PRESBYTERIAN

Medical Policy

Subject: Durable Medical Equipment: Rehabilitation and Mobility Devices

Medical Policy #: 4.2 **Original Effective Date:** April 1999

Status: Reviewed **Last Annual Review Date:** 03-25-2026

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.

Durable Medical Equipment (DME) is defined as equipment which:[20,21]

- Can withstand repeated use.
- Is primarily and customarily used to serve a medical purpose.
- *Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years*.
- 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. 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): 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**

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. Additionally, refer to the CMS website for the latest versions of the CMS Online Manual System (IOMs) and Transmittals.

Coverage Determination

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

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.

Other related CMS National Coverage NCDs

- 280.1 - Durable Medical Equipment Reference List
- 280.3 - Mobility Assistive Equipment (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. **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.

B. **For Pediatric Gait trainer**:

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

Covered for Medicaid members only.

PHP follows MCG A-0886 for pediatric gait trainer. MCG has provided a tool that allows Presbyterian Health Plan members and prospective members to view relevant MCG guidelines, however you will not be able to print them: MCG Guideline Access Here

C. **Manual Wheelchair Bases**:

Prior authorization may or may notbe 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, K0008, 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.

D. **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), power wheelchairs (PWCs) or power wheelchairs with added feature of a seat elevator, as well as for other specific types of power wheelchairs. For Medicaid, see also NMAC 8.324.5 for coverage of manual/motorized wheelchairs.

E. **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.
- Footrest/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 Seat Elevation System (E2298)- See also Seat Elevation Equipment (Power Operated) on Power Wheelchairs, NCD (280.16). Power Wheelchair Drive Control Systems
- Other Power Wheelchair Accessories.
- Miscellaneous Accessories, (manual swing-away, retractable or removable mounting hardware E1028 accessary)

For Medicaid, see also NMAC 8.324.5 for accessories items that are not covered by CMS, such as wheelchair trays and seating.

Exclusion:
A wheelchair transportation securement system (E1022) and a wheelchair transit securement system (E1023) are non-covered as they do not meet the definition of DME.

Refer to the complete, updated 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.

F. **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.**

3. **Standing Frame Devices:**

Noncovered for Medicare.

PHP covers the following standing frame devices (prone standers) for Commercial and Medicaid (as advised under (NMAC 8.324.5.13.D.(2)(q)).

Prior Authorization may or may not be required.

PHP considers rental, or if less costly, purchase, of the following **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 (e.g., cerebral palsy, multiple sclerosis, spinal cord injury, stroke) but has sufficient residual strength in the lower extremities (e.g., hips and legs) to allow for use of the device.
- The member is unsuccessful at achieving a standing position, even with the use of physical therapy or other assistive devices.
- The member has 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)
    - Bone health (standing for weight-bearing)
- There is evidence that the caregiver and/or member 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**) is covered when criteria from (**A**) is 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**) is covered when criteria from (**A**) is met and the individual has the upper arm strength required to self-propel the device.

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), manual, 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.
- If a member has a gait trainer, they are not a candidate for a standing frame. This would be duplication of service.
- Standing frame systems are not considered medically necessary for members with complete paralysis of the hips and legs, as maintaining a standing position does not improve lower body strength.
- Standing frame /stander **accessories** and positioning components **must contribute to** the therapeutic function of the standing frame. Accessories primary for caregiver convenience are considered not medically necessary.

4. **Powered Lower Extremity Exoskeleton (Rewalk™ by Argo Technologies).**

Prior Authorization is required for code (K1007).

Coverage is for Medicare only.

Considered Experimental for Commercial and Medicaid

For additional information see CGS, News & Publications, 2023 Powered Lower Extremity Exoskeleton – Correct Coding.

For criteria, see above criteria under Standing Frame Devices, 3(A).

5. **Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES):**

Prior Authorization is required.

Coverage is for Commercial, Medicaid and Medicare.

PHP follows NCD 160.12 Neuromuscular Electrical Stimulation (NMES), and covers only:

- Neuromuscular stimulator (NMES) devices is covered for muscle atrophy (E0745); when specified criteria is met
- Functional neuromuscular stimulation (FES) is covered for spinal cord injury (E0764 & E0770) when specified criteria is met.

Exclusions and/or non-covered:

NMES/FES for walking will not be covered in SCI patient with any of the following:

- Persons with cardiac pacemakers;
- Severe scoliosis or severe osteoporosis;
- Skin disease or cancer at area of stimulation;
- Irreversible contracture; or
- Autonomic dysflexia.

Neuromuscular stimulation is considered not medically necessary when the criteria in (NCD 160.12) are not met and for all other indications, including but not limited to:

- Prevention of muscle atrophy (for example, following an orthopedic procedure); or
- Treatment of pain for various musculoskeletal conditions, including, but not limited to patellofemoral syndrome, spinal stenosis, scoliosis, lumbago, muscle asymmetry, strains/sprains; or
- As a technique to increase circulation; or
- Devices with additional features, which are non-standard and are primarily for the comfort or convenience of the individual; or
- H wave Stimulation (when used to speed recovery, restore function, and manage chronic, acute or post-operative pain

The following list of conditions, considered experimental and investigational, is provided to supplement Medicare criteria under NCD 160.12 (Neuromuscular Electrical Stimulation). These additional exclusion provisions further clarify conditions that are either not well-established or insufficiently defined within the applicable NCD. The supplemental exclusions are based on current evidence-based guidelines, clinical studies published in peer-reviewed medical literature and recognized scopes of practice.

