	
Great Toe	Flexion	25-35degrees	19 degrees
Great Toe	Extension	40-70 degrees	30 degrees

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

If a provider submits two or more codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. (Attachment B)	
Column I	Column II
Power Operated Vehicle (K0800, K0801, K0802, K0806, K0807, K0808, K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power Wheelchair Base Groups 1 and 2 (K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

If a provider submits two or more codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code is eligible for payment and the Column 2 code is denied. (Attachment B)	
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

Subject: Durable Medical Equipment: Respiratory Devices

Medical Policy #: 4.3

Original Effective Date: April 1999

Status: Reviewed

Last Review Date: 09-27-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

- Items that do not require Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.

Description

Durable Medical Equipment (DME) is defined as equipment which:

- Can withstand repeated use;
- *Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;*⁷
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient's home, at school or at work.

DME can be rented or purchased, depending on the length of time the member will need the equipment, or if there must be frequent and substantial servicing in order to avoid risk to the patient's health. The decision whether to rent or purchase DME is made by Presbyterian Health Plan (PHP).

Other related Durable Medical Equipment (DME) medical policies:

- DME for Diabetic Equipment, MPM 4.4
- DME Miscellaneous, MPM 4.5
- DME for Orthotics and Prosthetics, MPM 4.6
- DME for Rehabilitation and Mobility Devices, MPM 4.2
- Osteogenic Bone Growth Stimulators, MPM 15.1

Coverage Determination

PHP covers Durable Medical Equipment (DME) listed. For ALL Durable Medical Equipment (DME) listed in this MPM, PHP may or may not require Prior Authorization. Log on to Pres Online to verify and/or submit a request:

<https://ds.phs.org/preslogin/index.jsp>

- All items with or without Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.

Criteria for Respiratory Devices

I. Home Apnea Monitors for Infants:

Prior Authorization/Benefit Certification is not required; claims are subject to retrospective review and are only covered for the indications listed.

For **Commercial** members, Presbyterian uses MCG Criteria # A-0877. Due to contractual restrictions, providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

For **Medicaid**, PHP follows, [NMAC 8.324.5.12.C.7\(f\)](#) for Apnea.

II. Home Oxygen and Oxygen Equipment:

Prior Authorization/Benefit Certification is not required; claims are subject to retrospective review and are only covered for the indications listed.

For Medicare, Commercial, and Medicaid:

PHP follows LCD [L33797](#) Oxygen and Oxygen Equipment. Refer also to Policy Article ([A52514](#)).

PHP follows, [NCD 240.2.1](#) for Home Use of Oxygen in Approved Clinical Trials.

For Medicaid: see also section [NMAC Number 8.324.5.12.C.\(8 a-h\) for details](#).

- For Non-covered services, DME, oxygen and medical supplies see: NMAC, 8.324.5.15.C. or 8.301.3.15 NMAC for an overview. MAD does not cover duplicates of items, for example, a MAP eligible recipient is limited to one wheelchair, one hospital bed, **one oxygen delivery system**, or one of any particular type of equipment.

III. **Oxygen for Cluster Type Migraine Headaches:**

Prior Authorization/Benefit Certification is not required; claims are subject to retrospective review and are only covered for the indications listed.

For Medicare, Commercial and Medicaid:

PHP will follow [NCD \(240.2\), Subsection D](#). As indicated in the retired [NCD Manual 240.2.2 Home Oxygen Use to Treat Cluster Head](#), coverage determinations will be allowed as described in Chapter 1, Section 240.2 (Home Use of Oxygen), Subsection D, of Publication 100-03 of the NCD Manual.

IV. **Portable Oxygen Systems:**

Prior Authorization/Benefit Certification is not required; claims are subject to retrospective review and are only covered for the indications listed.

For Medicare, Medicaid, and Commercial.

PHP follows LCD ([L33797](#)) Oxygen and Oxygen Equipment and related policy article ([A52514](#)).

