

APPENDIX 506A: COVERED DME SUPPLIES

For additional information about durable medical equipment, please contact the DME policy manager. For additional information about home health supplies, please contact the Home Health policy manager.

HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4206	SYRINGE WITH NEEDLE, STERILE 1CC OR LESS , EACH	100 PER ROLLING MONTH		√
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	100 PER ROLLING MONTH		√
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	100 PER ROLLING MONTH		√
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	100 PER ROLLING MONTH		√
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	60 PER ROLLING MONTH		√
A4215	NEEDLE, STERILE, ANY SIZE EACH	100 PER ROLLING MONTH		√
A4216	STERILE WATER, SALINE AND/OR DEXTROSE DILUENT/FLUSH, 10 ML			√
A4217	STERILE WATER/SALINE, 500 ML		COVERAGE LIMITED TO TRACHEAL SUCTIONING ONLY REQUIRES ICD-9-CM DIAGNOSIS CODE: 011.50-011.56, 277.02, 494.0, 494.1, 519.11, 748.61, V44.0 OR V55.0 ICD-10-CM DIAGNOSIS CODE: A15.0-A15.5, E84.0, J47.0-J47.9, Q33.4, Z93.0, Z43.0, OR J98.01	√
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	4 PER ROLLING MONTH	SUPPLIES INCLUDE: HEPLOCK START KITS, CENTRAL LINE KITS, INSYTES, ETOH SWABS, HUBER NEEDLES, SUB-Q- NEEDLE, SUB-Q KIT NON-REIMBURSABLE WITH: A4230 OR A4231	
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)		SUPPLIES INCLUDE: TUBING, BATTERIES, CLAVE VALVE, CLAVE, VIAL ACCESS, SYRINGES (3CC, 5CC, 10CC) 7" EXTENSION SETS SERVICE LIMIT BASED ON RATIONAL DRUG THERAPY PROGRAM AUTHORIZATION FOR NUMBER OF BAGS OR CASSETTES RDTP AUTHORIZATION FORM MUST BE ATTACHED TO CMS 1500 CLAIM FORM NON-REIMBURSABLE WITH: A4230 OR A4231	
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)		SUPPLIES INCLUDE: TUBING, CENTRAL LINE KIT, INSYTES PERIPHERAL LINE, HUBER NEEDLES, CLAVE CONNECTOR, CLAVE VALVE, CLAVE VIAL ACCESS, LUMENS (TRIPLE, SINGLE, DOUBLE) SYRINGES (3CC, 5CC, 10CC) 7" EXTENSION SETS, HEPLOCK KITS, IV HOOK/POLE SERVICE LIMIT BASED ON RATIONAL DRUG THERAPY PROGRAM AUTHORIZATION FOR NUMBER OF BAGS OR CASSETTES RDTP AUTHORIZATION FORM MUST BE ATTACHED TO CMS 1500 CLAIM FORM NON-REIMBURSABLE WITH: A4230 OR A4231	
A4230	INFUSION SET FOR EXTERNAL	12 PER ROLLING	REQUIRES ICD-9-CM DIAGNOSIS CODES:	

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	INSULIN PUMP, NON NEEDLE CANNULA TYPE	MONTH	249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	12 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	12 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4233	REPLACEMENT BATTERY, ALKALINE 9 (OTHER THAN T CELL) FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY THE PATIENT, EACH	1 PER 2 ROLLING YEARS	NON-REIMBUSABLE WITH: E2100 REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	1 PER 2 ROLLING YEARS	NON-REIMBUSABLE WITH: E2100 REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	1 PER 2 ROLLING YEARS	NON-REIMBUSABLE WITH: E2100 REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	1 PER 2 ROLLING YEARS	NON-REIMBUSABLE WITH: E2100 REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815	
A4244	ALCOHOL OR PEROXIDE, PER PINT	7 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4245	√
A4245	ALCOHOL WIPES, PER BOX	4 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4244	√
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	6 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4247	√
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	4 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4246	√
A4253 KX	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	3 BOXES PER ROLLING MONTH	Covered only if the member has a BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER (E2100) REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9,	

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			E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 INSULIN DEPENDENT NON-REIMBURSABLE WITH A4253KS NOTE: Please refer to the Preferred Diabetic Supply List (PDSL) on the BMS Website Pharmacy Webpage	
A4253 KS	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	2 BOXES PER ROLLING MONTH	Covered only if the member has a BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER (E2100) REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 NON-INSULIN DEPENDENT NON-REIMBURSABLE WITH A4253KX NOTE: Please refer to the Preferred Diabetic Supply List (PDSL) on the BMS Website Pharmacy Webpage	
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	1 PER 3 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 NON-REIMBURSABLE WITH: E2100	
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	1 PER 2 ROLLING YEARS	REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 NON-REIMBURSABLE WITH: E2100	
A4259 KX	LANCETS, PER BOX OF 100	2 BOX PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 INSULIN DEPENDENT NON-REIMBURSABLE WITH A4259KS	
A4259 KS	LANCETS, PER BOX OF 100	1 BOX PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: 249.XX, 250.XX or 648.XX ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 NON-INSULIN DEPENDENT NON-REIMBURSABLE WITH A4259KX	
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4332	√

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A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4310, A4332, A4338	√
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4310, A4332, A4344	√
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	1 PER DAY X 14 DAYS	NON-REIMBURSABLE WITH A4310, A4332, A4346	√
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4310, A4311, A4331, A4332, A4338, A4354, A4357	√
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4310, A4312, A4331, A4332, A4344, A4354, A4357	√
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	1 PER DAY X 14 DAYS	NON-REIMBURSABLE WITH A4310, A4313, A4331, A4332, A4346, A4354, A4357	√
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4322	√
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4320	√
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	2 PER ROLLING MONTH	FOR MALE USE ONLY	√
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	1 PER WEEK	FOR FEMALE USE ONLY	√
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	1 PER DAY	FOR FEMALE USE ONLY	√
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	31 PER ROLLING MONTH		√