The use of FES and NMES for the following conditions are considered experimental and investigation:

- Bell's palsy; or
- Cardiac conditioning; or
- Congestive heart failure; or
- Erectile dysfunction, or
- To improve ambulation in patients with foot drop caused by nerve damage (e.g in cerebral palsy, post stroke or those with multiple sclerosis); or
- To improve ambulatory function and muscle strength for progressive diseases (e.g., cancer, chronic heart failure, chronic obstructive pulmonary disease) in persons without spinal cord injury; or
- General muscle strengthening in healthy individuals (asymmetry); or
- Improvement of functional capacity and quality of life after cardiac surgery; or
- Masseter muscle oral dysfunction after stroke: or

- Muscle atrophy after stroke; or
- Pain caused by necrosis of the femoral head; or
- Treatment of denervated muscles; or
- Treatment of knee osteoarthritis; or
- Upper extremity hemiplegia
- FES of the upper extremities (e.g., NESS H200 Handmaster NMS1 System) for all indications, to improve muscle strength, for reduction of spasticity and atrophy, and to facilitate functional motor movement due to any of the following conditions:
    - Spinal cord injury; or
    - Stroke (cerebrovascular accident/CVA); or
    - Traumatic brain injury; or
    - Other upper motor neuron disorders (e.g., Parkinson's disease);

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.

6. **Specialty Beds and Mattresses:**

Prior authorization is required for heavy duty beds (E0301, E0302, E0303, E0304); and semi-electric beds (E0294, and E0329); E1399 miscellaneous; and air fluidized bed (E0194); total electric beds (E0265, E0266, E0296 and E0297).

For Medicare, Medicaid and Commercial.

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

1. 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.
2. For (E0193, E0277, E0371, E0372, E0373 & E1399) see LCD for Pressure Reducing Support Surfaces, **Group 2** (L33642), related Article A52490.
3. For (E0194), see LCD for Pressure Reducing Support Surfaces, **Group 3** (L33692), related Article A52468. Prior Authorization is required for E0194.
4. Foror **Hospital Beds and Accessories** (L33820), related Article A52508: see also NCD 280.7
    a. Group 1 Fixed Height Beds: E0250, E0251, E0290, E0291, E0328
    b. Group 2 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. Group 3 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.
    d. Group 4 Total Electric Hospital bed (E0265, E0266, E0296, and E0297) covered **for Commercial, Medicaid and Medicare** with PA requirement.
    e. Group 5 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.
    f. Group 6 Accessories: E0271, E0272, E0273, E0274, E0280, E0305, E0310, E0315, E0316, E0910, E0911, E0912, E0940.
    g. Group 7 Miscellaneous (E1399):
        1) Safety Sleep Beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed), Snoo Smart Sleep Bassinet (E1399) **is non-covered.**

a) A review of current medical literature indicates that there is insufficient evidence to support safety sleep beds (e.g., Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed) as standard medical treatment. There are no widely accepted treatment guidelines or credible clinical studies demonstrating their benefit or long-term outcomes in patient management.

b) Current medical literature provides insufficient evidence to support safety sleep beds are standard medical treatment. There are no widely accepted guidelines or robust studies demonstrating clinical benefit or long-term outcomes. Available research on the Snoo is limited to a retrospective survey of neonatal nurses and six low-quality conference abstracts, which an independent technology assessment organization deemed inadequate for conclusions.

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

7. **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/kyphosis) 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.

8. **Specialty Rehabilitation Equipment:**

a) For Patient Lifts:

Prior Authorization is required for E0636, E0639, E0640, E1035 and E1036.

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.

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.

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) noncovered for Commercial and Medicare. *(See above coverage criteria #3 for Medicaid services)*
   - 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, Chapter 15, Section 110.2 , See 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 manufacturers 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

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

Codes	Speech Generating Devices (SGD) (L33739)
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2513	Accessory for speech generating device, electromyographic sensor
E2599	Accessory for speech generating device, not otherwise classified
For covered ICD-10 codes, refer to Speech Generating Devices (SGD) – Policy Article (A52469)	

Codes	For Knee Crutch Hands Free Walker, see LCD (L33733) for the following code.
E0118	Crutch substitute, lower leg platform, with or without wheels, each
For covered ICD-10 codes, refer to Canes and Crutches – Policy Article (A52459)	

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	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
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, 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

HCPCS Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds

HCPCS Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds

HCPCS Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
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

HCPCS Codes	For Power Mobility Devices for LCD (L33789) and related policy article (A52498)
K0898	Power wheelchair, not otherwise classified
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria

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.
ARM OF CHAIR:	
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E2209	Accessory, arm trough, with or without hand support, each
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

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.**
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
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

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.**
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

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.**
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
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

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.**
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 seatng 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
E2298	Complex rehabilitative power wheelchair accessory, po
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 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

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.**
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

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.**
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
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

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.**
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
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
E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES • A wheelchair transportation securement system (E1022) refers to all components and accessories mounted on a wheelchair (e.g.,

