

Prominence
Prior Authorization Procedure Code List: Durable Medical Equipment

HCPCS	Description	Commercial	Medicare
A4206	Syringe with needle, sterile, 1 cc or less, each	No	Yes
A4207	Syringe with needle, sterile 2 cc, each	No	Yes
A4208	Syringe with needle, sterile 3 cc, each	No	Yes
A4209	Syringe with needle, sterile 5 cc or greater, each	No	Yes
A4210	Needle-free injection device, each	No	Yes
A4211	Supplies for self-administered injections	No	Yes
A4212	Non-coring needle or stylet with or without catheter	No	Yes
A4213	Syringe, sterile, 20 cc or greater, each	No	Yes
A4215	Needle, sterile, any size, each	No	Yes
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	No	Yes
A4217	Sterile water/saline, 500 ml	No	Yes
A4218	Sterile saline or water, metered dose dispenser, 10 ml	No	Yes
A4220	Refill kit for implantable infusion pump	No	Yes
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	No	Yes
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	No	Yes
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	No	Yes
A4224	Supplies for maintenance of insulin infusion catheter, per week	No	Yes
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	No	Yes
A4230	Infusion set for external insulin pump, non needle cannula type	No	Yes
A4231	Infusion set for external insulin pump, needle type	No	Yes
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	No	Yes
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	No	Yes
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	No	Yes

HCPCS	Description	Commercial	Medicare
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	No	Yes
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	No	Yes
A4238	Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	No	Yes
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	No	Yes
A4244	Alcohol or peroxide, per pint	No	Yes
A4245	Alcohol wipes, per box	No	Yes
A4246	Betadine or phiso hex solution, per pint	No	Yes
A4247	Betadine or iodine swabs/wipes, per box	No	Yes
A4248	Chlorhexidine containing antiseptic, 1 ml	No	Yes
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	No	Yes
A4252	Blood ketone test or reagent strip, each	No	Yes
A4255	Platforms for home blood glucose monitor, 50 per box	No	Yes
A4256	Normal, low and high calibrator solution / chips	No	Yes
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	No	Yes
A4258	Spring-powered device for lancet, each	No	Yes
A4259	Lancets, per box of 100	No	Yes
A4261	Cervical cap for contraceptive use	No	Yes
A4262	Temporary, absorbable lacrimal duct implant, each	No	Yes
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	No	Yes
A4265	Paraffin, per pound	No	Yes
A4266	Diaphragm for contraceptive use	No	Yes
A4267	Contraceptive supply, condom, male, each	No	Yes
A4268	Contraceptive supply, condom, female, each	No	Yes
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	No	Yes
A4270	Disposable endoscope sheath, each	No	Yes
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	No	Yes
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	No	Yes
A4281	Tubing for breast pump, replacement	No	Yes
A4282	Adapter for breast pump, replacement	No	Yes
A4283	Cap for breast pump bottle, replacement	No	Yes
A4284	Breast shield and splash protector for use with breast pump, replacement	No	Yes

HCPCS	Description	Commercial	Medicare
A4285	Polycarbonate bottle for use with breast pump, replacement	No	Yes
A4286	Locking ring for breast pump, replacement	No	Yes
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	No	Yes
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	No	Yes
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	No	Yes
A4310	Insertion tray without drainage bag and without catheter (accessories only)	No	Yes
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	No	Yes
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	No	Yes
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	No	Yes
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	No	Yes
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	No	Yes
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	No	Yes
A4320	Irrigation tray with bulb or piston syringe, any purpose	No	Yes
A4321	Therapeutic agent for urinary catheter irrigation	No	Yes
A4322	Irrigation syringe, bulb or piston, each	No	Yes
A4326	Male external catheter with integral collection chamber, any type, each	No	Yes
A4327	Female external urinary collection device; meatal cup, each	No	Yes
A4328	Female external urinary collection device; pouch, each	No	Yes
A4330	Perianal fecal collection pouch with adhesive, each	No	Yes
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	No	Yes
A4332	Lubricant, individual sterile packet, each	No	Yes
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	No	Yes
A4334	Urinary catheter anchoring device, leg strap, each	No	Yes
A4335	Incontinence supply; miscellaneous	No	Yes
A4336	Incontinence supply, urethral insert, any type, each	No	Yes
A4337	Incontinence supply, rectal insert, any type, each	No	Yes
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	Yes
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each	No	Yes

HCPCS	Description	Commercial	Medicare
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Yes	Yes
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	Yes	Yes
A4344	Indwelling catheter, foley type, two-way, all silicone or polyurethane, each.	No	Yes
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each	No	Yes
A4349	Male external catheter, with or without adhesive, disposable, each	No	Yes
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	Yes
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	No	Yes
A4353	Intermittent urinary catheter, with insertion supplies	No	Yes
A4354	Insertion tray with drainage bag but without catheter	No	Yes
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	No	Yes
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	No	Yes
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	No	Yes
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	No	Yes
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	No	Yes
A4361	Ostomy faceplate, each	No	Yes
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	No	Yes
A4363	Ostomy clamp, any type, replacement only, each	No	Yes
A4364	Adhesive, liquid or equal, any type, per oz	No	Yes
A4366	Ostomy vent, any type, each	No	Yes
A4367	Ostomy belt, each	No	Yes
A4368	Ostomy filter, any type, each	No	Yes
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	No	Yes
A4371	Ostomy skin barrier, powder, per oz	No	Yes
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	No	Yes
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	No	Yes
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	No	Yes
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	No	Yes
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	No	Yes

HCPCS	Description	Commercial	Medicare
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	No	Yes
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	No	Yes
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	No	Yes
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	No	Yes
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	No	Yes
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	No	Yes
A4384	Ostomy faceplate equivalent, silicone ring, each	No	Yes
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	No	Yes
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	No	Yes
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	No	Yes
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	No	Yes
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	No	Yes
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	No	Yes
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	No	Yes
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	No	Yes
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	No	Yes
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	No	Yes
A4396	Ostomy belt with peristomal hernia support	No	Yes
A4398	Ostomy irrigation supply; bag, each	No	Yes
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	No	Yes
A4400	Ostomy irrigation set	No	Yes
A4402	Lubricant, per ounce	No	Yes
A4404	Ostomy ring, each	No	Yes
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	No	Yes
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	No	Yes
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	No	Yes
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	No	Yes
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	No	Yes

HCPCS	Description	Commercial	Medicare
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	No	Yes
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	No	Yes
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	No	Yes
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	No	Yes
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	No	Yes
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	No	Yes
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	No	Yes
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	No	Yes
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	No	Yes
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	No	Yes
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	No	Yes
A4421	Ostomy supply; miscellaneous	No	Yes
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	No	Yes
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	No	Yes
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	No	Yes
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	No	Yes
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	No	Yes
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	No	Yes
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	No	Yes
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No	Yes
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No	Yes
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	No	Yes

