

# Medical Supplies, Equipment and Appliances

## Durable Medical Equipment



Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2025

Effective Date: 06/13/2025

Review Date: 05/06/2025

Policy Number: HUM-2429-001

Line of Business: Medicaid

State(s): FL

### Table of Contents

[Description](#)  
[Coding Information](#)  
[Change Summary](#)

[Coverage Determination](#)  
[References](#)

#### Disclaimer

The Medical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

### Description

Durable medical equipment (DME), also known as home medical equipment (HME), refers to nondisposable devices prescribed by a health care provider for long-term and/or everyday use in the home. It must provide therapeutic benefits or enable the individual to perform certain tasks that they would be unable to perform or otherwise undertake due to certain medical conditions or illnesses. Medical supplies, equipment and appliances (MSEA) are items used for therapeutic purposes, encompassing DME. Supplies and appliances are health care related items that are generally consumable, disposable or not reusable but are required to address a medical need.

DME/MSEA includes a variety of products and devices (see tables below).

### Coverage Determination

It is the Plan's option to determine if the DME item shall be rented or purchased. If the cost of renting the item is more than the cost to buy it, only the cost of the purchase is considered to be a covered expense. In either case (rent or purchase), total covered expenses shall not exceed the purchase price. In the event the Plan determines to purchase the DME, any amount paid as rent for such equipment will be credited toward

the purchase price.

Humana members may be eligible under the Plan for **durable medical equipment (DME)**, for the following indications:

- Must meet the definition for DME:
  - Can withstand repeated use (could normally be rented and used by successive individuals); **AND**
  - Generally is not useful to an individual in the absence of illness or injury; **AND**
  - Is appropriate for use in an individual's home or may be necessary for use at other locations or in the community to allow basic activities of daily living (ADLs); **AND**
  - Is primarily and customarily used to serve a medical purpose rather than being primarily for comfort or convenience; **AND**
- Must be prescribed by a health care practitioner; **AND**
- Must be related to and meet the basic functional needs of the individual's physical disorder/condition; **AND**
- Not furnished by a hospital or skilled nursing facility; **AND**
- Provided in the most cost effective manner required for the individual's condition, including, at the Plan's discretion, rental or purchase

#### **Repair/Replacement**

**Repairs and maintenance** of purchased DME equipment may be a covered expense if:

- The manufacturer's warranty has expired; **AND**
- The repair or maintenance is not the result of misuse or abuse; **AND**
- The repair cost is less than replacement cost

**Replacement** of purchased DME equipment may be a covered expense if:

- Replacement is required due to a change in an individual's condition that makes the current device/equipment nonfunctional; **OR**
- Manufacturer's warranty has expired; **AND**
- Reasonable useful lifetime wear and tear is generally 5 years; therefore replacement is generally not required more frequently than every 5 years; **AND**

- Replacement cost is less than the repair cost; **AND**
- Replacement is not due to lost or stolen device/equipment, misuse or abuse of the equipment; **AND**
- Replacement is required due to current device/equipment being nonfunctional (malfunctioning and cannot be repaired); **AND**
- Requested device/equipment is being prescribed according to its US Food & Drug Administration (FDA) approved indications

**Add-ons/upgrades:** When add-ons or upgrades are beyond what is necessary to meet the individual’s basic functional medical needs, they are generally not considered medically necessary.

**Duplicate equipment:** Duplicate or similar equipment, which includes, but may not be limited to, equipment with the same function for use in another location (eg, school, second residence, travel, work) is generally not considered medically necessary.

**All MSEA/DME in the chart below are listed according to the following categories:**

- |  |  |
|--|--|
| • <a href="#">Ambulatory Aids</a>        | • <a href="#">Lights</a>                                     |
| • <a href="#">Bathtub Equipment</a>      | • <a href="#">Monitors, Cardiac/Respiratory/Neurological</a> |
| • <a href="#">Beds/Bed Equipment</a>     | • <a href="#">Respiratory Aids and Supplies</a>              |
| • <a href="#">Compression Therapy</a>    | • <a href="#">Safety Items</a>                               |
| • <a href="#">Cushions/Mattresses</a>    | • <a href="#">Supports</a>                                   |
| • <a href="#">Electrical Stimulators</a> | • <a href="#">Miscellaneous Equipment</a>                    |
| • <a href="#">Incontinence Supplies</a>  |  |