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.**
	securement-point brackets) needed to secure the wheelchair into or on a vehicle while it is being transported.
E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES • A wheelchair transit securement system (E1023) refers to all components and accessories mounted on a wheelchair (e.g., wheelchair-anchored pelvic/lap belt) needed to secure the beneficiary into a wheelchair during transit
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other Dates of service on or after April 1, 2025, CMS revised HCPCS code E1028 and created three (3) new HCPCS codes (E1032, E1033, E1034) for wheelchair accessories. See below for code description.
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)
E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
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

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.**
K0105	Iv hanger, each
K0108	Wheelchair component or accessory, not otherwise specified Code repeats Code K0108 repeats in LCA (A52504) and (A52505) Suppliers must **not** bill the K0108 miscellaneous code for devices mounted to the exterior of a motor vehicle, locking systems placed in a motor vehicle, or any securement system(s) mounted to the floor and/or side wall of a motor vehicle to stabilize a wheelchair or wheelchair and rider during transport. The correct code for billing these items is: A9270 – NONCOVERED ITEM OR SERVICE

HCPCS 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
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

HCPCS codes	Wheelchair Seating (Cushion) see LCD (L33312) and related policy article (A52505)
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

HCPCS codes	Wheelchair Seating (Cushion) see LCD (L33312) and related policy article (A52505)
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
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 Standing Frame Devices (Prone standers) see NMAC 8.324.5.13.D.(2).(q)
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)
E0744	Neuromuscular stimulator for scoliosis
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.

Codes	For Neuromuscular Electrical Stimulations (NMES)
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified

HCPCS 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

HCPCS Codes	**For Pressure Reducing Support Surfaces, Group 2** see LCD (L33642), and related Article A52490:
E0193	Powered air flotation bed (low air loss therapy)
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:	
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress. N**ot covered.**
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress. N**ot covered.**
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress. N**ot covered.**
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress. N**ot 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

HCPCS Codes	**For Hospital Beds and Accessories**, see LCD (L33820), related Article (A52508):
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
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	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

Reviewed by / Approval Signatures

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Date Approved: 03-25-2026

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    b. LCD L33733 (Canes and Crutches), R6 effective 01/01/2020, and related LCA (A52459), 01/01/2020, R6. *Accessed 12-02-2025*
    c. LCD, L33791 (Walkers), R4 effective 01/01/2020, and related Article (A52503), 10/01/2025, R9. [Cited12/02/2025]
    d. LCD L33788 (Manual Wheelchair Bases), R4, effective 01/01/2020 and related LCA (A52497), 07/01/2024, R11. [Cited 12-08-2025]
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    f. LCD L33789 (Power Mobility Devices), R9, effective 10-01-2025and related LCA (A52498), 10-01-2025, R18. *Accessed 12-15-2025*

g. LCD L33312 (Wheelchair Seating), R13, effective 10-01-2025 and related LCA (A52505), 10/01/2025, R26 [Cited 12-15-2025]
h. LCD L33830 (Pressure Reducing Support Surfaces, Group 1), R6, effective 05/01/2021, and related LCA (A52489), 05/01/2021, R8. *Accessed 12-16-2025*
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j. LCD L33692 (Pressure Reducing Support Surfaces, Group 3), R7, effective 05/01/2021, and related LCA (A52468), 01/01/2020, R8. [Cited 12-16-2025]
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l. LCD L33799 (Patient Lifts), R4 effective 01/01/2020, and related LCA (A52516), 01/01/2020, R7. *Accessed 12-18-2025*
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    b. *Dynamic Joint Extension and Flexion Devices*, (ACG: A-0882)
    c. *Pediatric Gait Trainer,* (ACG: A-0886)
    d. *Standing Frame*, (**ACG:** A-0996)

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14. Hayes:
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    b. ***Neuromuscular Electrical Stimulation for Muscle Rehabilitation,*** Health Technology Assessment, Jan 08, 2008, Annual Review: Sep 14, 2012. *Accessed on 12/22/2025*
    c. ***Neuromuscular Electrical Stimulation for Rehabilitation in patients with Cerebral Palsy***, Health Technology Assessment, Dec 27, 2010, Annual Review: Jan 10, 2014. *Accessed on 12-22-2025*
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f. ***Functional Electrical Stimulation for Foot Drop in Chronic Phase of Stroke Recovery***, Health Technology Assessment, Jun 2, 2022, Annual Review: Jul 23, 2025. [Cited 12-22-2025]

g. ***Functional Electrical Stimulation for Foot Drop in Acute or Subacute Phases of Stroke Recovery***, Health Technology Assessment Jun 1, 2022, | Annual Review: Jul 14, 2025. [Cited 12/22/2025]

h. ***Neuromuscular Stimulator for Scoliosis****-related reports received from Hayes (12-02-2025):*
   i. Evolving Evidence Review *Feb 26, 2024,* Annual Review: *Feb 26, 2025,* ApiFix (ApiFix Ltd.) for Treatment of Adolescent Idiopathic Scoliosis
   ii. Evidence Analysis Research Brief *Jul 1, 2025,* Magnetically Controlled Growing Rods for Treatment of Early-Onset Scoliosis
   iii. Evolving Evidence Review *Apr 7, 2022,* Annual Review: *May 29, 2025* The Tether (Zimmer Biomet) for Skeletally Immature Patients With Progressive Idiopathic Scoliosis