A patient meeting the requirements specified below may qualify for coverage of a portable oxygen system either (1) by itself, or (2) to use in addition to a stationary oxygen system. A portable oxygen system is covered for a particular patient if:

1. mobile within the home,
and
2. the qualifying blood gas study was performed only while at rest (awake) or during exercise; but not during sleep.

For Relocation and Travel see LCA [A52514](#).

V. **Oximetry:**

Prior Authorization/Benefit Certification is not required; claims are subject to retrospective review and are only covered for the indications listed.

For Medicare, Medicaid, and Commercial.

An oximeter device (E0445) is a monitor that measures the hemoglobin oxygen saturation using a non-invasive probe of the blood.

Note: In addition to CMS LCD coverage mentioned below, PHP covers continuous pulse oximeter for the following:

- Patients on mechanical ventilation
- Infants or children with bronchopulmonary dysplasia
- Premature infants being treated for apnea

For Oximetry testing, PHP follows Oxygen and Oxygen Equipment, LCD ([L33797](#)) and related article ([A52514](#)) For Oximetry services, PHP follows LCD ([L35434](#)) and related article ([A57205](#)), Oximetry Services.

For **Medicaid** see also [NMAC 8.324.5.13.D.\(2.g\)](#).

VI. **Respiratory Assist Devices (RAD):**

Prior Authorization is required for E0470 and E0471. The related accessory codes do not require PA. Claims are subject to retrospective review and are only covered for the indications listed.

For Medicare, Medicaid, and Commercial.

PHP follows Respiratory Assist Devices, LCD [L33800](#) and related policy article ([A52517](#)).

Coverage criteria is specific for the following conditions for codes (E0470 and E0471):

1. Restrictive Thoracic Disorders;
 - a. Due to neuromuscular disease
 - b. Due to severe thoracic cage abnormalities
2. Severe COPD;
3. Central Sleep Apnea (CSA) OR Complex Central Sleep Apnea (CompSA) OR
4. Hypoventilation Syndrome.

Exclusion:

According to LCD ([L33718](#)), a bi-level positive airway pressure device with back-up rate (E0471) is not reasonable and necessary if the primary diagnosis is Obstructive Sleep Apnea (OSA). If an E0471 is billed with a diagnosis of OSA, it will be denied as not reasonable and necessary.

See also DME, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 for codes E0470, E0471 and E0601.

VII. Home Ventilator (codes E0465, E0466 and E0467) with Noninvasive or Invasive Interfaces:

Prior Authorization is not required; claims are subject to retrospective review and are only covered for the indications listed.

For Medicare, Medicaid, and Commercial.

PHP follows Respiratory Assist Devices [LCD L33800](#), (see section on Ventilators); and related policy article ([A52517](#)).

VIII. Concurrent Use of Oxygen with PAP Therapy:

Prior Authorization is not required.

Coverage is for Medicare, Medicaid, and Commercial.

PHP follows Oxygen and Oxygen Equipment, LCD ([L33797](#)) and Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, LCD ([L33718](#)). To be considered for simultaneous use of home oxygen and oxygen equipment with a PAP device, all requirements in the "Coverage Indications, Limitations and/or Medical Necessity" sections of both Oxygen and Oxygen Equipment LCD ([L33797](#)) and Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, LCD ([L33718](#)) must be met. See also [MPM 49.1](#).

IX. High Frequency Chest Wall Oscillation Devices:

Prior Authorization is required for (code E0483).

Coverage is for Medicare, Medicaid, and Commercial.