| EQUIPMENT/DEVICE   | COMMENTS/COVERAGE INSTRUCTIONS  |
|--|---|
| <b><i>Ambulatory Aids</i></b>  |   |
| Pediatric Posterior Walker (eg, Flux Walker, Kaye 4-Wheeled Posterior Walker, Nimbo Walker) <b>(E1399)</b>                         | May be considered medically necessary if child meets criteria for a standard pediatric walker <b>AND</b> require the additional stability offered by a posterior walker due to a neurological condition (eg, cerebral palsy) <b>OR</b> is unable to use a standard walker but can maneuver a posterior walker |
| Pediatric Walker – Standard <b>(E1399)</b>   | May be considered medically necessary if child’s condition impairs ambulation   |
| Pediatric Walker with Seat (eg, Kaye PostureRest Walkers with seat, Nimbo with fold-down seat or soft seat harness) <b>(E1399)</b> | May be considered medically necessary if child meets criteria for a standard pediatric walker <b>AND</b> requires a seating option in order to perform ADLs, due to decreased endurance or inability to stand for prolonged period of time  |
| UpSee Mobility Device <b>(E1399)</b>   | <b>Not medically necessary</b>  |

|   |   |
|---|---|
|   | <p>A review of the current medical literature shows that there is <b>no evidence</b> to determine that this device is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this device in clinical management.</p>  |
| <p><b>Bathtub Equipment</b></p>   |   |
| <p>Rolling Shower Frame/Chair (eg, Columbia Medical Ultima Rolling Shower Chair, R82 Manatee Rolling Shower Frame, Rifton HTS) <b>(E0240)</b></p> | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that there is <b>no evidence</b> to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p> |
| <p><b>Beds/Bed Equipment</b></p>  |   |
| <p>Hospital Bed – Extra Heavy Duty, Extra Wide <b>(E0302, E0304)</b></p>  | <p>May be considered medically necessary when individual meets criteria for a <a href="#">manual hospital bed</a> <b>AND</b> weight exceeds 600 pounds</p>  |
| <p>Hospital Bed – Heavy Duty, Extra Wide <b>(E0301, E0303)</b></p>  | <p>May be considered medically necessary when individual meets criteria for a <a href="#">manual hospital bed</a> <b>AND</b> weight is greater than 350 pounds, but less than 600 pounds</p>  |
| <p>Hospital Bed – Manual <b>(E0250, E0251, E0255, E0256, E0293)</b></p>   | <p>May be considered medically necessary when individual is bed-confined <b>AND</b> one of the following:</p> <ul style="list-style-type: none"> <li>• Condition that requires position changes an ordinary bed cannot accommodate; <b>OR</b></li> <li>• Condition requires frequent position changes</li> </ul>  |
| <p>Hospital Bed/Crib – Pediatric <b>(E0300, E0328, E0329)</b></p>   | <p>May be considered medically necessary when child is bed-confined <b>AND</b> one of the following:</p> <ul style="list-style-type: none"> <li>• Condition that requires position changes an ordinary bed cannot accommodate; <b>OR</b></li> <li>• Condition requires frequent position changes</li> </ul>   |
| <p>Oscillating Bed <b>(E0270)</b></p>   | <p><b>Not medically necessary</b></p>   |

|  |  |
|--|--|
|  | <p>Institutional equipment; generally not appropriate for home use</p>   |
| <p>Overbed Table <b>(E0315)</b></p>  | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that there is <b>no evidence</b> to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>  |
| <p>Safety Enclosure Frame/Canopy <b>(E0316)</b></p>  | <p>May be considered medically necessary for use with hospital bed when criteria for the <a href="#">hospital bed</a> are met <b>AND</b> the individual is at risk for falls or if climbing out of bed is a concern</p>  |
| <p>Safety Sleep Beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed), Snoo Smart Sleep Bassinet <b>(E1399)</b></p> | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that there is <b>no evidence</b> to determine that <b>safety sleep beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed)</b> are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these beds in clinical management.</p> <p>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that the <b>Snoo Smart Sleep Bassinet</b> is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of safety sleep beds in clinical management. Existing published literature consists of a retrospective analysis survey of neonatal nurses' perceptions of the Snoo Smart sleep bassinet in the clinical setting. An independent technology assessment organization<sup>9</sup> was unable to reach conclusions due to very low quality evidence, consisting only of 6 conference abstracts.</p> |