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A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	5 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4314, A4315, A4316, A4354, A4357, A4358, A5105; CAN ONLY BE BILLED WITH A5112	√
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	31 PER ROLLING MONTH	NON-REIMBURSABLE FOR CLEAN, NONSTERILE INTERMITTENT CATHETERIZATION	√
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	12 PER ROLLING MONTH		√
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	1 PER ROLLING MONTH		√
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS		PRIOR AUTHORIZATION COST INVOICE REQUIRED	√
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, ELASTOMER, OR HYDROPHILIC, ETC.), EACH	2 PER ROLLING MONTH		√
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	2 PER ROLLING MONTH		√
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	2 PER ROLLING MONTH		√
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	1 PER DAY X 14 DAYS		√
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	31 PER ROLLING MONTH	FOR MALE USE ONLY NON-REIMBURSABLE WITH ADHESIVE STRIPS OR TAPE	√
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	31 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4353	√
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	8 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4353	√

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A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	31 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4310, A4332, A4351, A4352 COVERAGE LIMITED TO STERILE TECHNIQUE <u>ONLY</u> WHEN SPECIFICALLY PRESCRIBED IN WRITING BY PRESCRIBING PRACTITIONER SUPPLIES INCLUDE: TRAY/BAG IN STERILE PACKAGE INCLUDES SINGLE USE CATHETER, LUBRICANT, GLOVES, ANTISEPTIC SOLUTION, APPLICATOR AND DRAPE	√
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4310, A4331, A4332, A4357	√
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	1 PER DAY X 14 DAYS	REIMBURSED FOR CONTINUOUS BLADDER IRRIGATION OR HISTORY OF CATHETER OBSTRUCTION	√
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	1 PER 3 ROLLING MONTHS		√
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A4331	√
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	2 PER ROLLING MONTH	FOR MEMBERS WHO ARE AMBULATORY OR ARE CHAIR OR WHEELCHAIR BOUND ONLY NON-REIMBURSABLE WITH: A4331, A5113, A5114	√
A4361	OSTOMY FACEPLATE, EACH	3 PER 6 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6 NON-REIMBURSABLE WITH: A4375, A4376, A4377, A4378, A4379, A4380, A4381, A4382, A4383	√
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.13	√
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	20 PER ROLLING MONTH		
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	4 OZ. PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	√

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A4366	OSTOMY VENT, ANY TYPE, EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6 NON-REIMBURSABLE WITH: A4416, A4417, A4418, A4419, A4423, A4424, A4425, and A4427	√
A4367	OSTOMY BELT, EACH	2 PER 6 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.13	√
A4368	OSTOMY FILTER, ANY TYPE, EACH	1 PER DAY	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.13	√
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	2 OZ PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.13 NON-REIMBURSABLE WITH A 5119	
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	10 OZ. PER 6 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6	√
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, 93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.13	√
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.92 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.13	√
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4377	√
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4378	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4375	√
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4376	√
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4381, and A4382	√
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V44.3, V44.6, V55.2, OR V55.3, V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4383	√
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 ICD-10-CM DIAGNOSIS CODES Z93.6 OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4379, A4382	√
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 ICD-10-CM DIAGNOSIS CODES Z93.6 OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4379, A4381	√
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 ICD-10-CM DIAGNOSIS CODES Z93.6 OR Z43.6 NON-REIMBURSABLE WITH: A4361, A4380	√
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	2 PER 6 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	√
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	30 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	30 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	30 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4394	OSTOMY DEODORANT WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE	16 OZ. PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	30 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	2 PER ROLLING YEAR	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	4 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	2 PER 6 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	2 PER 6 ROLLING MONTHS	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4400	OSTOMY IRRIGATION SET	1 PER ROLLING YEAR	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4402	LUBRICANT, PER OUNCE	4 OZ. PER ROLLING MONTH		√
A4404	OSTOMY RING, EACH	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6	√
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	4 OZ. PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	4 OZ. PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4411	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	20 PER ROLLING MONTH		√
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	20 PER ROLLING MONTH		√
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	60 PER ROLLING MONTH	COST INVOICE REQUIRED REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, OR V55.3, V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6	√
A4421	OSTOMY SUPPLY; MISCELLANEOUS		PRIOR AUTHORIZATION COST INVOICE REQUIRED REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6	√
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	1 PER DAY	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, V55.6, 569.60, or 569.62 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6, K94.00, K94.10, K94.03, OR K94.136	√
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, OR Z43.6 NON-REIMBURSABLE WITH A4366	√
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√

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A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	15 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	20 PER ROLLING MONTH		√
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	40 UNITS PER ROLLING MONTH		
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	40 UNITS PER ROLLING MONTH		
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	16 OZ. PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	50 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES OF V44.2, V44.3, V44.6, V55.2, V55.3, OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	1 PER ROLLING YEARS		
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	1 PER ROLLING YEAR		
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	31 PER ROLLING MONTH		

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	4 PER 6 ROLLING MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS	
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	4 PER 6 ROLLING MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS	
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	4 PER 6 ROLLING MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS	
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	2 PER 6 ROLLING MONTHS	REQUIRES FITTER'S CERTIFICATION BY THE AMERICAN BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS OR BOARD FOR CERTIFICATION OF ORTHOTICS & PROSTHETICS	
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	200 ROLLING MONTH	PRIOR AUTHORIZATION AVAILABLE ONLY FOR MEMBERS 3 YEARS OR OLDER. WHEN BILLING SINGLE INCONTINENT SUPPLIES (A4520 OR A4554) OR A COMBINATION OF THE TWO, THE TOTAL MAXIMUM COMBINATION IS 250 ITEMS PER MONTH. NO AUTHORIZATION WILL BE GIVEN OVER THIS MONTHLY ALLOWABLE.	√
A4550	SURGICAL TRAYS	15 PER ROLLING MONTH		√
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	150 ROLLING MONTH	PRIOR AUTHORIZATION AVAILABLE ONLY FOR MEMBERS 3 YEARS OR OLDER. WHEN BILLING SINGLE INCONTINENT SUPPLIES (A4520 OR A4554) OR A COMBINATION OF THE TWO, THE TOTAL MAXIMUM COMBINATION IS 250 ITEMS PER MONTH. NO AUTHORIZATION WILL BE GIVEN OVER THIS MONTHLY ALLOWABLE.	√
A4555	ELECTRODE/TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, REPLACEMENT ONLY		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	15 PER ROLLING MONTH	COVERAGE LIMITED TO MAXIMUM AGE OF 12 MONTHS. NON-REIMBURSABLE WITH: E0720, E0730 SUPPLIES BUNDLED INTO A4595	
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	2 PER ROLLING MONTH	COVERAGE LIMITED TO MAXIMUM AGE OF 12 MONTHS. NON-REIMBURSABLE WITH: E0720, E0730 SUPPLIES BUNDLED INTO A4595	
A4561	PESSARY, RUBBER, ANY TYPE	1 PER LIFETIME		√