Powered Lower Extremity Exoskeleton (RewalkTM by Argo Technologies):

15. ReWalk Personal Exoskeleton (Lifeward Inc.) for Home-Based Use Following Spinal Cord Injury, Evidence Analysis Research Brief, May 24, 2024. Accessed 12/22/2025
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19. Cigna, Orthotic Devices and Shoes, #0543, effective 11/15/2025

Standing frame:

20. Cigna, Seat Lift Mechanisms, Patient Lifts and Standing Devices, Policy Number 0343, Effective Date: 06/15/2025 [Cited 12-17/2025]
21. **BCBS** of New Mexico, Lifts, Elevators, and Standing Frames/Systems, Effective 01/01/2026
22. Aetna, Seat Lifts and Patient Lifts Standing Frames, Tables, and Transfer Boards, next review 05-14-2026

Mobility Assistive Equipment:

23. Aetna, Ambulatory Assist Device: Walkers, Canes, and Crutches, Number 0505, Next Review: 05/24/2025 [Cited 12/01/2025]

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24. HSD, Letter of Direction#33, Updates to Coverage of Prosthetic and Custom Orthotic Devices Date: 11-21-2024 [Cited 04/13/2026]
25. New Mexico Legislature, PROSTHETIC DEVICES--CUSTOM ORTHOTIC DEVICES—MINIMUM COVERAGE, 2023 – HB 131, effective date of the provisions of this act is January 1, 2024

Publication History

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, 21st 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.

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):
    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 “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. 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, **Medicaid** and Medicare. 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 Standers: 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, Medicaid 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, Medicaid and Medicare. 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 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, 280.16 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.

03-20-24 Annual review. Policy reviewed by Medical Policy Committee on: 01/10/24, 01/12/24, and 01/24/24. The items not mentioned below have no change in coverage. Only these items have changes.

1. Mobility Assistive Equipment: (Items (2A thru 2F) have no change).
    - Item (2G) - Power Mobility Devices: Format change with no change in coverage. The Power Wheelchair with built in seat elevation system (K0830 and K0831) was originally created

under section (2K) - has moved to section (2G) since these items both follow the same LCD (L33789).

- Item (2H) - Wheelchair Options/Accessories: Format change. The Seat Elevation (E2300) that was originally created under section (2J) - has moved to section (2H) since these items both follow the same LCD (L33792).

2. Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES: No change in coverage, NMES and FES will continue to follow NCD 160.12 for ALOB. To supplement the exclusion section of the NCD we added a list of exclusions for neuromuscular stimulator devices used for muscle atrophy (E0745); and functional neuromuscular stimulation (FES) used for spinal cord injury (E0764 & E0770). Added a list condition that are considered experimental when using either FES or NMES. Also added a list of treatment that are not medically necessary when using NMES. Continue PA requirement for Muscle atrophy (E0745) and spinal cord injury (E0764 and E0770). Added code E0744 to policy which will be configured as investigational since it is not generally accepted for use on patient with scoliosis. Code E0744 will be removed from Prior Auth list.
3. Correction to typo in the Publication section for March 2022 and 2023- correction made that "Medicaid" is covered for adult gait trainer. Rewrote the criteria section to say gait trainer is covered for "Commercial, Medicaid and Medicare". This correction will follow the Publication section stated on March 24, 2021 that ALOB will follow LCD (L33791).

Updated 04/17/2024: Reviewed by PHP Medical Policy Committee on 04/17/2024. Code E2300 has been discontinued as of 03-29-2024. Code E2300 removed from PA. Added code E2298, which will require PA. Updated policy to say, for E2298 see NCD 280.16.

Updated 06-04-2024: Reviewed by PHP Medical Policy Committee on 06-05-2024. Add coverage for Medicare only for RewalkTM by Argo Technologies (code K1007). It will follow the same criteria as Standing Frame. Code K1007 will require PA for Medicare. Considered investigational for non-Medicare because there is inadequate evidence of their effectiveness for Robotic lower body exoskeleton suits (e.g., the ReWalk, Argo Medical Technologies Ltd, Marlborough, MA), therefore will be config not to pay for non-Medicare.

03-26-25 Annual review. Policy reviewed by Medical Policy Committee on 03-05 and 03-07-2025.

1. **Augmentative Speech Device:** CPT Code E2513 has been added to this section and will require a PA. No additional changes. Continue to follow LCD/LCA L33739/A52469. Continue PA on E2510, E2512 and E2599.

2. Mobility Assistive Equipment (MAE):

A. Canes and Crutches: No Change: 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): No Change: Continue to follow LCD L33733 for all LOB. Continue PA for E0118.

C. Walkers, Gait Trainers and Four-wheeled walker with seat and breaks: CPT Code E0152 has been added as non-covered to Walkers, and will have CY 2025 Configuration to deny as "non-covered, ALOB. PA has been added to misc. accessories, A9900, ALOB. No additional changes. Continue to follow LCD (L33791) and LCA (A52503) for section (C), (D1), & (E) for ALOB. Continue PA on E1399 and add to unlisted accessory, A9900. Continue CY 2021 to deny E0144 and continue NO PA for CPT codes in (C, D1, & E): A4636, A4637, A9270, , E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0154, E0155, E0156, E0157, E0158 and E0159. PA will continue for miscellaneous code E1399. Correction for A9900 on MPC 12-05-2025, that it does require PA.