|  |  |
|--|--|
| Springbase Bed (E0462)   | <p><b>Not medically necessary</b></p> <p>Institutional equipment; generally not appropriate for home use</p>   |
| Stryker Frame Bed (E0270)  | <p><b>Not medically necessary</b></p> <p>Institutional equipment; generally not appropriate for home use</p>   |
| Trapeze Bar (E0912)  | <p>May be considered medically necessary when individual meets criteria for a hospital bed <b>AND</b> is unable to sit up, change positions or get in/out of bed without its use</p>   |
| <b>Compression Therapy</b>   |  |
| Nonpneumatic Compression Controller with Sequential Calibrated Gradient Pressure (eg, Koya Dayspring Active Nonpneumatic Compression System) (E0680) | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that nonpneumatic compression is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.</p> |
| Nonpneumatic Compression Controller without Calibrated Gradient Pressure (eg, Koya Dayspring Active Nonpneumatic Compression System) (E0681)         | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that nonpneumatic compression is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.</p> |
| Nonpneumatic Sequential Compression Garment - Full Leg (E0678); Half Leg (E0679); Full Arm (E0682)   | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that nonpneumatic compression is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.</p> |

| <b><i>Cushions/Mattresses</i></b>   |  |
|---|--|
| Abduction Pillow (E1399)  | May be considered medically necessary for a child with hip disorders   |
| Dolphin Immersion Mattress (Dolphin Fluid Immersion Simulation [FIS] System) (E1399)  | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.                    |
| Dreama 24 hr Positioning System (Dreama Posture Mattress) (E1399)   | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that there is <b>no evidence</b> to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.                             |
| Mattress (regular, for hospital bed) (E0272)  | May be considered medically necessary for an individual who qualifies for manual or semi-electric hospital bed at home   |
| <b><i>Electrical Stimulators</i></b>  |  |
| Interferential Current Stimulator (2 channel or 4 channel) (S8130, S8131)   | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that interferential current stimulation is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management. |
| Transcutaneous Electrical Joint Stimulation Device System (eg, BioniCare Hand System, BioniCare Knee System, J-Stim 1000) (E0762) | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that transcutaneous electrical joint stimulation is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit  |

|  |   |
|--|---|
|  | and long-term clinical outcomes establishing the value of these devices in clinical management.   |
| <b><i>Incontinence Supplies</i></b>  |   |
| Incontinence Briefs and/or Pull-Ups ( <b>A4520</b> )   | Requests exceeding the maximum allowable quantity per benefit plan month/year may be considered medically necessary when the medical record documentation supports the need for additional supplies <b>AND</b> the size of the individual is consistent with the size of the requested briefs and/or pull-ups   |
| Indwelling Intraurethral Drainage Device with Valve (including accessories) (eg, inFlow Intraurethral Valve-Pump System) ( <b>A4341, A4342</b> ) | <p>May be considered medically necessary as an alternative to intermittent catheterization in an individual with permanent urinary retention due to impaired detrusor contractility</p> <p><b>Quantity limit:</b> 1 device every 29 days</p> <p><b>Continued coverage</b> beyond 3 months: No sooner than 31 days after initiation of therapy, but not later than the 91<sup>st</sup> day, a clinical reevaluation by the treating/prescribing practitioner must be performed, with documentation that the device is being used as prescribed and is beneficial (urinary symptoms are improved)</p> |
| <b><i>Lights</i></b>   |   |
| Home-Based Ultraviolet Therapy (including ultraviolet cabinets, replacement bulb/lamp) ( <b>E0691, E0692, E0693, E0694</b> )                     | May be considered medically necessary when the ultraviolet light device is the smallest size appropriate to treat the affected area   |
| <b><i>Monitors, Cardiac/Respiratory/Neurological</i></b>   |   |
| Autonomic Nervous System (ANS) monitor, ambulatory (eg, BioHarness, Zephyr) ( <b>E1399</b> )   | <p><b>Not medically necessary</b></p> <p>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>  |
| <b><i>Respiratory Aids and Supplies</i></b>  |   |
| Air Compressor (for use with nebulizer) ( <b>E0565</b> )   | May be considered medically necessary for treatment of asthma, chronic obstructive pulmonary disease (COPD) and other conditions where inhaled medicines are indicated  |