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A4562	PESSARY, NON RUBBER, ANY TYPE	1 PER LIFETIME		√
A4565	SLINGS	1 PER LIFETIME		√
A4570	SPLINT	2 PER 6 ROLLING MONTHS		
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	1 PER ROLLING MONTH FOR E0720 2 PER ROLLING MONTH FOR E0730	NON-REIMBURSABLE WITH: A4556, A4558 OR A4630	
A4601	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	4 PER ROLLING YEAR		
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	1 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7037, E0471 OR E0472	
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	31 PER ROLLING MONTH		
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	2 PER ROLLING MONTH	PRIOR AUTHORIZATION NON-REIMBURSABLE WITH E0445 WHEN UNIT IS UNDER CAP RENTAL	
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	1 PER LIFETIME		
A4619	FACE TENT	1 PER ROLLING MONTH	PRIOR AUTHORIZATION REIMBURSABLE ONLY WITH: E0570	
A4623	TRACHEOSTOMY, INNER CANNULA	1 PER ROLLING MONTH		
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	90 PER ROLLING MONTH	NON-REIMBURSABLE WITH A 4628	
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	14 UNITS PER LIFETIME	NON-REIMBURSABLE WITH A4626 OR A4629	
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	1 PER LIFETIME		
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	90 PER ROLLING MONTH		
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	1 PER DAY	SERVICE REIMBURSABLE TWO WEEK POST SURGERY. NON-REIMBURSABLE WITH A4625 OR A4626	√
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	2 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH E0110, E0111, E0112, E0113, E0114, OR E0116	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	2 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0114, E0130, E0135, E0140, E0141, E0143, E0147, E0148, OR E0149	
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	4 PER ROLLING YEAR	NON-REIMBURSABLE WITH E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0114, E0130, E0135, E0140, E0141, E0143, E0147, E0148, OR E0149	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0181	
A4649	SURGICAL SUPPLY; MISCELLANEOUS		PRIOR AUTHORIZATION COST INVOICE REQUIRED	√
A4927	GLOVES, NON-STERILE, PER 100	1 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: 042, 585.1, 585.2, 585.3, 585.4, 585.5, 585.6, OR 585.9 REQUIRES ICD-10-CM DIAGNOSIS CODES: B20 OR N181.1 –N181.5	√
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2,Z93.3, Z43.2, Z43.3	√
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	60 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5055	STOMA CAP	31 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3 NON-REIMBURSABLE WITH A5081, A6246	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3, OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2 V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES: Z93.6 OR Z43.6	√
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	31 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3, V55.3, V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6 NON-REIMBURSABLE WITH A5055, A6216	√
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	1 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3, V55.3, V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	√
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	31 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3, V55.3, V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	
A5093	OSTOMY ACCESSORY; CONVEX INSERT	10 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3, V55.3, V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6	
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	2 PER 6 ROLLING MONTHS	NON-REIMBURSABLE WITH A4357	√
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	1 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A4331, A4358, A5112, A5113, A5114	√
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	1 PER ROLLING MONTH	NONREIMBURSABLE WITH A5113, A5114	√
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A5112, A5114	√
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH A5112, A5113	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	150 PER ROLLING MONTH		√
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	20 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3 OR V55.3 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z43.2, Z43.3	√
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	1 PER ROLLING MONTH	REQUIRES ICD-9-CM DIAGNOSIS CODES: V44.2, V55.2, V44.3, V55.3, V44.6 OR V55.6 REQUIRES ICD-10-CM DIAGNOSIS CODES OF Z93.2, Z93.3, Z93.6, Z43.2, Z43.3, Z43.6 ONLY USED WITH A5102 AND A5112	√
A6154	WOUND POUCH, EACH	31 PER ROLLING MONTH		√
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH		√
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH		√
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN	15 PER ROLLING MONTH		√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING			
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	5 PER ROLLING MONTH		√
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	5 PER ROLLING MONTH		√
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	5 PER ROLLING MONTH		√
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY.	√
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	31 PER ROLLING MONTH	PRIOR AUTHORIZATION COST INVOICE REQUIRED REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY.	√
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	90 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A5055, A5081	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90 PER ROLLING MONTH		√
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90 PER ROLLING MONTH		√
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	60 PER ROLLING MONTH		√
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	60 PER ROLLING MONTH		√
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	60 PER ROLLING MONTH		√
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH		√
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQUARE INCHES, BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH		√
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH		√
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	12 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE,	12 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING			
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	12 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER FLUID OUNCE	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6243	HYDROGEL DRESSING, WOUND	31 PER ROLLING	REIMBURSED FOR STAGE III AND IV PRESSURE	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	MONTH	ULCERS ONLY	
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ	15 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	1 PER ROLLING MONTH		√
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	31 PER ROLLING MONTH	REIMBURSED FOR STAGE III AND IV PRESSURE ULCERS ONLY	√
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	15 PER ROLLING MONTH		√
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	15 PER ROLLING MONTH		√
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	15 PER ROLLING MONTH		√
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	1 PER ROLLING MONTH		√
A6261	WOUND FILLER, GEL/PASTE, PER FL OZ, NOT OTHERWISE SPECIFIED	31 PER ROLLING MONTH	PRIOR AUTHORIZATION COST INVOICE REQUIRED	√
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	31 PER ROLLING MONTH	PRIOR AUTHORIZATION COST INVOICE REQUIRED	√
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	31 PER ROLLING MONTH		√
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	90 PER ROLLING MONTH		√
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90 PER ROLLING MONTH		√
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	90 PER ROLLING MONTH		√
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	90 PER ROLLING MONTH		√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	4 PER ROLLING MONTH		√
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC,	4 PER ROLLING MONTH	COST INVOICE REQUIRED	√

