

Medical Supplies, Equipment and Appliances

Durable Medical Equipment



Medicaid Medical Coverage Policy

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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 DME in the chart below are listed according to the following categories:

- | | |
|---|--|
| • Ambulatory Aids | • Monitors, Cardiac/Respiratory/Neurological |
| • Bathtub Equipment | • Respiratory Aids and Supplies |
| • Beds/Bed Equipment | • Safety Items |
| • Breast-Related Supplies | • Self-Help Equipment |
| • Cushions/Mattresses | • Supports |
| • Exercise Equipment | • Toilet Equipment |
| • Lights | • Miscellaneous Equipment |

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
<i>Ambulatory Aids</i>	
Canes (E0100, E0105)	May be considered medically necessary when individual’s condition impairs ambulation
Crutches (eg, standard [axillary/underarm], forearm) (E0110, E0111, E0112, E0113, E0114, E0116)	May be considered medically necessary when individual’s condition impairs ambulation
Crutch, underarm, articulating, spring assisted (E0117)	Not medically necessary A review of the current medical literature shows that there is no evidence 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.
Kneeling Walker/Knee Walker/Rolling Knee Walker	May be considered medically necessary for

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
(eg, Roll-A-Bout Walker, Turning Leg Caddy)/Kneeling Crutch (eg, iWALKFree) (E0118)	below-the-knee injuries/conditions IF the individual meets the criteria for a standard walker, crutch or cane, but is unable to use one of those devices due to other impairments (eg, individual only has one functional arm)
Pediatric Posterior Walker (eg, Flux Walker, Kaye 4-Wheeled Posterior Walker, Nimbo Walker) (E1399)	May be considered medically necessary if child meets criteria for a standard pediatric walker AND require the additional stability offered by a posterior walker due to a neurological condition (eg, cerebral palsy) OR is unable to use a standard walker but can maneuver a posterior walker
Pediatric Walker – Standard (E1399)	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) (E1399)	May be considered medically necessary if child meets criteria for a standard pediatric walker AND 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 (E1399)	Not medically necessary A review of the current medical literature shows that there is no evidence 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.
Walker – Battery powered, wheeled, folding, adjustable or fixed height (E0152)	Not medically necessary A review of the current medical literature shows that there is no evidence 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.
Walker – Heavy-duty (E0148, E0149)	May be considered medically necessary when individual meets criteria for a standard walker AND weight exceeds 300 pounds
Walker – Heavy-duty, Multiple braking System, Variable Wheel Resistance (E0147)	May be considered medically necessary when individual meets criteria for a standard walker

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	AND has severe neurological disorder or restricted use of one hand and therefore unable to use a standard device
Walker – Enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat (E0144)	Not medically necessary A review of the current medical literature shows that there is no evidence 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.
Bathtub Equipment	
Rolling Shower Frame/Chair (eg, Columbia Medical Ultima Rolling Shower Chair, R82 Manatee Rolling Shower Frame, Rifton HTS) (E0240)	Not medically necessary A review of the current medical literature shows that there is no evidence 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.
Sitz Bath (E0160, E0161, E0162)	May be considered medically necessary if individual has an infection or injury of the perineal area AND is prescribed by the individual's health care practitioner
Beds/Bed Equipment	
Bed Boards (E0273)	Not medically necessary A review of the current medical literature shows that there is no evidence to determine that bed boards 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 bed boards in clinical management
Bed Cradle (E0280)	May be considered medically necessary when there is need to prevent contact with the bed coverings, such as with burns, decubitus ulcers, diabetic ulcers or gouty arthritis