|  |  |
|--|--|
| Chest Shell (Cuirass) (E0457)  | May be considered medically necessary for an individual requiring ventilatory support for stable or slowly progressive respiratory failure due to central hypoventilation syndromes, chest wall deformity or neuromuscular diseases  |
| Electronic Spirometer/Microspirometer (E0487)                                      | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that these devices are standard medical treatments. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.                                      |
| IPPB (Intermittent Positive Pressure Breathing) Machine (E0500)                    | May be considered medically necessary for treatment of asthma, COPD and other conditions where inhaled medicines are indicated <b>IF</b> a nebulizer is <b>not</b> effective to deliver the inhaled medications  |
| Nebulizer, Ultrasonic, Large Volume (E0575)  | May be considered medically necessary for treatment of asthma, COPD and other conditions for which inhaled medicines are indicated   |
| <b>Safety Items</b>  |  |
| Assistive Alerting/Listening Device (visual or vibration) (V5269)                  | May be considered medically necessary for an individual who is hearing impaired and requires notification of medical alerts (eg medical device alarms)   |
| <b>Supports</b>  |  |
| Floor Sitter (eg, Rifton Activity Chair, Special Tomato Soft Touch Sitter) (E1399) | May be considered medically necessary for a child with cerebral palsy or other severe neuromuscular conditions   |
| Leckey Early Activity System (E1399)   | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that there is <b>no evidence</b> to determine that Leckey Early Activity System is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this device in clinical management. |
| P Pod Seating System/Positioning System (E1399)                                    | May be considered medically necessary for a child with special orthopedic or neurologic needs  |

|   |   |
|---|---|
|   | such as poor muscle control <b>AND</b> there is no suitable equivalent  |
| Positioning Seat for Persons with Special Orthopedic Needs <b>(T5001)</b>   | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.                         |
| Prone Board <b>(E1399)</b>  | May be considered medically necessary for a child with spastic quadriplegia   |
| <b>Miscellaneous</b>  |   |
| Customized Durable Medical Equipment (other than wheelchair) <b>(K0900)</b>   | Customized DME is fabricated to meet specific medical needs that cannot be met by standard DME. Customized items are rarely medically necessary. Medical director review is required.   |
| Dynamic Mechanical Stretching Device, Forearm Pronation/Supination, Adjustable <b>(E1802)</b>   | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that dynamic mechanical stretching devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management. |
| Electronic Bowel Irrigation/Evacuation System (control unit) (also referred to as pulsed irrigation bowel evacuation) and associated supplies <b>(E0350, E0352)</b>   | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.                         |
| Fracture Frames –<br><b>E0920</b> – attached to bed, includes weights<br><b>E0930</b> – freestanding, includes weights<br><b>E0946</b> – dual, with cross bars, attached to bed (eg, Balkan, four-poster)<br><b>E0947</b> – attachments for complex pelvic traction | <b>Not medically necessary</b><br><br>A review of the current medical literature shows that the <b>evidence is insufficient</b> to determine that fracture frames are standard medical treatment. There is an absence of current,   |

|  |   |
|--|---|
| <b>E0948</b> – attachments for complex cervical traction | widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management. |
| Home Modifications, per service ( <b>S5165</b> )         | <b>Not medically necessary</b> as it is not primarily medical in nature   |

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

| <b>CPT® Code(s)</b>              | <b>Description</b>   | <b>Comments</b> |
|----------------------------------|--|-----------------|
| 94014                            | Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional |                 |
| 94015                            | Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)   |                 |
| 94016                            | Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional   |                 |
| <b>CPT® Category III Code(s)</b> | <b>Description</b>   | <b>Comments</b> |
| No code(s) identified            |  |                 |
| <b>HCPCS Code(s)</b>             | <b>Description</b>   | <b>Comments</b> |
| A4341                            | Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each  |                 |
| A4342                            | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each   |                 |
| A4520                            | Incontinence garment, any type, (e.g., brief, diaper), each  |                 |
| E0240                            | Bath/shower chair, with or without wheels, any size  |                 |
| E0250                            | Hospital bed, fixed height, with any type side rails, with mattress  |                 |
| E0251                            | Hospital bed, fixed height, with any type side rails, without mattress   |                 |