PHP follows CGS, LCD ([L33785](#)) High Frequency Chest Wall Oscillation Devices.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPCS for Home Apnea Monitors for Infants

HCPCS Codes	DME: Pediatric Home Apnea Monitors description
A4556	Electrodes, per pair
A4557	Lead wires, per pair
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature

HCPCS for Oxygen Equipment

HCPCS Code	Oxygen and Oxygen Equipment/ Accessories for LCD (L33797) & LCA (A52514)
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing

HCPSC Code	Oxygen and Oxygen Equipment/ Accessories for LCD (L33797) & LCA (A52514)
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
E0447	Portable oxygen contents, liquid, 1 month's supply = 1-unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions. (E0447, E1405, and E1406 to HCPSC codes included in E0467)
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392	Portable oxygen concentrator, rental
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
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
A4606	Oxygen probe for use with oximeter device, replacement
A4608	Transtracheal oxygen catheter, each
A4615	Cannula, nasal
A4616	Tubing (oxygen), per foot
A4617	Mouth piece
A4619	Face tent
A4620	Variable concentration mask
A7525	Tracheostomy mask, each
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPSC code
E0455	Oxygen tent, excluding croup or pediatric tents
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure
E1353	Regulator
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1355	Stand/rack
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each

CPT Codes	CPT for Oximetry Services for LCD (L35434)
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations
94762	Noninvasive ear or pulse oximetry for oxygen saturation, by continuous overnight monitoring (separate procedure)

CPT Codes	CPT for Oximetry Services for LCD (L35434)
For ICD -10 codes that support medical necessity for Oximetry Services, see related LCA (A57205)	

HCPCS Codes	Respiratory Assist Devices LCD (L33800) related article (A52517)
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
A4604	Tubing with integrated heating element for use with positive airway pressure device. **1 per 3 months
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each. **1 per 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each. **2 per 1 month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair. **2 per 1 month
A7030	Full face mask used with positive airway pressure device, each. **1 per 3 months
A7031	Face mask interface, replacement for full face mask, each. **1 per 1 month
A7032	Cushion for use on nasal mask interface, replacement only, each. **2 per 1 month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair. **2 per 1 month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. **1 per 3 months
A7035	Headgear used with positive airway pressure device. **1 per 6 months
A7036	Chinstrap used with positive airway pressure device. **1 per 6 months
A7037	Tubing used with positive airway pressure device. **1 per 3 months
A7038	Filter, disposable, used with positive airway pressure device. **2 per 1 month
A7039	Filter, non-disposable, used with positive airway pressure device. **1 per 6 months
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each. **1 per 6 months
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
For coding instruction for Respiratory Assist Devices, see related policy LCA (A52517).	

HCPCS Codes	Respiratory Assist Devices LCD (L33800) or also see(A52467)
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions. The following individual items are included in the functionality of code E0467, it combines the function of a ventilator with those of any combination or all of the following: <ul style="list-style-type: none"> • Oxygen equipment • Nebulizer and compressor • Aspirator (suction device) • Cough stimulator (multiple products) • Positive airway pressure devices (PAP and RAD)

HCPSC Codes	Respiratory Assist Devices LCD (L33800) or also see(A52467)
	<ul style="list-style-type: none"> Custom fabricated oral appliances

HCPSC Codes	High Frequency Chest Wall Oscillation Devices LCD (L33785), related LCA (A52494)
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 09/27/2023

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 - a. NCD for Home Oxygen Use to Treat Cluster Headache (240.2.2), retired, see instead, [National Coverage Determination Manual, Ch 1, Part 4, Section 240.2, Subsection D](#) until the [NCD 240.2](#) is updated..
 - b. NCD for Home Use of Oxygen in Approved Clinical Trials (240.2.1).
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4. Celerian Group Company (CGS), Durable Medical Equipment Medicare Administrative Contractor ([DME MAC A55426](#)), Standard Documentation Requirements for All Claims Submitted to DME MACs for Jurisdiction C, Updated Date: 01/01/2023, R19. [Accessed 07/21/2023]
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9. MCG, Oxygen Therapy, Continuous and Non-Continuous: Home (DME). ACG: A-0343 (AC), Ambulatory Care 27th Edition. Last Update: 06/27/2023 Accessed 07/25/2023.
10. CGS Celerian Group Company, DME Oxygen and Oxygen Equipment, LCD (L33797) – Revision Effective Date: 04/01/2023 , #R11, -related Policy Article (A52514), revision history date 08/02/2020, R15. Accessed 07/21/2023 CGS, Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, revision date 09/27/2021, R10. [Cited 07/27/2023]
11. CGS, LCD (L33785) High Frequency Chest Wall Oscillation Devices, Revision date 10/01/2022, R10. Related LCA (A52494), Revision date: 05/04/2023, R18. [Cited 10/24/2023]