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
Bed Side Rails (E0305, E0310)	May be considered medically necessary when individual is confined to hospital bed AND condition requires use of side rails
Hospital Bed – Extra Heavy Duty, Extra Wide (E0302, E0304)	May be considered medically necessary when individual meets criteria for a manual hospital bed AND weight exceeds 600 pounds
Hospital Bed – Heavy Duty, Extra Wide (E0301, E0303)	May be considered medically necessary when individual meets criteria for a manual hospital bed AND weight is greater than 350 pounds, but less than 600 pounds
Hospital Bed – Manual (E0250, E0251, E0255, E0256, E0290 – E0293)	May be considered medically necessary when individual is bed-confined AND one of the following: <ul style="list-style-type: none"> • Condition that requires position changes an ordinary bed cannot accommodate; OR • Condition requires frequent position changes
Hospital Bed/Crib – Pediatric (E0300, E0328, E0329)	May be considered medically necessary when child is bed-confined AND one of the following: <ul style="list-style-type: none"> • Condition that requires position changes an ordinary bed cannot accommodate; OR • Condition requires frequent position changes
Oscillating Bed (E0270)	Institutional equipment; generally not appropriate for home use
Overbed Table (E0274, E0315)	Not medically necessary A review of the current medical literature shows that there is no evidence 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.
Safety Enclosure Frame/Canopy (E0316)	May be considered medically necessary for use with hospital bed when criteria for the hospital bed are met AND the individual is at risk for falls or if climbing out of bed is a concern
Safety Sleep Beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed), Snoo Smart Sleep Bassinet (E1399)	Not medically necessary

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	<p>A review of the current medical literature shows that there is no evidence to determine that safety sleep beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed) 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 evidence is insufficient to determine that the Snoo Smart Sleep Bassinet 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 organization¹⁴ was unable to reach conclusions due to very low quality evidence, consisting only of 6 conference abstracts.</p>
Springbase Bed (E0462)	Institutional equipment; generally not appropriate for home use
Stryker Frame Bed (E0270)	Institutional equipment; generally not appropriate for home use
Trapeze Bar (E0910, E0911, E0912, E0940)	May be considered medically necessary when individual meets criteria for a manual or semi-electric hospital bed AND is unable to sit up, change positions or get in/out of bed without its use
Breast-Related Supplies	
Breast Pump – Manual, Electric (AC or DC) (E0602, E0603)	May be considered medically necessary for initiation or continuation of breastfeeding (including double electric breast pumps)
Breast Pump – Hospital Grade (E0604)	<p>May be considered medically necessary as <u>rental only</u>, for initiation or continuation of breastfeeding, AND any of the following:</p> <ul style="list-style-type: none"> • Newborn/infant has a medical (eg,

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	cardiac, respiratory, genetic) or congenital (eg, cleft palate, cleft lip) condition that interferes with effective breastfeeding; OR <ul style="list-style-type: none"> • Newborn/infant remains in the hospital after the mother’s discharge; OR • The mother has a medical condition or anatomic anomaly that prevents effective breastfeeding
Breast Pump Supplies: A4281 – Tubing for breast pump, replacement A4282 – Adapter for breast pump, replacement A4283 – Cap for breast pump bottle, replacement A4284 – Breast shield & splash protector for use with breast pump, replacement A4285 – Polycarbonate bottle for use with breast pump, replacement A4286 – Locking ring for breast pump, replacement A4287 – Disposable collection bag and storage bag for breast milk, any size, any type	During the time that the breast pump is in use, supplies may be limited to the following: A4281 – 2 replacement items every 12 months A4282 – 1 replacement item per birth A4283 – 2 replacement items every 12 months A4284 – 2 replacement items every 12 months A4285 – 2 replacement items every 12 months A4286 – 2 replacement items every 12 months A4287 – 100 per month
<i>Cushions/Mattresses</i>	
Abduction Pillow (E1399)	May be considered medically necessary for a child with hip disorders
Dolphin Immersion Mattress (Dolphin Fluid Immersion Simulation [FIS] System) (E1399)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p>
Dreama 24 hr Positioning System (Dreama Posture Mattress) (E1399)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence 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>

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
Mattress (regular, for hospital bed) (E0271, E0272)	May be considered medically necessary for an individual who qualifies for manual or semi-electric hospital bed at home
Exercise Equipment	
Exercise Equipment (A9300)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence 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>
Parallel Bars (E1399)	Institutional equipment; generally not appropriate for home use
Training Balls (A9300)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence 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>
Treadmill (A9300)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence 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>
Lights	
Home-Based Ultraviolet Therapy (including ultraviolet cabinets, replacement bulb/lamp) (A4633, E0691, E0692, E0693, E0694)	May be considered medically necessary when the ultraviolet light device is the smallest size appropriate to treat the affected area
Monitors, Cardiac/Respiratory/Neurological	
Autonomic Nervous System (ANS) monitor, ambulatory (eg, BioHarness, Zephyr) (E1399)	Not medically necessary