## Medical Supplies, Equipment and Appliances Durable Medical Equipment

Page: 12 of 16

|       |  |  |
|-------|--|--|
| 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   |  |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress   |  |
| E0272 | Mattress, foam rubber  |  |
| E0293 | Hospital bed, variable height, hi-lo, without side rails, without mattress   |  |
| E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure  |  |
| E0301 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress |  |
| E0302 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress                                 |  |
| E0303 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress    |  |
| E0304 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress                                    |  |
| E0315 | Bed accessory: board, table, or support device, any type   |  |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type  |  |
| E0328 | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress              |  |
| E0350 | Control unit for electronic bowel irrigation/evacuation system   |  |
| E0352 | Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system            |  |
| E0457 | Chest shell (cuirass)  |  |
| E0462 | Rocking bed, with or without side rails  |  |
| E0487 | Spirometer, electronic, includes all accessories   |  |
| E0500 | IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source   |  |
| E0565 | Compressor, air power source for equipment which is not self-contained or cylinder driven  |  |
| E0575 | Nebulizer, ultrasonic, large volume  |  |
| E0678 | Nonpneumatic sequential compression garment, full leg  |  |

|       |  |   |
|-------|--|---|
| E0679 | Nonpneumatic sequential compression garment, half leg  |   |
| E0680 | Nonpneumatic compression controller with sequential calibrated gradient pressure                                   |   |
| E0681 | Nonpneumatic compression controller without calibrated gradient pressure   |   |
| E0682 | Nonpneumatic sequential compression garment, full arm  |   |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less   |   |
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel                 |   |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel                 |   |
| E0694 | Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection |   |
| E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories                                |   |
| E0912 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar |   |
| E0920 | Fracture frame, attached to bed, includes weights  |   |
| E0930 | Fracture frame, freestanding, includes weights   |   |
| E0946 | Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster)                                |   |
| E0947 | Fracture frame, attachments for complex pelvic traction  |   |
| E0948 | Fracture frame, attachments for complex cervical traction  |   |
| E1399 | Durable medical equipment, miscellaneous   | <b>Not covered if used to report continuous passive motion (CPM) device</b> |
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material                           |   |
| K0900 | Customized durable medical equipment, other than wheelchair  |   |
| S5165 | Home modifications; per service  |   |
| S8130 | Interferential current stimulator, 2 channel   |   |
| S8131 | Interferential current stimulator, 4 channel   |   |
| T5001 | Positioning seat for persons with special orthopedic needs   |   |
| V5269 | Assistive listening device, alerting, any type   |   |

## References

1. American Academy of Dermatology (AAD). Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. <https://aad.org>. Published November 2023.

2. American Academy of Dermatology (AAD). Joint American Academy of Dermatology – National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. <https://aad.org>. Published July 2019.
3. American Academy of Neurology (AAN). Model Coverage Policy. Autonomic testing. <https://aan.com>. Published October 2014.
4. American Academy of Orthopaedic Surgeons (AAOS). Evidence-Based Clinical Practice Guideline. Management of osteoarthritis of the knee (non-arthroplasty). <https://aaos.org>. Published August 31, 2021.
5. ECRI Institute. Clinical Evidence Assessment. Compression garments for treating lymphedema. <https://home.ecri.org>. Published September 10, 2024.
6. ECRI Institute. Clinical Evidence Assessment. Dayspring Limb Compression System (Koya Medical) for treating lymphedema. <https://home.ecri.org>. Published August 18, 2021.
7. ECRI Institute. Clinical Evidence Assessment. Narrowband UVB therapy for atopic dermatitis. <https://home.ecri.org>. Published September 7, 2023.
8. ECRI Institute. Clinical Evidence Assessment. Photodynamic therapy for benign skin conditions. <https://home.ecri.org>. Published August 1, 2017. Updated June 3, 2021.
9. ECRI Institute. Clinical Evidence Assessment. SNOO smart supine sleeper (Happiest Baby, Inc.) for improving infant and maternal sleep. <https://home.ecri.org>. Published May 9, 2023.
10. ECRI Institute. Clinical Evidence Assessment. Therapeutic surfaces for preventing pressure injury. <https://home.ecri.org>. Published August 27, 2014. Updated December 31, 2022.
11. ECRI Institute. Clinical Evidence Assessment. Zerigo Smart Light home phototherapy (Zerigo Health, Inc.) for psoriasis. <https://home.ecri.org>. Published August 24, 2023.
12. ECRI Institute. Health Technology Assessment Information Service. Special Report. Clinical utility of specialty beds for children with special needs. <https://home.ecri.org>. Published November 4, 2019.
13. Hayes, Inc. Evidence Analysis Research Brief. Dayspring (Koya Medical Inc.) for treatment of lymphedema. <https://evidence.hayesinc.com>. Published March 27, 2023.
14. Hayes, Inc. Evidence Analysis Research Brief. Home ultraviolet B phototherapy for psoriasis. <https://evidence.hayesinc.com>. Published October 12, 2023.
15. Hayes, Inc. Evolving Evidence Review. neoGEN-Series System (RST-Sanexas) for treatment of neuropathic pain. <https://evidence.hayesinc.com>. Published January 5, 2023. Updated February 6, 2025.