HCPCS	Description	Commercial	Medicare
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	No	Yes
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	No	Yes
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	No	Yes
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	No	Yes
A4436	Irrigation supply; sleeve, reusable, per month	No	Yes
A4437	Irrigation supply; sleeve, disposable, per month	No	Yes
A4450	Tape, non-waterproof, per 18 square inches	No	Yes
A4452	Tape, waterproof, per 18 square inches	No	Yes
A4453	Rectal catheter with or without balloon, for use with any type transanal irrigation system, each	No	Yes
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	No	Yes
A4456	Adhesive remover, wipes, any type, each	No	Yes
A4457	Enema tube, with or without adapter, any type, replacement only, each	No	Yes
A4458	Enema bag with tubing, reusable	No	Yes
A4459	Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type	No	Yes
A4461	Surgical dressing holder, non-reusable, each	No	Yes
A4463	Surgical dressing holder, reusable, each	No	Yes
A4465	Non-elastic binder for extremity	No	Yes
A4467	Belt, strap, sleeve, garment, or covering, any type	No	Yes
A4468	Exsufflation belt, includes all supplies and accessories	No	Yes
A4470	Gravlee jet washer	No	Yes
A4480	Vabra aspirator	No	Yes
A4481	Tracheostoma filter, any type, any size, each	No	Yes
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	No	Yes
A4490	Surgical stockings above knee length, each	No	Yes
A4495	Surgical stockings thigh length, each	No	Yes
A4500	Surgical stockings below knee length, each	No	Yes
A4510	Surgical stockings full length, each	No	Yes
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	No	Yes
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	No	Yes
A4541	Monthly supplies for use of device coded at e0733	No	Yes

HCPCS	Description	Commercial	Medicare
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	No	Yes
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	No	Yes
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	No	Yes
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	No	Yes
A4550	Surgical trays	No	Yes
A4553	Non-disposable underpads, all sizes	No	Yes
A4554	Disposable underpads, all sizes	No	Yes
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	No	Yes
A4556	Electrodes, (e.g., apnea monitor), per pair	No	Yes
A4557	Lead wires, (e.g., apnea monitor), per pair	No	Yes
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	No	Yes
A4559	Coupling gel or paste, for use with ultrasound device, per oz	No	Yes
A4560	External urinary catheters; disposable, with wicking material, for use with suction pump	Yes	Yes
A4561	Pessary, rubber, any type	No	Yes
A4562	Pessary, non rubber, any type	No	Yes
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	No	Yes
A4565	Slings	No	Yes
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	No	Yes
A4570	Splint	No	Yes
A4575	Topical hyperbaric oxygen chamber, disposable	No	Yes
A4580	Cast supplies (e.g., plaster)	No	Yes
A4590	Special casting material (e.g., fiberglass)	No	Yes
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime	No	Yes
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each	No	Yes
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	No	Yes
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	No	Yes
A4600	Sleeve for intermittent limb compression device, replacement only, each	No	Yes
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement	No	Yes

HCPCS	Description	Commercial	Medicare
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	No	Yes
A4604	Tubing with integrated heating element for use with positive airway pressure device	No	Yes
A4605	Tracheal suction catheter, closed system, each	No	Yes
A4606	Oxygen probe for use with oximeter device, replacement	No	Yes
A4608	Transtracheal oxygen catheter, each	No	Yes
A4611	Battery, heavy duty; replacement for patient owned ventilator	No	Yes
A4612	Battery cables; replacement for patient-owned ventilator	No	Yes
A4613	Battery charger; replacement for patient-owned ventilator	No	Yes
A4614	Peak expiratory flow rate meter, hand held	No	Yes
A4615	Cannula, nasal	No	Yes
A4616	Tubing (oxygen), per foot	No	Yes
A4617	Mouth piece	No	Yes
A4618	Breathing circuits	No	Yes
A4619	Face tent	No	Yes
A4620	Variable concentration mask	No	Yes
A4623	Tracheostomy, inner cannula	No	Yes
A4624	Tracheal suction catheter, any type other than closed system, each	No	Yes
A4625	Tracheostomy care kit for new tracheostomy	No	Yes
A4626	Tracheostomy cleaning brush, each	No	Yes
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	No	Yes
A4628	Oral and/or oropharyngeal suction catheter, each	No	Yes
A4629	Tracheostomy care kit for established tracheostomy	No	Yes
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	No	Yes
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	No	Yes
A4634	Replacement bulb for therapeutic light box, tabletop model	No	Yes
A4635	Underarm pad, crutch, replacement, each	No	Yes
A4636	Replacement, handgrip, cane, crutch, or walker, each	No	Yes
A4637	Replacement, tip, cane, crutch, walker, each.	No	Yes
A4638	Replacement battery for patient-owned ear pulse generator, each	No	Yes
A4639	Replacement pad for infrared heating pad system, each	No	Yes
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	No	Yes
A4649	Surgical supply; miscellaneous	No	Yes
A4651	Calibrated microcapillary tube, each	No	Yes
A4652	Microcapillary tube sealant	No	Yes
A4653	Peritoneal dialysis catheter anchoring device, belt, each	No	Yes

HCPCS	Description	Commercial	Medicare
A4657	Syringe, with or without needle, each	No	Yes
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	No	Yes
A4663	Blood pressure cuff only	No	Yes
A4670	Automatic blood pressure monitor	No	Yes
A4671	Disposable cyler set used with cyler dialysis machine, each	No	Yes
A4672	Drainage extension line, sterile, for dialysis, each	No	Yes
A4673	Extension line with easy lock connectors, used with dialysis	No	Yes
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	No	Yes
A4680	Activated carbon filter for hemodialysis, each	No	Yes
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	No	Yes
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	No	Yes
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	No	Yes
A4708	Acetate concentrate solution, for hemodialysis, per gallon	No	Yes
A4709	Acid concentrate, solution, for hemodialysis, per gallon	No	Yes
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	No	Yes
A4719	"y set" tubing for peritoneal dialysis	No	Yes
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	No	Yes
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	No	Yes
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	No	Yes
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	No	Yes
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	No	Yes
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	No	Yes
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	No	Yes
A4728	Dialysate solution, non-dextrose containing, 500 ml	No	Yes
A4730	Fistula cannulation set for hemodialysis, each	No	Yes
A4736	Topical anesthetic, for dialysis, per gram	No	Yes
A4740	Shunt accessory, for hemodialysis, any type, each	No	Yes
A4750	Blood tubing, arterial or venous, for hemodialysis, each	No	Yes
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	No	Yes
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	No	Yes
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	No	Yes