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD			
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	4 PER ROLLING MONTH		√
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	15 KITS PER ROLLING MONTH PER WOUND	PRIOR AUTHORIZATION	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	1 PER ROLLING MONTH		
A7002	TUBING, USED WITH SUCTION PUMP, EACH	1 UNIT PER ROLLING MONTH	NON-REIMBURSABLE WITH: E0600 INCLUDED IN INITIAL DISPENSING OF EQUIPMENT	
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7004, A7005, OR A7006	
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	2 PER ROLLING MONTH	NON-REIMBURSABLE WITH: A7003, A7005 OR A7006	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	1 PER 6 ROLLING MONTHS	NON-REIMBURSABLE WITH: A7003, A7004 OR A7006	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	1 PER ROLLING MONTH	NON- REIMBURSABLE WITH: A7003, A7004, OR A7005	
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FT.	1 PER 2 ROLLING MONTHS		
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	2 PER ROLLING MONTH		
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	1 PER ROLLING MONTH		
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	2 PER ROLLING MONTH		
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY		PRIOR AUTHORIZATION	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	2 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	2 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	1 PER 3 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 PER ROLLING MONTH	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7038	FILTER, DISPOSABLE, USED	2 PER ROLLING	MUST HAVE WEST VIRGINIA CERTIFIED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	WITH POSITIVE AIRWAY PRESSURE DEVICE	MONTH	RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 PER 6 ROLLING MONTHS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	2 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH: E0471 OR E0472 MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	2 PER 2 ROLLING YEARS	MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	31 PER ROLLING MONTH		
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	31 PER ROLLING MONTH		
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	31 PER ROLLING MONTH		
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	4 PER ROLLING MONTH		
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	4 PER ROLLING MONTH		
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	4 PER ROLLING MONTH		
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH		PRIOR AUTHORIZATION	√
A7525	TRACHEOSTOMY MASK, EACH	4 PER ROLLING MONTH		√
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	4 PER ROLLING MONTH		√

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A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	2 PER ROLLING MONTH		
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING DRESSINGS, TAPE	1 PER DAY		√
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	1 PER DAY		√
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	1 PER DAY		
B4081	NASOGASTRIC TUBING WITH STYLET	4 PER ROLLING MONTH		√
B4082	NASOGASTRIC TUBING WITHOUT STYLET	4 PER ROLLING MONTH		√
B4083	STOMACH TUBE - LEVINE TYPE	4 PER ROLLING MONTH		√
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL ANY TYPE, EACH	2 PER 6 ROLLING MONTHS		√
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	2 PER 6 ROLLING MONTHS		√
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTRROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	1 PER DAY		
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	1 PER DAY		
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	1 PER DAY		
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	1 PER DAY		
B4178	PARENTERAL NUTRITION SOLUTION; AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) HOMEMIX	1 PER DAY		

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B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	1 PER DAY		
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	1 PER DAY		
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX	1 PER DAY		
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX	1 PER DAY		
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX	1 PER DAY		
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX	1 PER DAY		
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	1 PER DAY		
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	1 PER DAY		
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	1 PER DAY		
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	1 PER DAY		

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
B5000	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE - PREMIX			
B5100	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE - PREMIX			
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS - BRANCH CHAIN AMINO ACIDS - PREMIX			
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	1UNIT PER LIFETIME	10 MONTH CAP RENTAL	
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	1UNIT PER LIFETIME	10 MONTH CAP RENTAL	
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	1UNIT PER LIFETIME	10 MONTH CAP RENTAL	
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	1UNIT PER LIFETIME	10 MONTH CAP RENTAL	
B9998	NOC FOR ENTERAL SUPPLIES		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
B9999	NOC FOR PARENTERAL SUPPLIES		PRIOR AUTHORIZATION COST INVOICE REQUIRED	√
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	1 PER 2 ROLLING YEARS	PURCHASED WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH: A4636, A4637OR E0105	
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	1 PER 2 ROLLING YEARS	PURCHASED WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH: A4636, A4637 OR E0100	
E0110	CRUTCHES, FOREARM,	1 PER 2 ROLLING	PURCHASED WHEN PRESCRIBED BY A	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	YEARS	PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH A4635, A4636, A4637 E0111, E112, E0113, E0114, OR E0116	
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	2 PER 2 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH A4635, A4636, A4637 E0110, E112, E0113, E0114, OR E0116	
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	1 PER 2 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH A4635, A4636, A4637 E0110, E111, E0113, E0114, OR E0116	
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	2 PER 2 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH A4635, A4636, A4637 E0110, E111, E0112, E0114, OR E0116	
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	1 PER 2 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH A4635, A4636, A4637 E0110, E111, E0112, E0113, OR E0116	
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	2 PER 2 ROLLING YEARS	PURCHASED WHEN PRESCRIBED BY A PRACTITIONER FOR A MEMBER WITH A CONDITION CAUSING IMPAIRED AMBULATION AND THERE IS A POTENTIAL FOR AMBULATION NON-REIMBURSABLE WITH A4635, A4636, A4637 E0110, E111, E0112, E0113, OR E0114	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636 or A4637	
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636 or A4637	
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636, A4637, E0155 or E0159	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636, A4637, E0155 or E0159	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636, A4637, E0155 or E0159	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	1 PER 3 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: A4636, E0155 OR E0159	
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636 OR A4637	
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	1 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: A4636, A4637, E0155 OR E0159	
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	2 PER 3 ROLLING YEARS	PURCHASED	