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	A review of the current medical literature shows that the evidence is insufficient 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.
Pacemaker Monitor (E0610, E0615)	May be considered medically necessary for an individual with a cardiac pacemaker
Remote Monitoring (telemonitoring) for Congestive Heart Failure (CHF) (S9110)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient 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.
Telespirometry (94014, 94015, 94016)	May be considered medically necessary for an individual for up to one year following a lung transplant
Respiratory Aids and Supplies	
Air Compressor (for use with nebulizer) (E0565, E0572)	May be considered medically necessary for treatment of asthma, chronic obstructive pulmonary disease (COPD) and other conditions where inhaled medicines are indicated
Electronic Spirometer/Microspirometer (E0487)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient 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.
Heater, Respiratory Equipment (eg, for ventilator, etc.) (E1372)	May be considered medically necessary if individual requires oxygen flow to be heated for use with ventilator or other medically necessary respiratory equipment
IPPB (Intermittent Positive Pressure Breathing) Machine (E0500)	May be considered medically necessary for treatment of asthma, COPD and other conditions

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	where inhaled medicines are indicated IF a nebulizer is not effective to deliver the inhaled medications
Nebulizer (<i>see below for ultrasonic type nebulizers</i>) (E0570, E0580, E0585, A7017)	May be considered medically necessary for treatment of asthma, COPD and other conditions for which inhaled medicines are indicated
Postural Drainage Board (E0606)	May be considered medically necessary for an individual who has chronic and severe pulmonary disease
Ultrasonic Nebulizer and High Volume/High Efficiency Nebulizers (eg, eFLOW Rapid Nebuliser System) (E0574)	May be considered medically necessary ONLY for delivery of tobramycin (Tobi) for an individual with cystic fibrosis who would otherwise be eligible for a standard nebulizer
<p><u>Ventilator</u> (invasive; via an endotracheal tube or tracheostomy) (eg, LTV, Trilogy, Versamed iVent 201, VOCSN) (E0465, E0467, E0468)</p> <p>*The ventilator must be utilized according to the FDA approved marketing label indications effective on the date of service; some ventilators may be approved for use with either invasive or noninvasive interface (eg, Trilogy, VOCSN).</p> <p>The Trilogy 100, Trilogy 200 and Trilogy Evo are currently the subject of FDA class I safety recalls.^{44,45}</p>	<p>May be considered medically necessary for an individual who requires ventilator use for respiratory support for conditions such as, but not limited to, the following:</p> <ul style="list-style-type: none"> • Chronic respiratory failure that occurs as a result of COPD; OR • Progressive neuromuscular diseases; OR • Thoracic restrictive diseases <p>In addition to the above, the VOCSN system in the <u><i>invasive</i></u> ventilator mode may be considered medically necessary when the individual requires use of ALL functions the system offers (ventilation, oxygen delivery system [concentrator], cough assist, suction and nebulizer)</p> <p>Note: A portable ventilator for the individual's use outside of the home would not be considered duplicative of the stationary ventilator</p>
Safety Items	
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)
Exersides Refrains System (upper extremity medical tubing/lines enclosure or covering device) (E0711)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence to determine that these devices are standard medical treatment.</p>

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
	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.
Self-Help Equipment	
Transfer Board/Bench (E0705)	May be considered medically necessary for bed- or chair-confined individual
Supports	
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
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 AND there is no suitable equivalent.
Prone Board (E1399)	May be considered medically necessary for a child with spastic quadriplegia
Toilet Equipment	
Bed Pan (E0275, E0276)	May be considered medically necessary for bed-confined individual
Urinal, Male or Female (E0325, E0326)	May be considered medically necessary for bed-confined individual
Miscellaneous	
Anodyne Therapy System (Monochromatic Infrared Energy) (97026, A4639, E0221)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p> <p>There is insufficient published evidence to assess the safety and/or impact of MIRE therapy on health outcomes or patient management for nonhealing wounds.³¹</p> <p>There is insufficient published evidence to assess the safety and/or impact of MIRE therapy on patient management or health outcomes in patients with peripheral neuropathy.³⁰</p>