HCPCS	Description	Commercial	Medicare
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	No	Yes
A4770	Blood collection tube, vacuum, for dialysis, per 50	No	Yes
A4771	Serum clotting time tube, for dialysis, per 50	No	Yes
A4772	Blood glucose test strips, for dialysis, per 50	No	Yes
A4773	Occult blood test strips, for dialysis, per 50	No	Yes
A4774	Ammonia test strips, for dialysis, per 50	No	Yes
A4802	Protamine sulfate, for hemodialysis, per 50 mg	No	Yes
A4860	Disposable catheter tips for peritoneal dialysis, per 10	No	Yes
A4870	Plumbing and/or electrical work for home hemodialysis equipment	No	Yes
A4890	Contracts, repair and maintenance, for hemodialysis equipment	No	Yes
A4911	Drain bag/bottle, for dialysis, each	No	Yes
A4918	Venous pressure clamp, for hemodialysis, each	No	Yes
A4927	Gloves, non-sterile, per 100	No	Yes
A4928	Surgical mask, per 20	No	Yes
A4929	Tourniquet for dialysis, each	No	Yes
A4930	Gloves, sterile, per pair	No	Yes
A4931	Oral thermometer, reusable, any type, each	No	Yes
A4932	Rectal thermometer, reusable, any type, each	No	Yes
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	No	Yes
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	No	Yes
A5053	Ostomy pouch, closed; for use on faceplate, each	No	Yes
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	No	Yes
A5055	Stoma cap	No	Yes
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	No	Yes
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	No	Yes
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	No	Yes
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	No	Yes
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	No	Yes
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	No	Yes
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	No	Yes
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	No	Yes
A5081	Stoma plug or seal, any type	No	Yes
A5082	Continent device; catheter for continent stoma	No	Yes
A5083	Continent device, stoma absorptive cover for continent stoma	No	Yes
A5093	Ostomy accessory; convex insert	No	Yes
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	No	Yes
A5105	Urinary suspensory with leg bag, with or without tube, each	No	Yes

HCPCS	Description	Commercial	Medicare
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	No	Yes
A5113	Leg strap; latex, replacement only, per set	No	Yes
A5114	Leg strap; foam or fabric, replacement only, per set	No	Yes
A5120	Skin barrier, wipes or swabs, each	No	Yes
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	No	Yes
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	No	Yes
A5126	Adhesive or non-adhesive; disk or foam pad	No	Yes
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	No	Yes
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	No	Yes
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	No	Yes
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	No	Yes
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	No	Yes
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	No	Yes
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	No	Yes
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe	No	Yes
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	No	Yes
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	No	Yes
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	No	Yes
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer o	No	Yes
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	No	Yes

HCPCS	Description	Commercial	Medicare
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of	No	Yes
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	No	Yes
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	No	Yes
A6011	Collagen based wound filler, gel/paste, per gram of collagen	No	Yes
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	No	Yes
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	No	Yes
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	No	Yes
A6024	Collagen dressing wound filler, sterile, per 6 inches	No	Yes
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	No	Yes
A6154	Wound pouch, each	No	Yes
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	No	Yes
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	No	Yes
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	No	Yes
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	No	Yes
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	No	Yes
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	No	Yes
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	No	Yes
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	No	Yes
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	No	Yes
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	No	Yes
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
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	No	Yes
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes

HCPCS	Description	Commercial	Medicare
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	No	Yes
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	No	Yes
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	No	Yes
A6215	Foam dressing, wound filler, sterile, per gram	No	Yes
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
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	No	Yes
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	No	Yes
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	No	Yes
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	No	Yes
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	No	Yes
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	No	Yes
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	No	Yes
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing	No	Yes
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	No	Yes

HCPCS	Description	Commercial	Medicare
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
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	No	Yes
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	No	Yes
A6238	Hydrocolloid 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	No	Yes
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	No	Yes
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	No	Yes
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	No	Yes
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
A6243	Hydrogel 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	No	Yes
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	No	Yes
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	No	Yes
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	No	Yes
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	No	Yes
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	No	Yes
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
A6252	Specialty absorptive 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	No	Yes
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	No	Yes

HCPCS	Description	Commercial	Medicare
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	No	Yes
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	No	Yes
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	No	Yes
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	No	Yes
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	No	Yes
A6260	Wound cleansers, any type, any size	No	Yes
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	No	Yes
A6262	Wound filler, dry form, per gram, not otherwise specified	No	Yes
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	No	Yes
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
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	No	Yes
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	No	Yes
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	No	Yes
A6410	Eye pad, sterile, each	No	Yes
A6411	Eye pad, non-sterile, each	No	Yes
A6412	Eye patch, occlusive, each	No	Yes
A6413	Adhesive bandage, first-aid type, any size, each	No	Yes
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	No	Yes
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	No	Yes
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	No	Yes
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	No	Yes
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	No	Yes
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	No	Yes
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	No	Yes

HCPCS	Description	Commercial	Medicare
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	No	Yes
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	No	Yes
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	No	Yes
A6451	Moderate compression bandage, elastic, 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	No	Yes
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	No	Yes
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	No	Yes
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	No	Yes
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	No	Yes
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	No	Yes
A6457	Tubular dressing with or without elastic, any width, per linear yard	No	Yes
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	No	Yes
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	No	Yes
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	No	Yes
A6502	Compression burn garment, chin strap, custom fabricated	No	Yes
A6503	Compression burn garment, facial hood, custom fabricated	No	Yes
A6504	Compression burn garment, glove to wrist, custom fabricated	No	Yes
A6505	Compression burn garment, glove to elbow, custom fabricated	No	Yes
A6506	Compression burn garment, glove to axilla, custom fabricated	No	Yes
A6507	Compression burn garment, foot to knee length, custom fabricated	No	Yes
A6508	Compression burn garment, foot to thigh length, custom fabricated	No	Yes
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	No	Yes
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	No	Yes
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	No	Yes
A6512	Compression burn garment, not otherwise classified	No	Yes

HCPCS	Description	Commercial	Medicare
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	No	Yes
A6520	Gradient compression garment, glove, padded, for nighttime use, each	No	Yes
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	No	Yes
A6522	Gradient compression garment, arm, padded, for nighttime use, each	No	Yes
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	No	Yes
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	No	Yes
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	No	Yes
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	No	Yes
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	No	Yes
A6528	Gradient compression garment, bra, for nighttime use, each	No	Yes
A6529	Gradient compression garment, bra, for nighttime use, custom, each	No	Yes
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	No	Yes
A6531	Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each	No	Yes
A6532	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each	No	Yes
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	No	Yes
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	No	Yes
A6535	Gradient compression stocking, thigh length, 40 mmhg or greater, each	No	Yes
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	No	Yes
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	No	Yes
A6538	Gradient compression stocking, full length/chap style, 40 mmhg or greater, each	No	Yes
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	No	Yes
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	No	Yes
A6541	Gradient compression stocking, waist length, 40 mmhg or greater, each	No	Yes
A6544	Gradient compression stocking, garter belt	No	Yes
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each	No	Yes
A6549	Gradient compression garment, not otherwise specified, for daytime use, each	No	Yes
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	No	Yes