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

1. Adult gait trainer: See item "C" above

2. Pediatric Gait Trainer: Clarifying language added. No change in coverage. Continue to follow MCG A-0886 for Medicaid members only. Continue PA for

E8000, E8001 and E8002.

E. Four-wheeled walker with seat and brakes: See item “C” above

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 ALOB. Codes E0983, E0984 and K0899 will not require PA for ALOB. The remaining codes will continue to require PA **(**K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0899 Power Wheel Chairs: K0013, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, 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, K0898. K0830 and K0831).

H. Wheelchair Options/Accessories: No change to criteria. The only change is to removed language under bullet 7: “*For billing and coding, see 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(E2298)”* since the LCD (L33792) completed its revision to remove HCPCS code E2300 and added code E2298. There was no need to continue with the coding guidance language. Continue to follow LCD L33792 and LCA (A52504 (Group 1-9) for all LOB. All of the covered codes listed in LCD for (Group 1, Group 2, Group 3, Group 4, Group 6, Group 7, Group 8 and Group 9) will continue to 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, E2298, 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.

Group 5: Codes in this group will continue with no PA requirement: E2359, E2361, E2363, E2365, E2366, E2367, E2371, E2397, and K0733. The non-coverage configuration for ALOB set in 2022 for (E2358, E2360, E2362, E2364, E2372), per LCD L33792 deny as not reasonable and necessary will continue.

Group 6: Continue non-coverage for ALOB, per LCA A52504, a power standing feature (E2301) are non-covered because they are not primarily medical in nature. Group 7: Continue coverage for E2331 when both the user and caregiver is unable to operate a manual or operate drive control system.

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: No change. Continue to follow LCD L33312 & LCA A52505 for all LOB. Continue PA requirement for Group 1 thru Group 4:
- Group 1 Seat cushions: E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2622, E2623, E2624, E2625
- Group 2 Back Cushions: E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621
- Group 3 Positioning Accessories: E0953, E0955, E0956, E0957, E0960, E0966 and E1028.
- Group 4 Miscellaneous: A9900, E0992, E2231, E2291, E2292, E2293, E2294, E2619, K0108, K0669

3. **Standing Frame:** Added clarifying language without change to coverage criteria. No other

changes. Continue coverage for Medicaid only. continue status quo with minor language changes to ensure clarification of coverage. Continue Medicaid only. Continue PA for E0641 and E0642 for Medicaid only, and continue CY 2021 & 2023 config: E0638, E0641 and E0642 as non-payment for Medicare and Commercial. Continue CY 2022 config on sit-to-stand standers (E0637) to deny ALOB, as medically necessary. One position (e.g., upright, supine or prone stander, device HCPCS code E0638)

4. **Powered Lower Extremity Exoskeleton (RewalkTM by Argo Technologies**). No change. Continue coverage for Medicare only. Continue Config as Investigational and experimental for Commercial and Medicaid since there is currently not enough published peer-reviewed literature to evaluate the evidence related to ReWalk. Continue PA requirement for code (K1007) for Medicare.

5. **Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES**): No changes. 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.

6. **Specialty Beds and Mattresses:** For Hospital Total Electric Beds section (d), for codes (E0265, E0266, E0296, E0297) has been changed. Codes in this section (d) were considered non-covered by LCD guidance, but PHP will begin coverage on this review. The non-covered configuration for (E0265, E0266, E0296, E0297) will be removed and Prior Auth will be required for ALOB. This section (a – g) will continue to follow LCD (L33820) for ALOB. In addition, the policy was updated to say "*see also NCD 280.7*" for this section. We added the NCD because there may be additional guidance that the LCD may not have. The remaining sections (a, b, c, e, f, & g) have no change.

   a. Group 1 Fixed Height Beds: E0250, E0251, E0290, E0291, E0328
   - Continue no PA- no change

   b. Group 2 Variable Height Beds: E0255, E0256, E0292, E0293.
   - Continue no PA- no change

   c. Group 3 Semi-Electric Beds: E0260, E0261, E0294, E0295, E0329
   - Continue PA requirement for ALOB- no change

   d. Hospital Beds and Accessories – (See above for change information)

   e. Group 5 Heavy Duty Beds: E0301, E0302, E0303, E0304
   - Continue PA requirement for ALOB - – no change.

   e. Group 6 Accessories: E0271, E0272, E0273, E0274, E0280, E0305, E0310, E0315, E0316, E0910, E0911, E0912, E0940—Non covered code E0270.
   - Continue No PA requirement– no change

   f. Group 7 Miscellaneous: E1399 – continue PA for ALOB – no change.

   For sections in (Group 1 thru Group 3), these groups have no change. Medicare, Medicaid and Commercial will continue to follow the LCDs as described below.