Publication History

06-23-10	Annual Review and Revision
08-24-11	Annual Review and Revision
01-29-14	Annual Review
09-28-16	Annual Review
11-28-18	Annual Review
09-25-19	Annual Review to update HCPCS and diagnosis. Included Home Ventilator with Noninvasive or Invasive Interfaces from LCD L33800; also added Concurrent Use of Oxygen with PAP Therapy using both LCD L33718 and L33797. Updated all hyperlinks to all LCDs.
11-18-20	Annual Review. Reviewed by PHP Medical Policy Committee, review completed on 12/09/2020. The following 9 items were reviewed. All links were updated for each item; and each item were updated for which product lines were covered and all items will continue to not require prior authorization. <u>Home Apnea Monitors for Infants:</u> No longer required to request a PA if the Apnea monitor is needed for additional 6 months. Commercial continue to follow MCG A-0877 and Medicaid continues to follow NMAC 8.324.5.12.C.(f). <u>Home Oxygen and Oxygen Equipment:</u>

PHP continues to follow LCD L33797 and NCD (240.2) for Medicare and Commercial and Medicaid continues to follow NMAC Number 8.324.5

Oxygen for Cluster Type Migraine Headaches:

Commercial and Medicaid members will now follow MCG A-0343. The old criteria removed and replaced. The use of oxygen for treatment of cluster headache member must be on preventive headache therapy, such as verapamil. Also, participation in the clinical trial for cluster HA will now be for Commercial and Medicaid, not just for Medicare members; and will continue to follow LCD (L33797).

Portable Oxygen Systems:

Continue to follow LCD (L33797) or NCD (240.2) for all LOB.

Relocation and Travel will continue to follow LCA A52514.

Added two additional codes E0467 and K0739

Oximetry Services:

Continue to follow CMS LCD (L35434) and A57205 for all LOBs. Add that electronic monitoring device and oxygen saturation, is for Medicaid only and will follow NMAC 8.324.5.13.D.(2g)

Respiratory Assist Devices:

Continue to follow Respiratory Assist Devices LCD L33800 for all LOB.

Home Ventilator with noninvasive or invasive Interfaces:

Continue to follow NCD 280.1 and/or LCD L33800 for Ventilators for all LOB. Added home ventilator codes E0465 and E0466.

Positive Airway Pressure (PAP) Devices for Treatment of OSA

Continue to follow LCD L33718 for PAP for all LOBs.

Concurrent Use of Oxygen with Pap Therapy:

Continue to follow LCD - L33797 or L33718 (which are identical) for all LOB.

09-22-21 Annual review. Reviewed by Medical Directors on 09-07-2021. Continue no PA requirement for all nine items. Unrelated codes K0739 and A4575 removed.

Home Apnea Monitors for Infants:

Commercial continue to follow MCG A-0877. Medicaid continue to follow NMAC 8.324.5.12.C.(f).

Home Oxygen and Oxygen Equipment:

Medicare and Commercial continue to follow LCD L33797 and NCD (240.2). Medicaid continue to follow NMAC Number 8.324.5

Oxygen for Cluster Type Migraine Headaches:

Commercial and Medicaid continue to follow MCG A-0343 for treatment of cluster headaches. Medicare, Commercial and Medicaid continue to follow LCD (L33797) for cluster headaches.

Portable Oxygen Systems:

Continue to follow LCD (L33797) or NCD (240.2) for all LOB.