HCPCS	Description	Commercial	Medicare
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	No	Yes
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each	No	Yes
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	No	Yes
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	No	Yes
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	No	Yes
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	No	Yes
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	No	Yes
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	No	Yes
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	No	Yes
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	No	Yes
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	No	Yes
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	No	Yes
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	No	Yes
A6565	Gradient compression gauntlet, custom, each	No	Yes
A6566	Gradient compression garment, neck/head, each	No	Yes
A6567	Gradient compression garment, neck/head, custom, each	No	Yes
A6568	Gradient compression garment, torso and shoulder, each	No	Yes
A6569	Gradient compression garment, torso/shoulder, custom, each	No	Yes
A6570	Gradient compression garment, genital region, each	No	Yes
A6571	Gradient compression garment, genital region, custom, each	No	Yes
A6572	Gradient compression garment, toe caps, each	No	Yes
A6573	Gradient compression garment, toe caps, custom, each	No	Yes
A6574	Gradient compression arm sleeve and glove combination, custom, each	No	Yes
A6575	Gradient compression arm sleeve and glove combination, each	No	Yes
A6576	Gradient compression arm sleeve, custom, medium weight, each	No	Yes
A6577	Gradient compression arm sleeve, custom, heavy weight, each	No	Yes
A6578	Gradient compression arm sleeve, each	No	Yes
A6579	Gradient compression glove, custom, medium weight, each	No	Yes
A6580	Gradient compression glove, custom, heavy weight, each	No	Yes
A6581	Gradient compression glove, each	No	Yes
A6582	Gradient compression gauntlet, each	No	Yes
A6583	Gradient compression wrap with adjustable straps, below knee, each	No	Yes
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	No	Yes
A6585	Gradient compression wrap with adjustable straps, above knee, each	No	Yes

HCPCS	Description	Commercial	Medicare
A6586	Gradient compression wrap with adjustable straps, full leg, each	No	Yes
A6587	Gradient compression wrap with adjustable straps, foot, each	No	Yes
A6588	Gradient compression wrap with adjustable straps, arm, each	No	Yes
A6589	Gradient pressure wrap with adjustable straps, bra, each	No	Yes
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	Yes	Yes
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	Yes	Yes
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified	No	Yes
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	No	Yes
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	No	Yes
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	No	Yes
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	No	Yes
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	No	Yes
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	No	Yes
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	No	Yes
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	No	Yes
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	No	Yes
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	No	Yes
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	No	Yes
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	No	Yes
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	No	Yes
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	No	Yes
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	No	Yes

HCPCS	Description	Commercial	Medicare
A6609	Gradient compression bandaging supply, not otherwise specified	No	Yes
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each	No	Yes
A7000	Canister, disposable, used with suction pump, each	No	Yes
A7001	Canister, non-disposable, used with suction pump, each	No	Yes
A7002	Tubing, used with suction pump, each	No	Yes
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	No	Yes
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	No	Yes
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	No	Yes
A7006	Administration set, with small volume filtered pneumatic nebulizer	No	Yes
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	No	Yes
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	No	Yes
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	No	Yes
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	No	Yes
A7012	Water collection device, used with large volume nebulizer	No	Yes
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	No	Yes
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	No	Yes
A7015	Aerosol mask, used with dme nebulizer	No	Yes
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	No	Yes
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	No	Yes
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	No	Yes
A7020	Interface for cough stimulating device, includes all components, replacement only	No	Yes
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	No	Yes
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	No	Yes
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	No	Yes
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	No	Yes
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	No	Yes
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	No	Yes

HCPCS	Description	Commercial	Medicare
A7030	Full face mask used with positive airway pressure device, each	No	Yes
A7031	Face mask interface, replacement for full face mask, each	No	Yes
A7032	Cushion for use on nasal mask interface, replacement only, each	No	Yes
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	No	Yes
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	No	Yes
A7035	Headgear used with positive airway pressure device	No	Yes
A7036	Chinstrap used with positive airway pressure device	No	Yes
A7037	Tubing used with positive airway pressure device	No	Yes
A7038	Filter, disposable, used with positive airway pressure device	No	Yes
A7039	Filter, non disposable, used with positive airway pressure device	No	Yes
A7040	One way chest drain valve	No	Yes
A7041	Water seal drainage container and tubing for use with implanted chest tube	No	Yes
A7044	Oral interface used with positive airway pressure device, each	No	Yes
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	No	Yes
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	No	Yes
A7047	Oral interface used with respiratory suction pump, each	No	Yes
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	No	Yes
A7501	Tracheostoma valve, including diaphragm, each	No	Yes
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	No	Yes
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	No	Yes
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	No	Yes
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	No	Yes
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	No	Yes
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	No	Yes
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	No	Yes
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	No	Yes
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	No	Yes

HCPCS	Description	Commercial	Medicare
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	No	Yes
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	No	Yes
A7523	Tracheostomy shower protector, each	No	Yes
A7524	Tracheostoma stent/stud/button, each	No	Yes
A7525	Tracheostomy mask, each	No	Yes
A7526	Tracheostomy tube collar/holder, each	No	Yes
A7527	Tracheostomy/laryngectomy tube plug/stop, each	No	Yes
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	No	Yes
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	No	Yes
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	No	Yes
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	No	Yes
A8004	Soft interface for helmet, replacement only	No	Yes
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	No	Yes
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	No	Yes
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	No	Yes
A9275	Home glucose disposable monitor, includes test strips	No	Yes
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply	No	Yes
A9277	Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	No	Yes
A9278	Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system	No	Yes
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	No	Yes
A9282	Wig, any type, each	No	Yes
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code	No	Yes
A9901	Dme delivery, set up, and/or dispensing service component of another hcpcs code	No	Yes
A9999	Miscellaneous dme supply or accessory, not otherwise specified	No	Yes
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	No	Yes

HCPCS	Description	Commercial	Medicare
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	No	Yes
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	No	Yes
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	No	Yes
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	No	Yes
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	No	Yes
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	No	Yes
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	No	Yes
E0117	Crutch, underarm, articulating, spring assisted, each	No	Yes
E0118	Crutch substitute, lower leg platform, with or without wheels, each	No	Yes
E0130	Walker, rigid (pickup), adjustable or fixed height	No	Yes
E0135	Walker, folding (pickup), adjustable or fixed height	No	Yes
E0140	Walker, with trunk support, adjustable or fixed height, any type	No	Yes
E0141	Walker, rigid, wheeled, adjustable or fixed height	No	Yes
E0143	Walker, folding, wheeled, adjustable or fixed height	No	Yes
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	No	Yes
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	No	Yes
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	No	Yes
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	No	Yes
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	No	Yes
E0153	Platform attachment, forearm crutch, each	No	Yes
E0154	Platform attachment, walker, each	No	Yes
E0155	Wheel attachment, rigid pick-up walker, per pair	No	Yes
E0156	Seat attachment, walker	No	Yes
E0157	Crutch attachment, walker, each	No	Yes
E0158	Leg extensions for walker, per set of four (4)	No	Yes
E0159	Brake attachment for wheeled walker, replacement, each	No	Yes
E0160	Sitz type bath or equipment, portable, used with or without commode	No	Yes
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	No	Yes
E0162	Sitz bath chair	No	Yes
E0163	Commode chair, mobile or stationary, with fixed arms	No	Yes
E0165	Commode chair, mobile or stationary, with detachable arms	No	Yes