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
<p>Electronic Bowel Irrigation/Evacuation System (control unit) (also referred to as pulsed irrigation bowel evacuation) and associated supplies (E0350, E0352)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p>
<p>Home Cholesterol Monitor (eg, CardioChek, CholesTrak) (A9279)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p>
<p>Home Hemoglobin Monitor (A9279)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p>
<p>Home Modifications, per service (S5165)</p>	<p>Not medically necessary as it is not primarily medical in nature</p>
<p>Peristeen Plus Transanal Irrigation System (A4459)</p>	<p>May be considered medically necessary for an individual who:</p> <ul style="list-style-type: none"> • Is 2 years of age or older with a spinal cord dysfunction; AND • Has neurogenic bowel dysfunction with fecal incontinence, chronic constipation, and/or time-consuming bowel management procedures; AND • The device must be prescribed by a healthcare provider
<p>Rectal catheter (replacement, for use w/manual pump-operated enema system) (A4453)</p>	<p>May be considered medically necessary for an individual who requires Peristeen Plus Transanal</p>

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
RELIZORB Digestive Enzyme Cartridge (B4105)	<p>Irrigation System</p> <p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p>
Sphygmomanometer (blood pressure cuff) (A4660, A4663, A4670)	<p>May be considered medically necessary if prescribed by a health care practitioner for <i>preventive services</i> and ambulatory blood pressure monitoring is not available to confirm the diagnosis of hypertension</p>
Steam (Hydrocollator) Pack (E0225)	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient 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.</p>

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.

CPT® Code(s)	Description	Comments
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	

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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	
97026	Application of a modality to 1 or more areas; infrared	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A4281	Tubing for breast pump, replacement	
A4282	Adapter for breast pump, replacement	
A4283	Cap for breast pump bottle, replacement	
A4284	Breast shield and splash protector for use with breast pump, replacement	
A4285	Polycarbonate bottle for use with breast pump, replacement	
A4286	Locking ring for breast pump, replacement	
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	
A4639	Replacement pad for infrared heating pad system, each	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	
A4663	Blood pressure cuff only	
A4670	Automatic blood pressure monitor	
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	
A9300	Exercise equipment	

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B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	
E0118	Crutch substitute, lower leg platform, with or without wheels, each	
E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat	
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	
E0160	Sitz type bath or equipment, portable, used with or without commode	
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	
E0162	Sitz bath chair	
E0221	Infrared heating pad system	
E0225	Hydrocollator unit, includes pads	
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	

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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	
E0271	Mattress, innerspring	
E0272	Mattress, foam rubber	
E0273	Bed board	
E0274	Over-bed table	
E0275	Bed pan, standard, metal or plastic	
E0276	Bed pan, fracture, metal or plastic	
E0280	Bed cradle, any type	
E0290	Hospital bed, fixed height, without side rails, with mattress	
E0291	Hospital bed, fixed height, without side rails, without mattress	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	
E0305	Bedside rails, half-length	
E0310	Bedside rails, full-length	
E0315	Bed accessory: board, table, or support device, any type	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
E0325	Urinal; male, jug-type, any material	
E0326	Urinal; female, jug-type, any material	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	

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E0329	Hospital bed, pediatric, electric or semi-electric, 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	
E0462	Rocking bed, with or without side rails	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	
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	
E0570	Nebulizer, with compressor	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	
E0585	Nebulizer, with compressor and heater	
E0602	Breast pump, manual, any type	
E0603	Breast pump, electric (AC and/or DC), any type	
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	
E0606	Postural drainage board	
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	
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	
E0705	Transfer device, any type, each	
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	
E0910	Trapeze bars, also known as 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, freestanding, complete with grab bar	
E0940	Trapeze bar, freestanding, complete with grab bar	
E1372	Immersion external heater for nebulizer	
E1399	Durable medical equipment, miscellaneous	
S5165	Home modifications; per service	
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	
V5269	Assistive listening device, alerting, any type	

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Change Summary

01/01/2025 New Policy