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E0154	PLATFORM ATTACHMENT, WALKER, EACH	2 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: E0141, E0143, E0147, or E0149	
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	2 PER 3 ROLLING YEARS	PURCHASED	
E0156	SEAT ATTACHMENT, WALKER	1 PER 3 ROLLING YEARS	PURCHASED	
E0157	CRUTCH ATTACHMENT, WALKER, EACH	2 PER 3 ROLLING YEARS	PURCHASED	
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	2 PER 3 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: E0141, E0143, E0147, or E0149	
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	1 PER ROLLING YEAR	PURCHASED	
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	1 PER 2 ROLLING YEARS	PURCHASED	
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	1 PER 2 ROLLING YEARS	PURCHASED	
E0162	SITZ BATH CHAIR	1 PER 2 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH: E0167	
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	1 PER 5 ROLLING YEARS	PURCHASED FOR MEMBER WEIGHING 300 LBS OR LESS WHEN PHYSICALLY INCAPABLE OF UTILIZING TOILET FACILITIES; I.E., CONFINED TO A SINGLE ROOM, OR CONFINED TO ONE LEVEL OF THE HOME WITHOUT TOILET FACILITIES, OR CONFINED TO THE HOME WITHOUT TOILET FACILITIES. MEMBER'S FILE <u>MUST</u> CONTAIN THE ABOVE DOCUMENTATION INCLUDING WEIGHT. NON-REIMBURSABLE WITH: E0165, E0167 or E0168	
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	1 PER 5 ROLLING YEARS	PURCHASED FOR MEMBER WEIGHING 300 LBS OR LESS WHEN PHYSICALLY INCAPABLE OF UTILIZING TOILET FACILITIES.; I.E., CONFINED TO A SINGLE ROOM, OR CONFINED TO ONE LEVEL OF THE HOME WITHOUT TOILET FACILITIES, OR CONFINED TO THE HOME WITHOUT TOILET FACILITIES AND IF THE DETACHABLE ARM FEATURE IS NECESSARY TO FACILITY TRANSFERRING THE MEMBER OR HAS A BODY CONFIGURATION THAT REQUIRES EXTRA WIDTH. MEMBER'S FILE <u>MUST</u> CONTAIN THE ABOVE DOCUMENTATION INCLUDING WEIGHT. NON-REIMBURSABLE WITH: E0163, E0167 or E0168	
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	1 PER ROLLING YEAR	NON-REIMBURSABLE WITH: E0163, E0165 or E0168	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	1 PER 5 ROLLING YEARS	PURCHASED FOR MEMBER WEIGHING 300 LBS OR MORE WHEN PHYSICALLY INCAPABLE OF UTILIZING TOILET FACILITIES; I.E., CONFINED TO A SINGLE ROOM, OR CONFINED TO ONE LEVEL OF THE HOME WITHOUT TOILET FACILITIES, OR CONFINED TO THE HOME WITHOUT TOILET FACILITIES. MEMBER'S FILE MUST CONTAIN THE ABOVE DOCUMENTATION INCLUDING WEIGHT. NON-REIMBURSABLE WITH: E0163, E0165 or E0167	
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: A4640 OR E0182	
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: A4640	
E0184	DRY PRESSURE MATTRESS	1 PER ROLLING YEAR	PRIOR AUTHORIZATION PURCHASED	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E0186	AIR PRESSURE MATTRESS	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E0187	WATER PRESSURE MATTRESS	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: A4640 OR E0181	
E0188	SYNTHETIC SHEEPSKIN PAD	2 PER 6 ROLLING MONTHS	PURCHASED	
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	2 PER 2 ROLLING YEARS	PURCHASED	
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	1 PER ROLLING YEAR	PURCHASED	
E0191	HEEL OR ELBOW PROTECTOR, EACH	4 PER 6 ROLLING MONTHS	PURCHASED	
E0196	GEL PRESSURE MATTRESS	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	MATTRESS LENGTH AND WIDTH			
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	5 DAYS PER LIFETIME	REQUIRES ICD9-CM DIAGNOSIS CODES: 774.0-774.7 REQUIRES ICD-10-CM DIAGNOSIS CODES: P58.0-P58.9, P 59.0-P59.9, P57.8 or P57.9 COVERAGE LIMITED FROM BIRTH TO 30 DAYS OF AGE	
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION COST INVOICE REQUIRED NON-REIMBURSABLE WITH E0247 OR E248	
E0241	BATH TUB WALL RAIL, EACH	1 PER 2 ROLLING YEARS		
E0243	TOILET RAIL, EACH	2 PER 2 ROLLING YEARS		
E0244	RAISED TOILET SEAT	1 PER 2 ROLLING YEARS		
E0245	TUB STOOL OR BENCH	1 PER 2 ROLLING YEARS		
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMUNE OPENING	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION COST INVOICE REQUIRED NON-REIMBURSABLE WITH E240 OR E0248	
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMUNE OPENING	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION COST INVOICE REQUIRED NON-REIMBURSABLE WITH E240 OR E0247	
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0255, E0260, E0271, E0272, E0277, E0303, E0304, E0305, OR E0310	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0260, E0271, E0272, E0277 E0303, E0304, E0305, OR E0310	
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0271, E0272, E0277, E0303, E0304, E0305, OR E0310	
E0271	MATTRESS, INNERSPRING		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH E0250, E0255, E0260, E0277, E0300, E0303, OR E0304	
E0272	MATTRESS, FOAM RUBBER		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH E0250, E0255, E0260, E0277, E0300, E0303, OR E0304	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	1 PER 2 ROLLING YEARS	PURCHASED	
E0276	BED PAN, FRACTURE, METAL	1 PER 2 ROLLING	PURCHASED	