HCPCS	Description	Commercial	Medicare
E0167	Pail or pan for use with commode chair, replacement only	No	Yes
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	No	Yes
E0170	Commode chair with integrated seat lift mechanism, electric, any type	No	Yes
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	No	Yes
E0172	Seat lift mechanism placed over or on top of toilet, any type	No	Yes
E0175	Foot rest, for use with commode chair, each	No	Yes
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	No	Yes
E0182	Pump for alternating pressure pad, for replacement only	No	Yes
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	No	Yes
E0184	Dry pressure mattress	No	Yes
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	No	Yes
E0186	Air pressure mattress	No	Yes
E0187	Water pressure mattress	No	Yes
E0188	Synthetic sheepskin pad	No	Yes
E0189	Lambswool sheepskin pad, any size	No	Yes
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	No	Yes
E0191	Heel or elbow protector, each	No	Yes
E0193	Powered air flotation bed (low air loss therapy)	No	Yes
E0194	Air fluidized bed	No	Yes
E0196	Gel pressure mattress	No	Yes
E0197	Air pressure pad for mattress, standard mattress length and width	No	Yes
E0198	Water pressure pad for mattress, standard mattress length and width	No	Yes
E0199	Dry pressure pad for mattress, standard mattress length and width	No	Yes
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	No	Yes
E0202	Phototherapy (bilirubin) light with photometer	No	Yes
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	No	Yes
E0205	Heat lamp, with stand, includes bulb, or infrared element	No	Yes
E0210	Electric heat pad, standard	No	Yes
E0215	Electric heat pad, moist	No	Yes
E0217	Water circulating heat pad with pump	No	Yes
E0218	Fluid circulating cold pad with pump, any type	No	Yes
E0221	Infrared heating pad system	No	Yes
E0225	Hydrocollator unit, includes pads	No	Yes
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	No	Yes

HCPCS	Description	Commercial	Medicare
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	No	Yes
E0235	Paraffin bath unit, portable (see medical supply code a4265 for paraffin)	No	Yes
E0236	Pump for water circulating pad	No	Yes
E0239	Hydrocollator unit, portable	No	Yes
E0240	Bath/shower chair, with or without wheels, any size	No	Yes
E0241	Bath tub wall rail, each	No	Yes
E0242	Bath tub rail, floor base	No	Yes
E0243	Toilet rail, each	No	Yes
E0244	Raised toilet seat	No	Yes
E0245	Tub stool or bench	No	Yes
E0246	Transfer tub rail attachment	No	Yes
E0247	Transfer bench for tub or toilet with or without commode opening	No	Yes
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	No	Yes
E0249	Pad for water circulating heat unit, for replacement only	No	Yes
E0250	Hospital bed, fixed height, with any type side rails, with mattress	No	Yes
E0251	Hospital bed, fixed height, with any type side rails, without mattress	No	Yes
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	No	Yes
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	No	Yes
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	No	Yes
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	No	Yes
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	No	Yes
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	No	Yes
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	No	Yes
E0271	Mattress, innerspring	No	Yes
E0272	Mattress, foam rubber	No	Yes
E0273	Bed board	No	Yes
E0274	Over-bed table	No	Yes
E0275	Bed pan, standard, metal or plastic	No	Yes
E0276	Bed pan, fracture, metal or plastic	No	Yes
E0277	Powered pressure-reducing air mattress	No	Yes
E0280	Bed cradle, any type	No	Yes
E0290	Hospital bed, fixed height, without side rails, with mattress	No	Yes

HCPCS	Description	Commercial	Medicare
E0291	Hospital bed, fixed height, without side rails, without mattress	No	Yes
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	No	Yes
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	No	Yes
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	No	Yes
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	No	Yes
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	No	Yes
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	No	Yes
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	No	Yes
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	No	Yes
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	No	Yes
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	No	Yes
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	No	Yes
E0305	Bed side rails, half length	No	Yes
E0310	Bed side rails, full length	No	Yes
E0315	Bed accessory: board, table, or support device, any type	No	Yes
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	No	Yes
E0325	Urinal; male, jug-type, any material	No	Yes
E0326	Urinal; female, jug-type, any material	No	Yes
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	No	Yes
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	No	Yes
E0350	Control unit for electronic bowel irrigation/evacuation system	No	Yes
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	No	Yes
E0370	Air pressure elevator for heel	No	Yes

HCPCS	Description	Commercial	Medicare
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	No	Yes
E0372	Powered air overlay for mattress, standard mattress length and width	No	Yes
E0373	Nonpowered advanced pressure reducing mattress	No	Yes
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	Yes
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	Yes
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	No	Yes
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	No	Yes
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	No	Yes
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	No	Yes
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	No	Yes
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	No	Yes
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	Yes
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	No	Yes
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	No	Yes
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	No	Yes
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	No	Yes
E0445	Oximeter device for measuring blood oxygen levels non-invasively	No	Yes
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	No	Yes
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	No	Yes
E0455	Oxygen tent, excluding croup or pediatric tents	No	Yes
E0457	Chest shell (cuirass)	No	Yes
E0459	Chest wrap	No	Yes

HCPCS	Description	Commercial	Medicare
E0462	Rocking bed with or without side rails	No	Yes
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	No	Yes
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	No	Yes
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	No	Yes
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	No	Yes
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	No	Yes
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	No	Yes
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	No	Yes
E0472	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)	No	Yes
E0480	Percussor, electric or pneumatic, home model	No	Yes
E0481	Intrapulmonary percussive ventilation system and related accessories	No	Yes
E0482	Cough stimulating device, alternating positive and negative airway pressure	No	Yes
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	No	Yes
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	No	Yes
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	No	Yes

HCPCS	Description	Commercial	Medicare
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	No	Yes
E0487	Spirometer, electronic, includes all accessories	No	Yes
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	No	Yes
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	No	Yes
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	No	Yes
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	No	Yes
E0550	Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery	No	Yes
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	No	Yes
E0560	Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery	No	Yes
E0561	Humidifier, non-heated, used with positive airway pressure device	No	Yes
E0562	Humidifier, heated, used with positive airway pressure device	No	Yes
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	No	Yes
E0570	Nebulizer, with compressor	No	Yes
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	No	Yes
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	No	Yes
E0575	Nebulizer, ultrasonic, large volume	No	Yes
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	No	Yes
E0585	Nebulizer, with compressor and heater	No	Yes
E0600	Respiratory suction pump, home model, portable or stationary, electric	No	Yes
E0601	Continuous positive airway pressure (cpap) device	No	Yes
E0602	Breast pump, manual, any type	No	Yes
E0603	Breast pump, electric (ac and/or dc), any type	No	Yes
E0604	Breast pump, hospital grade, electric (ac and / or dc), any type	No	Yes
E0605	Vaporizer, room type	No	Yes
E0606	Postural drainage board	No	Yes
E0607	Home blood glucose monitor	No	Yes