   1. Group 1 - LCD for Pressure Reducing Support Surfaces, Group 1 - LCD (L33830), related Article A52489: for overlay mattresses.
      - **Codes:** A4640, A9270, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199, and E1399. Continue no PA, except for E1399.
        - Continue previously config. A9270 as non-covered - – no change
   2. Group 2 - LCD for Pressure Reducing Support Surfaces, Group 2 - LCD (L33642), related Article A52490: for mattress or bed.
      - **Codes:** E0193, E0277, E0371, E0372, E0373**, E1399**. Continue no PA, except for E1399 - no change
   3. Group 3 - LCD for Pressure Reducing Support Surfaces, Group 3 - LCD (L33692), related Article A52468: for air fluidized bed.
      - Codes**:** Continue PA, for E0194 - no change

7. **Specialty Car Seats**: No change. Continuing with homegrown criteria for Medicaid. Keep the NMAC 8.324.5.12.(12) citation. Continue non-coverage for commercial and Medicaid. Continue PA for E1399 to validate the request supports medical necessity. Continue the exclusion that the Mobility bases for specialty car seats are considered convenience items and are not a covered benefit.

8. **Specialty Rehabilitation Equipment**: No change for both (a & b).
   c) 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).

   d) 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).

9. **Orthopedic Footwear:** (Correction) This item has been removed from policy since PA requirement has been removed due to low cost and low/stable **utilization**. Upon retirement of item PHP followed LCD L33641 for all LOB. In addition, Medicaid also followed NMAC guidance. Codes L3215, L3216, L3217, L3219, L3221, L3222 are Status Indicator- (E1), Not covered by Medicare as of 01/01/2007 and will remain configured as non-covered for ALOB. *Codes removed: A9283, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3140, L3150, L3160, L3170, L3201, L3202, L3203, L3204, L3206, L3207, L3208, L3209, L3211, L3212, L3213, L3214, L3215, L3216, L3217, L3219, L3221, L3222, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255, L3257, L3260, L3265, L3300, L3310, L3320, L3330, L3332, L3334, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3600, L3610, L3620, L3630, L3640, L3649.*

Update 05-28-2025: Policy reviewed by Medical Policy Committee on 04-02-2025. Dates of service on or after April 1, 2025, CMS revised HCPCS code E1028 and created three (3) new HCPCS codes (E1032, E1033, E1034) for wheelchair accessories. These newly released codes (E1032, E1033 and E1034) were added to policy and will require PA for ALOB.

Ad-hoc 08-27-2025: Reviewed by Medical Policy Committee on 07/02/2025. Add E1022 and E1023 to require PA for ALOB. Rationale: there is no pricing available, and it would be best to require PA. CMS created these codes to help reduce the manual adjudication process for existing code K0108 for wheelchair tiedowns and occupant restraint systems. Also, CMS does not recognize E1022/E1023 to have a 3-year life span of durability, therefore does not offer Medicare reimbursement or to be listed on DMEPOS fee schedule.

03-25-26 Annual review. Policy reviewed by Medical Policy Committee on 12-05-2025, 12-10-25, 12-12-25, 12-17-25, 12-19-25 and 04-08-2026. The Table for Dynasplint and JAS Range of Motion, (Attachment A) has been removed from the policy.

- **Augmentative Speech Device:** As of present the high-cost sensor code E2513 is not listed on the PA grid but confirmed by config team the code is set to require PA for all LOB since 12-10-25. Typographical error corrected for LCD from "*L33733*" to "*L33739*". No additional changes. Continue to follow LCD/LCA L33739/A52469 and NMAC 8.324.5. Continue PA on E2510, E2512, E2513 and E2599. Request to have E2513 listed on the PA grid.
- **Mobility Assistive Equipment (MAE):**
  - **Canes and Crutches:** This item has been removed since affiliated codes do not require PA (A4635, A4636, A4637, A9270, E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0116, E0117, and E0153). The non-covered code (A9270) will be managed by config.
  - **Knee Crutch Hands Free Walker (code E0118):** No Change. Continue to follow LCD (L33733)/LCA (A52459) for all LOB with PA requirement across all LOB.
  - **Walkers**, **Adult Gait Trainers** and **Four-Wheeled Walker**: These items have been removed from policy since affiliated codes do not require PA (A4636, A4637, A9270, A9900, E0130, E0135, E0140, *E0141*, *E0143*, E0147, E0148, *E0149*, E0154, E0155, E0156, E0157, E0158, E0159). CPT Code E0150 has been added as non-covered per CMS and will have CY 2026 configuration to deny as "non-covered for ALOB. Non-covered codes (E0144, E0150, E0152) will be handled by config team. PA will continue for miscellaneous code E1399. Since the PA grid is currently undergoing alignment with

system configuration standards, the request to update the PA grid to include code A9900 will not be submitted. Code A9900 is designated for miscellaneous durable medical equipment (DME) supplies, accessories, and/or services. This code is typically used for items not otherwise classified under a specific HCPCS code, such as oxygen accessories, walker components, syringes, and pneumatic compression device components. Requiring PA for A9900 may result in unnecessary delays in member care.