Oximetry Services:

Continue to follow CMS LCD (L35434) and A57205 for all LOBs. For electronic monitoring device and oxygen saturation, is for Medicaid only and will follow NMAC 8.324.5.13.D.(2g)

Respiratory Assist Devices:

Continue to follow Respiratory Assist Devices LCD L33800 for all LOB. Added information on sleep test requirement.

Home Ventilator with noninvasive or invasive Interfaces:

Continue to follow NCD 280.1 and/or LCD L33800 for Ventilators for all LOB.

Positive Airway Pressure (PAP) Devices for Treatment of OSA

Continue to follow LCD L33718 for PAP for all LOBs.

Concurrent Use of Oxygen with Pap Therapy:

Continue to follow LCD - L33797 or L33718 (which are identical) for all LOB.

09-28-22 Annual review. Reviewed by Medical Directors on Aug 09, 2022. Continue no PA requirement for all eight items

Home Apnea Monitors for Infants:

Continue to follow MCG A-0877 for commercial. Medicaid continue to follow NMAC 8.324.5.12.C.(f). Continue no PA requirement.

Home Oxygen and Oxygen Equipment:

Medicare and Commercial continue to follow LCD L33797. No longer referencing NCD 240.2 since Novitas mentions home oxygen therapy in L33797. Medicaid continue to follow NMAC Number 8.324.5. Continue no PA requirement.

Oxygen for Cluster Type Migraine Headaches:

Commercial and Medicaid continue to follow MCG A-0343 for treatment of cluster headaches. For Medicare, Commercial and Medicaid continue to follow LCD (L33797). Continue no PA requirement.

Portable Oxygen Systems:

Continue to follow LCD (L33797) for all LOB. NCD 240.2 is removed. Removed criteria language for relocation and travel, and only provide weblink to (LCA A52514). Continue no PA requirement.

Oximetry:

Removed "Service" from title. Add to follow LCD (L33797) and LCA (A52514) for oximeter device and continue to follow CMS LCD (L35434) and A57205 for oximetry services for all LOBs. The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks. Reformatted to say, "for Medicaid see also NMAC 8.324.5.13.D.(2g)". Continue no PA requirement.

Respiratory Assist Devices:

Continue to follow Respiratory Assist Devices LCD L33800 for all LOB. The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks. No longer referencing NCD 240.4.1, since same coverage details are mentioned in LCD L33800. Add to see also DME, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 for codes E0470, E0471 and E0601. Continue no PA requirement.

Home Ventilator with noninvasive or invasive Interfaces:

Continue to follow the Ventilator section of the LCD L33800 for code E0465, E0466 and E0467. Removed LCA A52467 and now following LCA A52517. The two LCAs are identical thus no change. Removed NCD 280.1 since the same coverage details are outlined in LCD L33800. Continue no PA requirement.

Positive Airway Pressure (PAP) Devices for Treatment of OSA

Removed item from policy, see DME, Positive Airway Pressure (PAP) and Oral Appliances for the Treatment of Obstructive Sleep Apnea, MPM 49.1 developed on 03/23/2022. Continue no PA requirement.

Concurrent Use of Oxygen with Pap Therapy:

Continue to follow LCD - L33797 and L33718 for all LOB. The coverage determination guideline language removed from policy and reformatted to only include LCD/LCA weblinks. Continue no PA requirement.

09-27-23

Throughout policy replaced "Centennial" with "Medicaid".

Annual review. Reviewed by PHP Medical Policy Committee on 07/25 and 07/26/2023. Added the following newly updated language from: 42 CFR §414.202 regarding "DME defined as equipment" *"Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;"* found in Durable Medical Equipment Reference List, National Coverage Determination 280.1.