HCPCS	Description	Commercial	Medicare
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	No	Yes
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	No	Yes
E0617	External defibrillator with integrated electrocardiogram analysis	No	Yes
E0618	Apnea monitor, without recording feature	No	Yes
E0619	Apnea monitor, with recording feature	No	Yes
E0620	Skin piercing device for collection of capillary blood, laser, each	No	Yes
E0621	Sling or seat, patient lift, canvas or nylon	No	Yes
E0625	Patient lift, bathroom or toilet, not otherwise classified	No	Yes
E0627	Seat lift mechanism, electric, any type	No	Yes
E0629	Seat lift mechanism, non-electric, any type	No	Yes
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	No	Yes
E0635	Patient lift, electric with seat or sling	No	Yes
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	No	Yes
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	No	Yes
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	No	Yes
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	No	Yes
E0640	Patient lift, fixed system, includes all components/accessories	No	Yes
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	No	Yes
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	No	Yes
E0650	Pneumatic compressor, non-segmental home model	No	Yes
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	No	Yes
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	No	Yes
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	No	Yes
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	No	Yes
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	No	Yes
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	No	Yes

HCPCS	Description	Commercial	Medicare
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	No	Yes
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	No	Yes
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	No	Yes
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	No	Yes
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	No	Yes
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	No	Yes
E0671	Segmental gradient pressure pneumatic appliance, full leg	No	Yes
E0672	Segmental gradient pressure pneumatic appliance, full arm	No	Yes
E0673	Segmental gradient pressure pneumatic appliance, half leg	No	Yes
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	No	Yes
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	No	Yes
E0677	Non-pneumatic sequential compression garment, trunk	Yes	Yes
E0678	Non-pneumatic sequential compression garment, full leg	No	Yes
E0679	Non-pneumatic sequential compression garment, half leg	No	Yes
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	No	Yes
E0681	Non-pneumatic compression controller without calibrated gradient pressure	No	Yes
E0682	Non-pneumatic sequential compression garment, full arm	No	Yes
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	No	Yes
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	No	Yes
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	No	Yes
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	No	Yes
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	No	Yes
E0700	Safety equipment, device or accessory, any type	No	Yes
E0705	Transfer device, any type, each	No	Yes
E0710	Restraints, any type (body, chest, wrist or ankle)	No	Yes
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	No	No

HCPCS	Description	Commercial	Medicare
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	No	Yes
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	No	Yes
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	No	Yes
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	No	Yes
E0732	Cranial electrotherapy stimulation (ces) system, any type	No	Yes
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	No	Yes
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	No	Yes
E0735	Non-invasive vagus nerve stimulator	No	Yes
E0736	Transcutaneous tibial nerve stimulator	No	Yes
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	No	Yes
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	No	Yes
E0740	Non-implanted pelvic floor electrical stimulator, complete system	No	Yes
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	No	Yes
E0744	Neuromuscular stimulator for scoliosis	No	Yes
E0745	Neuromuscular stimulator, electronic shock unit	No	Yes
E0746	Electromyography (emg), biofeedback device	No	Yes
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	No	Yes
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	No	Yes
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)	No	Yes
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	No	Yes
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	No	Yes
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	No	Yes
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	No	Yes
E0765	Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	No	Yes

HCPCS	Description	Commercial	Medicare
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	No	Yes
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	No	Yes
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	No	Yes
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	No	Yes
E0776	Iv pole	No	Yes
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	No	Yes
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	No	Yes
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	No	Yes
E0791	Parenteral infusion pump, stationary, single or multi-channel	No	Yes
E0830	Ambulatory traction device, all types, each	No	Yes
E0840	Traction frame, attached to headboard, cervical traction	No	Yes
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	No	Yes
E0850	Traction stand, free standing, cervical traction	No	Yes
E0855	Cervical traction equipment not requiring additional stand or frame	No	Yes
E0856	Cervical traction device, with inflatable air bladder(s)	No	Yes
E0860	Traction equipment, overdoor, cervical	No	Yes
E0870	Traction frame, attached to footboard, extremity traction, (e.g., buck's)	No	Yes
E0880	Traction stand, free standing, extremity traction	No	Yes
E0890	Traction frame, attached to footboard, pelvic traction	No	Yes
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	No	Yes
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	No	Yes
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	No	Yes
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	No	Yes
E0920	Fracture frame, attached to bed, includes weights	No	Yes
E0930	Fracture frame, free standing, includes weights	No	Yes
E0935	Continuous passive motion exercise device for use on knee only	No	Yes
E0936	Continuous passive motion exercise device for use other than knee	No	Yes
E0940	Trapeze bar, free standing, complete with grab bar	No	Yes
E0941	Gravity assisted traction device, any type	No	Yes
E0942	Cervical head harness/halter	No	Yes

HCPCS	Description	Commercial	Medicare
E0944	Pelvic belt/harness/boot	No	Yes
E0945	Extremity belt/harness	No	Yes
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)	No	Yes
E0947	Fracture frame, attachments for complex pelvic traction	No	Yes
E0948	Fracture frame, attachments for complex cervical traction	No	Yes
E0950	Wheelchair accessory, tray, each	No	Yes
E0951	Heel loop/holder, any type, with or without ankle strap, each	No	Yes
E0952	Toe loop/holder, any type, each	No	Yes
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	No	Yes
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	No	Yes
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	No	Yes
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	No	Yes
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	No	Yes
E0958	Manual wheelchair accessory, one-arm drive attachment, each	No	Yes
E0959	Manual wheelchair accessory, adapter for amputee, each	No	Yes
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	No	Yes
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	No	Yes
E0966	Manual wheelchair accessory, headrest extension, each	No	Yes
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	No	Yes
E0968	Commode seat, wheelchair	No	Yes
E0969	Narrowing device, wheelchair	No	Yes
E0970	No. 2 footplates, except for elevating leg rest	No	Yes
E0971	Manual wheelchair accessory, anti-tipping device, each	No	Yes
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	No	Yes
E0974	Manual wheelchair accessory, anti-rollback device, each	No	Yes
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	No	Yes
E0980	Safety vest, wheelchair	No	Yes
E0981	Wheelchair accessory, seat upholstery, replacement only, each	No	Yes
E0982	Wheelchair accessory, back upholstery, replacement only, each	No	Yes
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	No	Yes

HCPCS	Description	Commercial	Medicare
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	No	Yes
E0985	Wheelchair accessory, seat lift mechanism	No	Yes
E0986	Manual wheelchair accessory, push-rim activated power assist system	No	Yes
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	No	Yes
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	No	Yes
E0992	Manual wheelchair accessory, solid seat insert	No	Yes
E0994	Arm rest, each	No	Yes
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	No	Yes
E1002	Wheelchair accessory, power seating system, tilt only	No	Yes
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	No	Yes
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	No	Yes
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	No	Yes
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	No	Yes
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	No	Yes
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	No	Yes
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	No	Yes
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	No	Yes
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	No	Yes
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	No	Yes
E1014	Reclining back, addition to pediatric size wheelchair	No	Yes
E1015	Shock absorber for manual wheelchair, each	No	Yes
E1016	Shock absorber for power wheelchair, each	No	Yes
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	No	Yes
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	No	Yes
E1020	Residual limb support system for wheelchair, any type	No	Yes
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	No	Yes