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	OR PLASTIC	YEARS		
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL COVERED FOR MEMBERS FROM BIRTH TO AGE 21 YEARS NON-REIMBURSABLE WITH: E0250, E0255, E0260	
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	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0271, E0272, E0305 or E0310	
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0271, E0272, E0303, E0304, E0305 OR E0310	
E0305	BED SIDE RAILS, HALF LENGTH	2 PER LIFETIME	NON-REIMBURSABLE WITH E0250, E0255, E0260, E0300, E0303, or E0304	
E0310	BED SIDE RAILS, FULL LENGTH	2 PER LIFETIME	NON-REIMBURSABLE WITH E0250, E0255, E0260, E0300, E0303, or E0304	
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	2 PER 6 ROLLING MONTHS	FOR MALES ONLY	
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	2 PER 6 ROLLING MONTHS	FOR FEMALES ONLY	
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0303, OR E0304	
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR,	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING			
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH A4606 DURING THE CAP RENTAL PERIOD MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION ITEM IS MONTHLY RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0460RR	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION ITEM IS MONTHLY RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0463RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION ITEM IS MONTHLY RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0464RR	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION ITEM IS MONTHLY RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0470RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G.,	10 UNITS PER LIFETIME	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)			
E0471RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0472RR	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	1 UNIT PER ROLLING MONTH	PRIOR AUTHORIZATION MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	1 PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	1 PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	1 PER ROLLING YEAR	PRIOR AUTHORIZATION	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		PRIOR AUTHORIZATION PURCHASED MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		PRIOR AUTHORIZATION PURCHASED MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	1 UNIT PER 3 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR REGISTERED PROFESSIONAL NURSE OR PHYSICIAN ON STAFF	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E0570	NEBULIZER, WITH COMPRESSOR	1 PER 3 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	1 PER 4 ROLLING YEARS	PURCHASED NON-REIMBURSABLE WITH A7002	
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	10 UNITS PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL REGISTERED NURSE OR PHYSICIAN ON STAFF	
E0602	BREAST PUMP, MANUAL, ANY TYPE	1 UNIT PER 5 ROLLING YEARS	PURCHASED	
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	1 UNIT PER ROLLING YEAR	PURCHASED INCLUDES ALL REQUIRED ACCESSORIES	
E0605	VAPORIZER, ROOM TYPE	1 PER 2 ROLLING YEARS	PURCHASED	
E0606	POSTURAL DRAINAGE BOARD	1 PER LIFETIME	PURCHASED	
E0619	APNEA MONITOR, WITH RECORDING FEATURE	1 PER LIFETIME	PRIOR AUTHORIZATION (REQUEST FOR PA MUST BE SUBMITTED TO UMC 7 CALENDAR DAYS POST HOSPITAL DISCHARGE) 10 MONTH CAP RENTAL AVAILABLE FOR MEMBERS 1 YEAR OF AGE OR YOUNGER. INCLUDES PNEUMOGRAM	
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	1 PER 2 ROLLING YEARS	NON-REIMBURSABLE WITH: E0630	
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAPS(S), OR PADS	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL NON-REIMBURSABLE WITH: E0621	
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	1 PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	1 PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	1 PER LIFETIME	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL	
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM		PRIOR AUTHORIZATION PURCHASED	
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG		PRIOR AUTHORIZATION PURCHASED	
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH		PRIOR AUTHORIZATION PURCHASED	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	PNEUMATIC COMPRESSOR, FULL ARM			
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG		PRIOR AUTHORIZATION PURCHASED	
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG		PRIOR AUTHORIZATION PURCHASED	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM		PRIOR AUTHORIZATION PURCHASED	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG		PRIOR AUTHORIZATION PURCHASED	
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG		PRIOR AUTHORIZATION PURCHASED	
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM		PRIOR AUTHORIZATION PURCHASE	
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG		PRIOR AUTHORIZATION PURCHASED	
E0705	TRANSFER DEVICE, ANY TYPE, EACH		PRIOR AUTHORIZATION PURCHASED	
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: A4556, A4557 OR E0730	
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: A4556, A4557 OR E0730	
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS		PRIOR AUTHORIZATION PURCHASED	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS		PRIOR AUTHORIZATION PURCHASED	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE		PRIOR AUTHORIZATION PURCHASED	
E0766	ELECTRICAL STIMULATION		PRIOR AUTHORIZATION	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE		10 MONTH CAP RENTAL	
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	1 UNIT PER LIFETIME	10 MONTH CAP RENTAL	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	1 PER 4 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.	
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	1 PER LIFETIME	ITEM PURCHASED WHEN THE FOLLOWING CRITERIA ARE MET: 1) THE PATIENT HAS A MUSCULOSKETAL OR NEUROLOGIC IMPAIRMENT REQUIRING TRACTION EQUIPMENT; AND 2) THE APPROPRIATE USE OF A HOME CERVICAL TRACTION DEVICE HAS BEEN DEMONSTRATED TO THE PATIENT AND THE PATIENT TOLERATED THE SELECTED DEVICE. ABOVE DOCUMENTATION MUST BE CONTAINED IN MEMBER'S FILE.	
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	1 PER LIFETIME	PRIOR AUTHORIZATION PURCHASED FOR USE WITH HOSPITAL BED ONLY NON-REIMBURSABLE WITH: E0940	
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	1 PER LIFETIME	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH E0910, E0912 OR E0940	
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	1 PER LIFETIME	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH E0910, E0911 OR E0940	
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	1 PER DAY NOT TO EXCEED 30 DAYS	PRIOR AUTHORIZATION RENTAL	
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	1 PER LIFETIME	PURCHASED NOT FOR USE WITH HOSPITAL BED NON-REIMBURSABLE WITH: E0250, E0255, E0260, E0277, E0300, E0303, E0304 OR E0910	
E0942	CERVICAL HEAD HARNESS/HALTER	1 PER ROLLING YEAR	PURCHASED NON-REIMBURSABLE WITH: E0860	
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH		PRIOR AUTHORIZATION PURCHASED	
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH		PRIOR AUTHORIZATION PURCHASED	
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH		PRIOR AUTHORIZATION PURCHASED	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		PRIOR AUTHORIZATION PURCHASED	
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		PRIOR AUTHORIZATION PURCHASED	
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		PRIOR AUTHORIZATION PURCHASED	
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH		PRIOR AUTHORIZATION PURCHASED	
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH		PRIOR AUTHORIZATION PURCHASED	
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH		PRIOR AUTHORIZATION PURCHASED	
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		PRIOR AUTHORIZATION PURCHASED	
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH		PRIOR AUTHORIZATION PURCHASED	
E0968	COMMODE SEAT, WHEELCHAIR		PRIOR AUTHORIZATION PURCHASED	
E0969	NARROWING DEVICE, WHEELCHAIR		PRIOR AUTHORIZATION PURCHASED	
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST		PRIOR AUTHORIZATION COST INVOICE REQUIRED PURCHASED	
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, K0017, K0018 OR K0019	
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK		PRIOR AUTHORIZATION PURCHASED	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	DEVICE, EACH			
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		PRIOR AUTHORIZATION PURCHASED	
E0980	SAFETY VEST, WHEELCHAIR		PRIOR AUTHORIZATION PURCHASED	
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, OR K0007	
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0813 THRU K0843 OR K0848 THRU K0891	
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL		PRIOR AUTHORIZATION PURCHASED	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL		PRIOR AUTHORIZATION PURCHASED	
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR		PRIOR AUTHORIZATION PURCHASED	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0995, E1009, E1010, K0042, K0043, K0044, K0045, K0046 OR K0047	