- **Pediatric Gait Trainer**: Status quo. Continue coverage for Medicaid only. Continue to follow MCG A-0886. Continue PA for E8000, E8001 and E8002. Confirmed codes are correctly set as non-covered for both Commercial and Medicare plans in office and urgent care settings.
- **Manual Wheelchair Bases**: Maintain to follow L33788 and A52497 for all LOB and continue to mention to also see NMAC 8.324.5. Maintain PA for: E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0005, K0006, K0007, K0008, K0009. Continuing no PA requirement for: E1031, E1037, E1161, K0001, K0002, K0003 and K0004. Prior Auth requirement to be removed for: E1038, E1039, E1229, E1231 for all LOB because they are either low cost, low or no utilization.
- **Power Mobility Devices:** No change.
  - Correction Notice: A typographical error was identified in the Publication section for March 2023 and March 2025 regarding codes E0983, E0984, and K0899, which incorrectly indicated that prior authorization (PA) was not required. In fact, PA was applied during the CY 2023 review for ALOB.
  - Confirmed: All codes listed in LCD L33789 will continue to require prior authorization, including: E0983, E0984, E0986, K0013, K0800, K0801, K0802, K0806, K0807, K0808, K0812, 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, 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, K0898, K0899. PA helps validate medical necessity and prevents potential abuse, including fraudulent practices such as upcoding or unbundling. Elimination of PA requirement for a single code could create gaps in oversight, since codes often build upon one another.
- **Wheelchair Options/Accessories:** Continue to follow LCD L33792 and LCA (A52504) for ALOB.
  - Removed PA requirement for E1022 and E1023 and configure as **non-covered** per LCA (A52504) for ALOB, "*A wheelchair transportation securement system (E1022) and a wheelchair transit securement system (E1023) are non-covered as they do not meet the definition of DME*".
  - Remove prior auth requirement for codes that were identified by Transition Organization: A9900 E0951 E0961 E0971 E0973 E0978 E0981 E0995 E2201 E2203 E2206 E2208 E2211 E2213 E2392 E2394 K0018 K0019 K0037 K0038 K0040 K0070 K0077 K0195 E2313 E1028
  - Maintain PA requirement for the following codes in:

    Group 1: E2209, K0015, K0017, K0020; **Group 2:** E0952, E0954, E0990, E1020, K0039, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053; **Group 3:** E1011, E2202, E2204, K0056; **Group 4:** E0967, E0988, E2205, E2212, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E220 24, E2225, E2226, E2227, E2228, K0065, K0069, K0071, K0072, K0073; **Group 6:** E1002, E1003, E1004, E1005, E1006, E1007, E1008. E1009, E1010, E1012, E2298, E2310, E2311; **Group 7:** E2312, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2373, E2374, E2375, E2376, E2377; **Group 8:** E1016, E1018, E2351, E2368, E2369, E2370, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2395, E2396, K0098; **Group 9:** E0705, E0950, E0958, E0959, E0974, E0982, E0985, E1014, E1015, E1017, E1029, E1030, E1032, E1225, E1226, E2207, E2210, E2295, E2398, K0105, K0108. PA helps validate medical necessity and prevents potential abuse, including fraudulent practices such as upcoding or unbundling. Elimination of PA requirement for a single code could create gaps in oversight, since codes often build upon one

another.

- Continue without PA requirement for these codes listed in Group 5: E2359, E2361, E2363, E2365, E2366, E2367, E2371, E2397, K0733
- Maintain previous configuration as non-covered for: Group 5 (E2358, E2360, E2362, E2364, E2372); Group 6 (E2301); Group 9 (A9270, E2230)

- **Wheelchair Seat Cushion:** Continue to follow LCD L33312 & LCA A52505 for all LOB.
  - Remove prior auth for codes that were identified by Transition Organization: E2601, E2607, E2624, E2611, E2613, E0953, E0955, E0956, E0957, E0960, E1028, A9900, E2231, E2619
  - Maintain PA requirement for the following. PA helps validate medical necessity and prevents potential abuse, including fraudulent practices such as upcoding or unbundling. Elimination of PA requirement for a single code could create gaps in oversight, since codes often build upon one another.
    Group 1: E2602, E2603, E2604, E2605, E2606, E2608, E2609, E2610, E2622, E2623, E2625; **Group 2:** E2612 E2614, E2615, E2616, E2617, E2620, E2621; **Group 3:** E0966, E1033, E1034; and **Group 4:** E0992, E2291, E2292, E2293, E2294, K0108, K0669

- **Standing Frame:** Change. Coverage for codes E0638, E0641, and E0642 will be expanded to the commercial line of business with a prior authorization (PA) requirement (non-coverage config will be removed). For Medicaid, coverage remains unchanged: E0638 continues without PA; and E0641 and E0642 will maintain PA requirements. Updates include:
  - Configuration update of codes pertaining to commercial
  - Rental vs. Purchase: Added clause stating that PHP prefers rental, or purchase if it is less costly.
  - Clinical Indications: Included examples of neuromuscular conditions.
  - Expected Outcomes: Added “bone health” under anticipated meaningful improvements.
  - Exclusions:
    - Members with a gait trainer are not candidates for a standing frame, as this would constitute duplication of service.
    - Standing frame systems are not medically necessary for members with complete paralysis of the hips and legs, since maintaining a standing position does not improve lower body strength.
    - Accessories and positioning components must contribute to the therapeutic function of the standing frame. Items primarily for caregiver convenience are considered not medically necessary.