HCPCS	Description	Commercial	Medicare
E1029	Wheelchair accessory, ventilator tray, fixed	No	Yes
E1030	Wheelchair accessory, ventilator tray, gimbaled	No	Yes
E1031	Rollabout chair, any and all types with casters 5" or greater	No	Yes
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	No	Yes
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	No	Yes
E1037	Transport chair, pediatric size	No	Yes
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	No	Yes
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	No	Yes
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	No	Yes
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	No	Yes
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	No	Yes
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	No	Yes
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	No	Yes
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests	No	Yes
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	No	Yes
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	No	Yes
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	No	Yes
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	No	Yes
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	No	Yes
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	No	Yes
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	No	Yes
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	No	Yes

HCPCS	Description	Commercial	Medicare
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	No	Yes
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	No	Yes
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests	No	Yes
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	No	Yes
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	No	Yes
E1161	Manual adult size wheelchair, includes tilt in space	No	Yes
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	No	Yes
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest	No	Yes
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	No	Yes
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	No	Yes
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	No	Yes
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	No	Yes
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	No	Yes
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	No	Yes
E1221	Wheelchair with fixed arm, footrests	No	Yes
E1222	Wheelchair with fixed arm, elevating legrests	No	Yes
E1223	Wheelchair with detachable arms, footrests	No	Yes
E1224	Wheelchair with detachable arms, elevating legrests	No	Yes
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	No	Yes
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	No	Yes
E1227	Special height arms for wheelchair	No	Yes
E1228	Special back height for wheelchair	No	Yes
E1229	Wheelchair, pediatric size, not otherwise specified	No	Yes
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	No	Yes

HCPCS	Description	Commercial	Medicare
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	No	Yes
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	No	Yes
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	No	Yes
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	No	Yes
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	No	Yes
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	No	Yes
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	No	Yes
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	No	Yes
E1239	Power wheelchair, pediatric size, not otherwise specified	No	Yes
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	No	Yes
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	No	Yes
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	No	Yes
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	No	Yes
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	No	Yes
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	No	Yes
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	No	Yes
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	No	Yes
E1296	Special wheelchair seat height from floor	No	Yes
E1297	Special wheelchair seat depth, by upholstery	No	Yes
E1298	Special wheelchair seat depth and/or width, by construction	No	Yes
E1300	Whirlpool, portable (overtub type)	No	Yes
E1301	Whirlpool tub, walk-in, portable	No	Yes
E1310	Whirlpool, non-portable (built-in type)	No	Yes
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	No	Yes
E1353	Regulator	No	Yes
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	No	Yes
E1355	Stand/rack	No	Yes

HCPCS	Description	Commercial	Medicare
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	No	Yes
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	No	Yes
E1358	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each	No	Yes
E1372	Immersion external heater for nebulizer	No	Yes
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	No	Yes
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	No	Yes
E1392	Portable oxygen concentrator, rental	No	Yes
E1399	Durable medical equipment, miscellaneous	No	Yes
E1405	Oxygen and water vapor enriching system with heated delivery	No	Yes
E1406	Oxygen and water vapor enriching system without heated delivery	No	Yes
E1500	Centrifuge, for dialysis	No	Yes
E1510	Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container	No	Yes
E1520	Heparin infusion pump for hemodialysis	No	Yes
E1530	Air bubble detector for hemodialysis, each, replacement	No	Yes
E1540	Pressure alarm for hemodialysis, each, replacement	No	Yes
E1550	Bath conductivity meter for hemodialysis, each	No	Yes
E1560	Blood leak detector for hemodialysis, each, replacement	No	Yes
E1570	Adjustable chair, for esrd patients	No	Yes
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	No	Yes
E1580	Unipuncture control system for hemodialysis	No	Yes
E1590	Hemodialysis machine	No	Yes
E1592	Automatic intermittent peritoneal dialysis system	No	Yes
E1594	Cycler dialysis machine for peritoneal dialysis	No	Yes
E1600	Delivery and/or installation charges for hemodialysis equipment	No	Yes
E1610	Reverse osmosis water purification system, for hemodialysis	No	Yes
E1615	Deionizer water purification system, for hemodialysis	No	Yes
E1620	Blood pump for hemodialysis, replacement	No	Yes
E1625	Water softening system, for hemodialysis	No	Yes
E1630	Reciprocating peritoneal dialysis system	No	Yes
E1632	Wearable artificial kidney, each	No	Yes
E1634	Peritoneal dialysis clamps, each	No	Yes
E1635	Compact (portable) travel hemodialyzer system	No	Yes
E1636	Sorbent cartridges, for hemodialysis, per 10	No	Yes

HCPCS	Description	Commercial	Medicare
E1637	Hemostats, each	No	Yes
E1639	Scale, each	No	Yes
E1699	Dialysis equipment, not otherwise specified	No	Yes
E1700	Jaw motion rehabilitation system	No	Yes
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	No	Yes
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	No	Yes
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	No	Yes
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	No	Yes
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	No	Yes
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	No	Yes
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	No	Yes
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	No	Yes
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	No	Yes
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	No	Yes
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1812	Dynamic knee, extension/flexion device with active resistance control	No	Yes
E1813	Dynamic adjustable knee extension only device, includes soft interface material	No	Yes
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	No	Yes
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	No	Yes

HCPCS	Description	Commercial	Medicare
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	No	Yes
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	No	Yes
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	No	Yes
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	No	Yes
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	No	Yes
E1826	Dynamic adjustable finger extension only device, includes soft interface material	No	Yes
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	No	Yes
E1828	Dynamic adjustable toe extension only device, includes soft interface material	No	Yes
E1829	Dynamic adjustable toe flexion only device, includes soft interface material		
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	No	Yes
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	No	Yes
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	No	Yes
E1902	Communication board, non-electronic augmentative or alternative communication device	No	Yes
E2000	Gastric suction pump, home model, portable or stationary, electric	No	Yes
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	No	Yes
E2100	Blood glucose monitor with integrated voice synthesizer	No	Yes

HCPCS	Description	Commercial	Medicare
E2101	Blood glucose monitor with integrated lancing/blood sample	No	Yes
E2102	Adjunctive, non-implanted continuous glucose monitor or receiver	No	Yes
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	No	Yes
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	No	Yes
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	No	Yes
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	No	Yes
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	No	Yes
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	No	Yes
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	No	Yes
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	No	Yes
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	No	Yes
E2207	Wheelchair accessory, crutch and cane holder, each	No	Yes
E2208	Wheelchair accessory, cylinder tank carrier, each	No	Yes
E2209	Accessory, arm trough, with or without hand support, each	No	Yes
E2210	Wheelchair accessory, bearings, any type, replacement only, each	No	Yes
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	No	Yes
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	No	Yes
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	No	Yes
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	No	Yes
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	No	Yes
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	No	Yes
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	No	Yes
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	No	Yes
E2219	Manual wheelchair accessory, foam caster tire, any size, each	No	Yes
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	No	Yes
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	No	Yes
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	No	Yes