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		PRIOR AUTHORIZATION PURCHASED	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051	
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH		PRIOR AUTHORIZATION PURCHASED COST INVOICE NONREIMBURSABLE WITH: E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, OR K0195	
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, OR K0195	
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		PRIOR AUTHORIZATION PURCHASED COST INVOICE	
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		PRIOR AUTHORIZATION PURCHASED	
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH		PRIOR AUTHORIZATION PURCHASED	
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH		PRIOR AUTHORIZATION PURCHASED	
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR,		PRIOR AUTHORIZATION PURCHASED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	ANY TYPE		STUMP SUPPORT FOR A LOWER LIMB AMPUTEE THAT IS ATTACHED TO A WHEELCHAIR BASE. IT CONTAINS A MECHANISM TO ALLOW THE SUPPORT TO SWING AWAY, FOLD DOWN, OR RETRACT.	
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY		PRIOR AUTHORIZATION PURCHASED	
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED		PRIOR AUTHORIZATION PURCHASED	
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED		PRIOR AUTHORIZATION PURCHASED	
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL INCLUDES ALL OPTIONS AND ACCESSORIES NON-REIMBURSABLE WITH: K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH		PRIOR AUTHORIZATION PURCHASED	
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH		PRIOR AUTHORIZATION PURCHASED	
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		PRIOR AUTHORIZATION COST INVOICE REQUIRED PURCHASED	
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050,	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
			<p style="text-align: center;">K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1229, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891</p>	
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1 PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891</p>	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1 PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891</p>	
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1 PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891</p>	
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1 PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232,</p>	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
			E1233, E1234, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: 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 OR WHEELCHAIR BASES: E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		PRIOR AUTHORIZATION PURCHASED	
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	1 PER 5 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	1 UNIT PER ROLLING MONTH	PROVIDER MUST MAINTAIN A PERSONALLY SIGNED AND DATED PRACTITIONER'S ORDER WITH DIAGNOSIS, DIRECTION FOR USE ALONG WITH ABG'S OR ARTERIAL OXYGEN SATURATION IN THE MEMBER'S FILE. MUST HAVE WEST VIRGINIA CERTIFIED RESPIRATORY THERAPIST OR PROFESSIONAL	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
			REGISTERED NURSE OR PHYSICIAN ON STAFF	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	1 PER 3 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED REQUIRES ICD-9-CM DIAGNOSIS CODES: 250.00 - 250.93 OR 648.8X ICD-10-CM DIAGNOSIS CODES: E08.00 – E09.9, E10.1-E10.9, E11.0-E11.9, or E13.0-E13.9 OR O24.419-O24.439, O99.810, O99.814, O99.815 NON-REIMBURSABLE WITH: A4233, A4234, A4235, A4236, A4256 OR A4258	
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED	
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH		PRIOR AUTHORIZATION PURCHASED	
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH		PRIOR AUTHORIZATION PURCHASED	
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH		PRIOR AUTHORIZATION PURCHASED	
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH		PRIOR AUTHORIZATION PURCHASED	
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC		PRIOR AUTHORIZATION PURCHASED	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	PROPULSION TIRE, ANY SIZE, EACH			
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH K0070	
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED	
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH K0071	
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0071	
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION COST INVOICE REQUIRED PURCHASED	
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION COST INVOICE REQUIRED PURCHASED	
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION COST INVOICE REQUIRED PURCHASED	
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0072	
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0069	
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077	
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009 OR K0077	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0070 OR K0077	
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0071, K0072 OR K0077	
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0071, K0072 OR K0077	
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		PRIOR AUTHORIZATION PURCHASED	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE EACH		PRIOR AUTHORIZATION PURCHASED	
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES		PRIOR AUTHORIZATION PURCHASE ITEM COST INVOICE	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
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		PRIOR AUTHORIZATION PURCHASED	
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		PRIOR AUTHORIZATION PURCHASED	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH		PRIOR AUTHORIZATION PURCHASED	
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP		PRIOR AUTHORIZATION PURCHASED	
E2323	POWER WHEELCHAIR		PRIOR AUTHORIZATION	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED		PURCHASED	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE		PRIOR AUTHORIZATION PURCHASED	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE		PRIOR AUTHORIZATION PURCHASED	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
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		PRIOR AUTHORIZATION PURCHASED	
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		PRIOR AUTHORIZATION PURCHASED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES		PRIOR AUTHORIZATION PURCHASED COVERED ONLY IF MEMBER'S DIMENSIONS JUSTIFY THE NEED	
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE		PRIOR AUTHORIZATION PURCHASED COVERED IF MEMBER HAS A MEDICAID APPROVED SPEECH GENERATING DEVICE ONLY	
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	2 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	2 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	2 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	2 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	2 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	2 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH		PRIOR AUTHORIZATION PURCHASED	
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH		PRIOR AUTHORIZATION COST INVOICE REQUIRED PURCHASED	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		PRIOR AUTHORIZATION	
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		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL		PRIOR AUTHORIZATION PURCHASED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE			
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		PRIOR AUTHORIZATION PURCHASED ITEM	
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2390	POWER WHEELCHAIR		PRIOR AUTHORIZATION	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH		PRIOR AUTHORIZATION PURCHASED	
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	1 UNIT PER LIFETIME	PRIOR AUTHORIZATION. 10 MONTH CAP RENTAL	
E2500 – E2599	SPEECH GENERATING DEVICES		REFER TO SPEECH/AUDIOLOGY MANUAL	
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE		PRIOR AUTHORIZATION PURCHASED COST INVOICE REQUIRED	
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED COST INVOICE REQUIRED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	MOUNTING HARDWARE			
E2619RP	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	4 PER ROLLING YEAR	PRIOR AUTHORIZATION PURCHASED	
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		PRIOR AUTHORIZATION PURCHASED	
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 IN., ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN. OR GREATER, ANY DEPT	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 IN., ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN., OR GREATER, ANY DEPTH	1 PER 2 ROLLING YEARS	PRIOR AUTHORIZATION PURCHASED	
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE		PRIOR AUTHORIZATION PURCHASED	
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE		PRIOR AUTHORIZATION PURCHASED	
E2628	WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE WHEELCHAIR, BALANCED, RECLINING		PRIOR AUTHORIZATION PURCHASED	
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO		PRIOR AUTHORIZATION PURCHASED	