Home Apnea Monitors for Infants: No change. Commercial continue to follow MCG A-0877. Medicaid continues to follow NMAC 8.324.5.12.C.7(f)

Home Oxygen and Oxygen Equipment: No change. Medicare, Medicaid and Commercial continue to follow LCD L33797 and A52514. Correction: Added Medicaid should also be included to follow LCD (L33797), which was erroneously left out. Medicaid continue to follow NMAC Number 8.324.5. Continue no PA requirement. Reformatted to say, "for Medicaid see also NMAC 8.324.5.13.D.(2g)." Added, we follow NCD 240.2.1 for Home Use of Oxygen in approved Clinical Trial. Continue no PA requirement.

Oxygen for Cluster Type Migraine Headaches: Removed the criteria that said to follow MCG A-0343 for treatment cluster headaches therapy. This is removed because it is no longer relevant since Cluster HA is no longer part of a clinical trial. Change: As indicated in the retired NCD Manual 240.2.2 Home Oxygen Use to Treat Cluster Head, effective September 27, 2021, CMS has ended Coverage with Evidence Development (CED), the coverage determinations will be allowed as described in Chapter 1, Section 240.2 (Home Use of Oxygen), Subsection D, of Publication 100-03 of the NCD Manual. For Medicare, Commercial and Medicaid will now follow NCD-240.2, Subsection D. Continue no PA requirement.

Portable Oxygen Systems: No change. Continue to follow LCD (L33797) and related article LCA (A52514) for all LOB. Continue no PA requirement.

Oximetry: For **oximetry testing**, continue to follow LCD (L33797) and related article (A52514) for all LOB. Added the word "*testing*" to this section which was erroneously left out. The **oximetry services**, continue to follow LCD (L35434) and LCA (A57205). Medicaid will continue to also see NMAC 8.324.5.13.D.(2g). Continue no PA requirement for codes: 94760, 94761 and 94762.

Respiratory Assist Devices: Continue to follow Respiratory Assist Devices LCD (L33800) and related article LCA (A52517) for all LOB. Added language pertaining to listing of conditions found in LCD, "*RAD (E0470, E0471) is covered for one of the following clinical disorders: restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities), severe chronic obstructive pulmonary disease (COPD), CSA or CompSA, or hypoventilation syndrome*" as described within LCDs (L33800). Added exclusion language found in LCD for E0471 when billed for primary condition of OSA and referenced LCD (L33718). Clarifying language added to separate the devices vs accessories: Updated policy to say RAD devices E0470 and E0471 require PA, since these codes require PA. Also, added the related accessory codes do not require PA.

Home Ventilator with noninvasive or invasive Interfaces: Continue to follow the Ventilator section of the Respiratory Assist Devices, LCD (L33800) and related LCA (A52517) for codes (E0465, E0466 and E0467) for LOB. Correction: removed the wrong title "Positive Airway Pressure (PAP) Devices for the Treatment of OSA" that was linked erroneously to the related policy article (A52517) of LCD (L33800). Continue no PA requirement.

Concurrent Use of Oxygen with Pap Therapy: Continue to follow LCD (L33797) and LCD (L33718) for all LOB. Updated language found in LCD regarding the "simultaneous use of home oxygen and oxygen

equipment with a PAP device all requirements found in both LCDs would need to be met.”

Update on 10/25/2023: Added code E0483 to follow CGS, LCD (L33785) High Frequency Chest Wall Oscillation Devices and related LCA (A52494). Code will continue to require PA.

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For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

Subject: Durable Medical Equipment: Positive Airway Pressure (PAP) and Oral Appliances for Treatment of Obstructive Sleep Apnea

Medical Policy: 49.1

Original Effective Date: 03-23-2022

Status: Reviewed

Last Review Date: 03-22-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Durable Medical Equipment (DME) is equipment which:

- Can withstand repeated use.
- Is primarily and customarily used to serve a medical purpose.
- Generally, is not useful to a person in the absence of illness or injury.
- Is appropriate for use in a patient's home, at school or at work.