- **Powered Lower Extremity Exoskeleton (RewalkTM by Argo Technologies**): No change. Continue coverage for Medicare only. Continue Config as Investigational and experimental for Commercial and Medicaid since there is currently not enough published peer-reviewed literature to evaluate the evidence related to ReWalk. Continue PA requirement for code (K1007) for Medicare**.**

- **Neuromuscular Electrical Stimulation (NMES) and Functional Electrical Stimulations (FES**): Supplemental language was added to the Exclusions section to support and clarify the comprehensive list of excluded conditions, noting that Medicare NCD 160.12 does not provide specific guidance for these conditions. 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.

- **Specialty Beds and Mattresses:**
  1. Continue to follow (LCD-L33830/A52489) **Group 1-** Pressure Reducing Support Surfaces for ALOB, for codes (A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199) without PA requirement.
  2. Continue to follow (LCD-L33642/A52490) **Group 2** - Pressure Reducing Support Surfaces for ALOB, for codes (E0193, E0277, E0371, E0372, E0373) without PA requirement.
  3. Continue to follow (LCD (L33692/A52468) **Group 3** - Pressure Reducing Support Surfaces for ALOB for code E0194 with PA requirement.
  4. Continue to follow (LCD-L33820/A52508 **Group 1 thru Group 7**- Hospital Beds and Accessories

a. Group 1 Fixed Height Beds: E0250, E0251, E0290, E0291, E0328
- Continue no PA- no change

b. Group 2 Variable Height Beds: E0255, E0256, E0292, E0293.
- Continue no PA- no change

c. Group 3 Semi-Electric Beds: E0260, E0261, E0294, E0295, E0329
- Change: Remove PA per Transformation Organization advisement for codes: E0260, E0261, E0295 for ALOB
- Continue PA requirement for ALOB for E0294 and E0329

d. Group 4 Total Electric Hospital bed – No change. Continue coverage for Hospital Total Electric Beds codes (E0265, E0266, E0296, E0297) for ALOB with Prior Auth, consistent with the 2025 annual review decision. A correction has been implemented to clarify that prior authorization is required. Additionally, the statement "height adjustment feature is a convenience feature" has been removed from the Coverage Determination section. Corresponding non-covered language has also been removed from the code table.

e. Group 5 Heavy Duty Beds: E0301, E0302, E0303, E0304
- Continue PA requirement for ALOB – no change.

f. Group 6 Accessories: E0271, E0272, E0273, E0274, E0280, E0305, E0310, E0315, E0316, E0910, E0911, E0912, E0940—Non covered code E0270.
- Continue No PA requirement – no change

g. Group 7 Miscellaneous: E1399 – continue PA for ALOB. Added non-coverage language for Sleep Safe Bed (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed), Snoo Smart Sleep Bassinet when using miscellaneous code E1399.

- **Specialty Car Seats**: No change. Continuing with internal criteria for Medicaid. Keep the NMAC 8.324.5.12.(12) citation. Continue non-coverage for commercial and Medicaid. Continue PA for E1399 to validate the request supports medical necessity. No change to the Exclusion section. Correction on format (removal of continuation of numbers and replaced with bullets).

- **Specialty Rehabilitation Equipment**:
  a) Patient lifts: Continue to follow LCD L33799 for all LOB. Change: Updated the policy to reflect the removal of PA for E0630 and E0635 for ALOB (per Transformation Organization) and continuation of PA for codes E0636, E0639, E0640, E1035, and E1036. Code E0625, continue non-coverage for all LOB, per LCA (A52516) it is not primarily medical in nature.

  b) Seat Lifts: No change. Continue to follow LCD L33801 for all LOB with PA for E0627 and E0629. Code E0172, continue non-covered for all LOB, per LCA (A52518) a seat lift placed over or on top of a toilet, any type is non-covered

Medical Policy Committee (MPC) review on 04/08/2026 as an ad-hoc:
An ad-hoc review of the retired *Orthopedic Footwear* to correct issues identified in the annual review completed on March 26, 2025. The following corrections will be applied to the **March 25, 2026,** cycle.

Corrections should have been read as:
- Removal of Prior Authorization (PA) requirement across all lines of business (ALOB) for the following HCPCS codes:
  L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100, L3201, L3202, L3203, L3204, L3206, L3207, L3224, L3225, L3230, L3250, L3251, L3252, L3253, L3254, L3255.
- These codes remained on the PA grid despite request to remove PA in CY 2021. While they are configured as non-covered for Medicare and Commercial, Medicaid it still requires PA. Update configuration to remove PA for ALOB since all lines of business—including Medicaid—are set to non-covered for codes L3215, L3216, L3217, L3219, L3221, and L3222.

Clarification to the first sentence of the 03/26/2025 MPM Publication language:
- Previous language: "9. *Orthopedic Footwear: This item has been removed from policy since*

no PA was required and utilization is stable…"

- Revised language: "9. *Orthopedic Footwear: This item has been removed from policy since the PA requirement has been removed due to low cost and low/stable utilization..."*

Complex Rehabilitation Technology (CRT): This policy has been reviewed to align with Health Bill 38.

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.

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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].

Attachment B

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

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)**	
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
E2325	E1032
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].