16. Hayes, Inc. Health Technology Brief. BioniCare Knee System (VQ OrthoCare) for treatment of osteoarthritis of the knee. <https://evidence.hayesinc.com>. Published October 17, 2011. Updated October 18, 2013.
17. Hayes, Inc. Health Technology Brief. Home ultraviolet B phototherapy for psoriasis. <https://evidence.hayesinc.com>. Published December 31, 2013. Updated December 30, 2015.
18. Hayes, Inc. Medical Technology Directory. Interferential therapy for pain and bone fractures. <https://evidence.hayesinc.com>. Published April 28, 2008. Updated April 2, 2012.
19. Hayes, Inc. Medical Technology Directory. Mechanical stretching devices for treatment of joint contractures of the extremities. <https://evidence.hayesinc.com>. Published May 9, 2018. Updated May 9, 2022
20. Hayes, Inc. Medical Technology Directory. Pressure-reducing support surfaces for pressure ulcers. <https://evidence.hayesinc.com>. Published May 24, 2010. Updated June 2, 2014.
21. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of low back pain. <https://spine.org>. Published 2020.
22. UpToDate, Inc. Compression therapy for the treatment of chronic venous insufficiency. <https://uptodate.com>. Updated March 2025.
23. UpToDate, Inc. Delivery of inhaled medication in adults. <https://uptodate.com>. Updated March 2025.
24. UpToDate, Inc. Evaluation and management of chronic venous insufficiency including venous leg ulcer. <https://uptodate.com>. Updated March 2025.
25. UpToDate, Inc. Geriatric rehabilitation interventions. <https://uptodate.com>. Updated March 2025.
26. UpToDate, Inc. Management of peripheral lymphedema. <https://uptodate.com>. Updated March 2025.
27. UpToDate, Inc. Management of severe, refractory atopic dermatitis (eczema) in children. <https://uptodate.com>. Updated March 2025.
28. UpToDate, Inc. Midshaft femur fractures in adults. <https://uptodate.com>. Updated April 14, 2025.
29. UpToDate, Inc. Nocturnal ventilatory support in COPD. <https://uptodate.com>. Updated March 2025.
30. UpToDate, Inc. Noninvasive ventilation in adults with chronic respiratory failure from neuromuscular and chest wall diseases: patient selection and alternative modes of ventilatory support. <https://uptodate.com>. Updated March 2025.

31. UpToDate, Inc. Noninvasive ventilatory support and mechanical insufflation-exsufflation for patients with respiratory muscle dysfunction. <https://uptodate.com>. Updated March 2025.
32. UpToDate, Inc. Prevention of pressure-induced skin and soft tissue injury. <https://uptodate.com>. Updated March 2025.
33. UpToDate, Inc. Subacute and chronic low back pain: management. <https://uptodate.com>. Updated February 11, 2025.
34. UpToDate, Inc. Treatment and prognosis of cervical radiculopathy. <https://uptodate.com>. Updated April 1, 2025.
35. UpToDate, Inc. Treatment selection for moderate to severe plaque psoriasis in special populations. <https://uptodate.com>. Updated March 2025.
36. UpToDate, Inc. Use of medication nebulizers in children. <https://uptodate.com>. Updated March 2025.
37. UpToDate, Inc. UVB phototherapy (broadband and narrowband). <https://uptodate.com>. Updated March 2025.
38. US Department of Veterans Affairs (VA). VA/DoD Clinical Practice Guideline. Diagnosis and treatment of low back pain. <https://va.gov>. Published 2022.

## Change Summary

01/01/2025 New Policy

05/06/2025 Annual Review, Coverage Change Updated Coding Information