DME can be rented or purchased, depending on the length of time the member will need the equipment, or if there must be frequent and substantial servicing in order to avoid risk to the patient's health. The decision whether to rent or purchase DME is made by Presbyterian Health Plan (PHP).

Other related Durable Medical Equipment (DME) medical policies:

- Durable Medical Equipment: Respiratory Devices, **MPM 4.3**
- DME for Diabetic Equipment, **MPM 4.4**
- DME Miscellaneous, **MPM 4.5**
- DME for Orthotics and Prosthetics, **MPM 4.6**
- DME for Rehabilitation and Mobility Devices, **MPM 4.2**
- DME for State Coverage Insurance (SCI), **MPM 4.7**

Apnea-Hypopnea Index (AHI):

Based on the members type of benefit, use the AHI results provided in the report/interpretation of study.

- Medicare will follow CMS AHI scored result.
- Medicaid and Commercial, will follow American Academy of Sleep Medicine (AASM) AHI scored results.

Obstructive Sleep Apnea confirmed AHI result:

1. AHI ≥ 15 with minimum of 30 events qualifies patients for treatment with CPAP with no further comorbid.
- OR**
2. AHI 5–14 associated with certain accompanying qualifying comorbid diagnoses, such as:
 - Excessive sleepiness
 - Impaired cognition
 - Mood disorders
 - Insomnia
 - Hypertension
 - Ischemic heart disease
 - History of stroke

Coverage Determination

Prior Authorization/Benefit Certification is required for (E0470, E0471 and E0601) if member is 18 years old or older.

For Medicare, Medicaid and Commercial.

1. **Positive Airway Pressure Devices for the Treatment of Obstructive Sleep Apnea (OSA):**

PHP follows Local Coverage Determination (LCD) [L33718](#), Positive Airway Pressure Devices for the Treatment of OSA and related policy article ([A52467](#)). LCD [L33718](#) contains criteria for CPAP and BiPAP coverage, as well as information on the sleep tests required to qualify for a respiratory assist device, requirements for continuing coverage of CPAP/BiPAP and physician qualifications.

2. **Oral Appliances for Obstructive Sleep Apnea (OSA):**

PHP follows Local Coverage Determination (LCD) [L33611](#), Oral Appliances used to Treat OSA. For a member's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the LCD must be met. In addition, there are specific statutory payment policy requirements, discussed in the related Local Coverage Article (LCA) [A52512](#), that must be met.

Other related guidelines in LCA (A52512):

- All follow-up care, including fitting, adjustments, modifications, professional services (not all-inclusive) required during the first 90 days after provision of the oral appliance are considered to be included in the payment for device. Claims for these will be denied as not separately payable.
- After the initial 90-day period, adjustments, modifications and follow-up visits are not eligible for coverage under the DME benefit and are therefore not within the jurisdiction of the DME MAC.
- Repairs are covered for items that meet the coverage criteria. To repair means to fix or mend and to put the item back in good condition after damage or wear. Repairs are covered when necessary to make the item serviceable. If the expense for repairs exceeds the estimated expense of purchasing another item, no payment can be made for the excess.
- Oral appliances are eligible for replacement at the end of their 5-year reasonable useful lifetime (RUL). These items may be replaced prior to the end of the 5-year RUL in cases of loss, theft, or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood). Replacement due to wear-and-tear as the result of everyday use will be denied as statutorily non-covered prior to the expiration of the 5-year RUL.

For **diagnostic sleep testing for OSA**, see CMS National Coverage Determination (NCD) 240.4.1 or see [Sleep Studies, Attended \(In-Laboratory\) Full-Channel Polysomnography, MPM 49.0](#).