APPENDIX 506A: COVERED DME SUPPLIES

For additional information about durable medical equipment, please contact the DME policy manager. For additional information about home health supplies, please contact the Home Health policy manager.

HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
	PROXIMAL AND DISTAL JOINTS)			
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT		PRIOR AUTHORIZATION PURCHASED	
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM		PRIOR AUTHORIZATION PURCHASED	
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL		PRIOR AUTHORIZATION PURCHASED	
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR		PRIOR AUTHORIZATION PURCHASED	
K0001	STANDARD WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p>PRIOR AUTHORIZATION 10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS</p> <p>NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p>PRIOR AUTHORIZATION 10 MONTH CAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS</p> <p>NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0003, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0003	LIGHTWEIGHT WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION ITEM IS 10 MONTHCAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS</p> <p style="text-align: center;">NON- REIMBURSABLE WITH:</p> <p style="text-align: center;">E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0004, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION ITEM IS 10 MONTHCAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS</p> <p style="text-align: center;">NON- REIMBURSABLE WITH:</p> <p style="text-align: center;">E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION ITEM IS 10 MONTHCAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR LESS</p> <p style="text-align: center;">NON- REIMBURSABLE WITH:</p> <p style="text-align: center;">E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0005, K0006, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0006	HEAVY DUTY WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION ITEM IS 10 MONTHCAP RENTAL COVERAGE FOR MEMBERS WEIGHING 250 LBS OR MORE</p> <p style="text-align: center;">NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, , E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0007, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	
K0007	EXTRA HEAVY DUTY WHEELCHAIR	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION ITEM IS 10 MONTHCAP RENTAL COVERAGE FOR MEMBERS WEIGHING 300 LBS OR MORE</p> <p style="text-align: center;">NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, , E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0009, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	
K0009	OTHER MANUAL WHEELCHAIR/BASE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION ITEM IS 10 MONTHCAP RENTAL NON- REIMBURSABLE WITH: E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, , E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072 OR WHEELCHAIR BASES: E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0800, K0801, K0802, K0806, K0807, K0808, OR K0812 THRU K0891</p>	
K0015	DETACHABLE, NON- ADJUSTABLE HEIGHT ARMREST, EACH		<p style="text-align: center;">PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
K0019	ARM PAD, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, K0813 THRU K0843 OR K0848 THRU K0891	
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
K0038	LEG STRAP, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0039	
K0039	LEG STRAP, H STYLE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0038	
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 OR K0843	
K0041	LARGE SIZE FOOTPLATE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0042	STANDARD SIZE FOOTPLATE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990, E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0043, K0044, K0045, K0046, K0047, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891	
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990,E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0045, K0046, K0047,K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891	
K0044	FOOTREST, UPPER HANGER BRACKET, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0045, K0046, K0047 OR K0053	
K0045	FOOTREST, COMPLETE ASSEMBLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990,E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0046, K0047, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891	
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990,E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0045, K0047, K0053,K0195, K0813 THRU K0843 OR K0848 THRU K0891	
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990,E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0042, K0043, K0044, K0045, K0046, K0053, K0195, K0813 THRU K0843 OR K0848 THRU K0891	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0050	RATCHET ASSEMBLY		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009	
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008, K0813 THRU K0843 OR K0848 THRU K0891	
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1002, E1003, E1004, E1005, E1006, E1007, E1008,, E1009, E1010, E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0813 THRU K0843 OR K0848 THRU K0891	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E0990, E0995, E1009, E1010, K0042, K0043, K0044, K0045, K0046, OR K0047	
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR		PRIOR AUTHORIZATION PURCHASED	
K0065	SPOKE PROTECTORS, EACH		PRIOR AUTHORIZATION PURCHASED	
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, E2220, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009	
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, E2211, E2212, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009	
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, E2214, E2215, E2224, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E1161, E1231, E1233, E1234, E1235, E1236, E1237, E1238, E2219, E2225, E2226, K0001, K0002, K0003, K0004, K0005, K0006, K0007 OR K0009	
K0073	CASTER PIN LOCK,EACH		PRIOR AUTHORIZATION PURCHASED	
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: E2221, E2222, E2225 OR E2226	
K0098	DRIVE BELT FOR POWER WHEELCHAIR		PRIOR AUTHORIZATION PURCHASED NON-REIMBURSABLE WITH: K0813 THRU K0843 OR K0848 THRU K0891	
K0105	IV HANGER, EACH		PRIOR AUTHORIZATION PURCHASED	
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)		PRIOR AUTHORIZATION PURCHASED NON REIMBURSABLE WITH: E0995, E1009,E1010, K0042, K0043, K0044, K0045, K0046 OR K0047	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE		10 MONTH CAP RENTAL NON-REIMBURSABLE WITH K0607, K0608 OR K0609	
K0669	WHEELCHAIR ACCESSORY, SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	1 PER 5 ROLLING YEARS	RDTP AUTHORIZATION FORM FOR THE DRUG IIPROST/VENTAVIS MUST BE ATTACHED TO CMS 1500 CLAIM FORM REQUIRES ICD-9-CM DIAGNOSIS CODE: 416.0 ICD-10-CM DIAGNOSIS CODE: I10, I27.10	
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		PRIOR AUTHORIZATION PURCHASED	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0739	REPAIR OF NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING TH SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES		PRIOR AUTHORIZATION	
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES		PRIOR AUTHORIZATION	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES. NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES NON REIMBURSABLE WITH: E1031, K0001, K0002, K0003, K0004, K0005, K0006, K0007, OR K0009	
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. INCLUDES ALL OPTIONS AND ACCESSORIES COST INVOICE REQUIRED	

APPENDIX 506A: COVERED DME SUPPLIES

For additional information about durable medical equipment, please contact the DME policy manager. For additional information about home health supplies, please contact the Home Health policy manager.

HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

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For additional information about durable medical equipment, please contact the DME policy manager. For additional information about home health supplies, please contact the Home Health policy manager.

HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

For additional information about durable medical equipment, please contact the DME policy manager. For additional information about home health supplies, please contact the Home Health policy manager.

HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098</p> <p style="text-align: center;">OR</p> <p>WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891</p>	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1 UNIT PER 5 ROLLING YEARS	<p style="text-align: center;">PRIOR AUTHORIZATION 10 MONTH CAP RENTAL.</p> <p>NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042,</p>	

APPENDIX 506A: COVERED DME SUPPLIES

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
			K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	1 UNIT PER 5 ROLLING YEARS	PRIOR AUTHORIZATION 10 MONTH CAP RENTAL. NON REIMBURSABLE WITH: E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098 OR WHEELCHAIR BASES: E1031, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, K0800 THRU K0812, K0813 THRU K0843, or K0848 THRU K0891	

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HCPCS CODES	DESCRIPTION	SERVICE LIMIT	SPECIAL INSTRUCTIONS	HOME HEALTH
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA		PRIOR AUTHORIZATION COST INVOICE REQUIRED	
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)		REFER TO SPEECH/AUDIOLOGY MANUAL	