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPSC Codes	Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718), related article (A52467)
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0601	Continuous positive airway pressure (CPAP) device
A4604	Tubing with integrated heating element for use with positive airway pressure device. **1 per 3 months
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each. **1 per 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each. **2 per 1 month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair. **2 per 1 month
A7030	Full face mask used with positive airway pressure device, each. **1 per 3 months
A7031	Face mask interface, replacement for full face mask, each. **1 per 1 month
A7032	Cushion for use on nasal mask interface, replacement only, each. **2 per 1 month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair. **2 per 1 month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. **1 per 3 months
A7035	Headgear used with positive airway pressure device. **1 per 6 months
A7036	Chinstrap used with positive airway pressure device. **1 per 6 months
A7037	Tubing used with positive airway pressure device. **1 per 3 months
A7038	Filter, disposable, used with positive airway pressure device. **2 per 1 month
A7039	Filter, non-disposable, used with positive airway pressure device. **1 per 6 months
A7044	Oral interface used with positive airway pressure device, each

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

HCPSC Codes	Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718), related article (A52467)
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each. **1 per 6 months
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
For coding instruction for Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea see LCA (A52467).	

HCPSC Codes	Oral Appliances for the Treatment of Obstructive Sleep Apnea (L33611), related article (A52512)
A9270	Non-covered item or service
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E1399	Durable medical equipment, miscellaneous

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 03-22-2023

References

1. CMS, Local Coverage Determination (LCD) L33718 - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, revision date: 09/27/2021, R10. Related Local Coverage Article (LCA) A52467, revision date: 08/08/2021, R14 [Cited 01/12/2023]
2. CMS, Local Coverage Determination (LCD) L33611 - Oral Appliances for Obstructive Sleep Apnea, revision date: 08-08-2021, R7. Related Local Coverage Article (A52512), revision date: 08-08-2021, R9. [Cited 01/12/2023]
3. CGS, Jurisdiction C Supplier Manual, Chapter 5 - DMEPOS Fee Schedule Categories, Section 5 - Capped Rental Items, which is available online at <https://www.cgsmedicare.com/jc/pubs/pdf/chpt5.pdf> [Cited 03-11-2022]
4. Novitas, Coronavirus (COVID-19) Information, Billing and coding information, [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#), (Q#4), updated August 16, 2022. [Cited 01/12/2023]
5. Pub Med, National Library of Medicine, Comparison of American Academy of Sleep Medicine (AASM) versus Center for Medicare and Medicaid Services (CMS) polysomnography (PSG) scoring rules on AHI and eligibility for continuous positive airway pressure (CPAP) treatment, Received: 8 December 2015 /Revised: 31 January 2016 /Accepted: 22 February 2016 /Published online: 11 March 2016. [Cited 10/25/2023]

Publication History

- 03-23-2022 Original effective date. Reviewed by PHP Medical Policy Committee on 03-11-2022 and 03-18-2022. Positive Airway Pressure (PAP) Devices for Treatment of OSA follows (LCD) L33718 and the related article (LCA) A52467. The oral appliances for OSA follows (LCD) L33611 and the related article (LCA) A52512. The PAP devices and appliances will be covered for Medicare, Medicaid & Commercial when the sleep test documentation supports the diagnosis of OBS (ICD-10 code - G47.33) based on CMS definition of AHI. Prior Auth will be required for E0470, E0471 and E0601 for Medicare, Medicaid and Commercial.
- 03-22-2023 Annual review. Reviewed by PHP Medical Policy Committee on 01/13/2023. Continue to follow PAP Devices for Treatment of OSA (LCD) L33718 and (LCA) A52467. Also continue to follow (LCD) L33611- oral appliances for OSA (LCA) A52512. Continue to PA requirement for E0470, E0471 and E0601.
- Update on 12-13-2023:** Reviewed by PHP Medical Policy Committee (MPC) on 09-23-2023: Prior Auth was removed for age 1 thru 17 years old. On 11/01/2023: -Medical Policy Committee reconsidered the conflict on the scoring rules for Apnea-Hypopnea Index (AHI) between the recommendations of the American Academy of Sleep Medicine (AASM) and Medicare. The AHI criteria were updated for Medicaid and Commercial to follow AASM AHI criteria and Medicare will continue to follow Medicare recommended AHI.

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