HCPCS	Description	Commercial	Medicare
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	No	Yes
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	No	Yes
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	No	Yes
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	No	Yes
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	No	Yes
E2230	Manual wheelchair accessory, manual standing system	No	Yes
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	No	Yes
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	No	Yes
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	No	Yes
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	No	Yes
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	No	Yes
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	No	Yes
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	No	Yes
E2300	Wheelchair accessory, power seat elevation system, any type	No	Yes
E2301	Wheelchair accessory, power standing system, any type	No	Yes
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	No	Yes
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	No	Yes
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	No	Yes
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	No	Yes

HCPCS	Description	Commercial	Medicare
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	No	Yes
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	No	Yes
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	No	Yes
E2324	Power wheelchair accessory, chin cup for chin control interface	No	Yes
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	No	Yes
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	No	Yes
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	No	Yes
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	No	Yes
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	No	Yes
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	No	Yes
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	No	Yes
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	No	Yes
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	No	Yes
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	No	Yes
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	No	Yes
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	No	Yes
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	No	Yes
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	No	Yes
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each	No	Yes

HCPCS	Description	Commercial	Medicare
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	No	Yes
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	No	Yes
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	No	Yes
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	No	Yes
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	No	Yes
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	No	Yes
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	No	Yes
E2368	Power wheelchair component, drive wheel motor, replacement only	No	Yes
E2369	Power wheelchair component, drive wheel gear box, replacement only	No	Yes
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	No	Yes
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	No	Yes
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	No	Yes
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	No	Yes
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	No	Yes
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	No	Yes
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	No	Yes
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	No	Yes
E2378	Power wheelchair component, actuator, replacement only	No	Yes
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	No	Yes
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	No	Yes
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	No	Yes
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	No	Yes

HCPCS	Description	Commercial	Medicare
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	No	Yes
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	No	Yes
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	No	Yes
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	No	Yes
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	No	Yes
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	No	Yes
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	No	Yes
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	No	Yes
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	No	Yes
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	No	Yes
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	No	Yes
E2397	Power wheelchair accessory, lithium-based battery, each	No	Yes
E2398	Wheelchair accessory, dynamic positioning hardware for back	No	Yes
E2402	Negative pressure wound therapy electrical pump, stationary or portable	No	Yes
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	No	Yes
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	No	Yes
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	No	Yes
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	No	Yes
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	No	Yes
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	No	Yes
E2511	Speech generating software program, for personal computer or personal digital assistant	No	Yes
E2512	Accessory for speech generating device, mounting system	No	Yes

HCPCS	Description	Commercial	Medicare
E2513	Accessory for speech generating device, electromyographic sensor	No	Yes
E2599	Accessory for speech generating device, not otherwise classified	No	Yes
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	No	Yes
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	No	Yes
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	No	Yes
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	No	Yes
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	No	Yes
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	No	Yes
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	No	Yes
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	No	Yes
E2609	Custom fabricated wheelchair seat cushion, any size	No	Yes
E2610	Wheelchair seat cushion, powered	No	Yes
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	No	Yes
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	No	Yes
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	No	Yes
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	No	Yes
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	No	Yes
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	No	Yes
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	No	Yes
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	No	Yes
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	No	Yes
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	No	Yes
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	No	Yes

HCPCS	Description	Commercial	Medicare
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	No	Yes
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	No	Yes
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	No	Yes
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	No	Yes
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	No	Yes
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	No	Yes
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	No	Yes
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	No	Yes
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	No	Yes
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	No	Yes
E2633	Wheelchair accessory, addition to mobile arm support, supinator	No	Yes
E3000	Speech volume modulation system, any type, including all components and accessories	No	Yes
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	No	Yes
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	No	Yes
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	No	Yes
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	No	Yes
K0001	Standard wheelchair	No	Yes
K0002	Standard hemi (low seat) wheelchair	No	Yes
K0003	Lightweight wheelchair	No	Yes
K0004	High strength, lightweight wheelchair	No	Yes
K0005	Ultralightweight wheelchair	No	Yes
K0006	Heavy duty wheelchair	No	Yes

HCPCS	Description	Commercial	Medicare
K0007	Extra heavy duty wheelchair	No	Yes
K0008	Custom manual wheelchair/base	No	Yes
K0009	Other manual wheelchair/base	No	Yes
K0010	Standard - weight frame motorized/power wheelchair	No	Yes
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	No	Yes
K0012	Lightweight portable motorized/power wheelchair	No	Yes
K0013	Custom motorized/power wheelchair base	No	Yes
K0014	Other motorized/power wheelchair base	No	Yes
K0015	Detachable, non-adjustable height armrest, replacement only, each	No	Yes
K0017	Detachable, adjustable height armrest, base, replacement only, each	No	Yes
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	No	Yes
K0019	Arm pad, replacement only, each	No	Yes
K0020	Fixed, adjustable height armrest, pair	No	Yes
K0037	High mount flip-up footrest, each	No	Yes
K0038	Leg strap, each	No	Yes
K0039	Leg strap, h style, each	No	Yes
K0040	Adjustable angle footplate, each	No	Yes
K0041	Large size footplate, each	No	Yes
K0042	Standard size footplate, replacement only, each	No	Yes
K0043	Footrest, lower extension tube, replacement only, each	No	Yes
K0044	Footrest, upper hanger bracket, replacement only, each	No	Yes
K0045	Footrest, complete assembly, replacement only, each	No	Yes
K0046	Elevating legrest, lower extension tube, replacement only, each	No	Yes
K0047	Elevating legrest, upper hanger bracket, replacement only, each	No	Yes
K0050	Ratchet assembly, replacement only	No	Yes
K0051	Cam release assembly, footrest or legrest, replacement only, each	No	Yes
K0052	Swingaway, detachable footrests, replacement only, each	No	Yes
K0053	Elevating footrests, articulating (telescoping), each	No	Yes
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	No	Yes
K0065	Spoke protectors, each	No	Yes
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	No	Yes
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	No	Yes
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	No	Yes

HCPCS	Description	Commercial	Medicare
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	No	Yes
K0073	Caster pin lock, each	No	Yes
K0077	Front caster assembly, complete, with solid tire, replacement only, each	No	Yes
K0098	Drive belt for power wheelchair, replacement only	No	Yes
K0105	Iv hanger, each	No	Yes
K0108	Wheelchair component or accessory, not otherwise specified	No	Yes
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	No	Yes
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	No	Yes
K0462	Temporary replacement for patient owned equipment being repaired, any type	No	Yes
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	No	Yes
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	No	Yes
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	No	Yes
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	No	Yes
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	No	Yes
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	No	Yes
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	No	Yes
K0607	Replacement battery for automated external defibrillator, garment type only, each	No	Yes
K0608	Replacement garment for use with automated external defibrillator, each	No	Yes
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	No	Yes
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	No	Yes
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	No	Yes
K0730	Controlled dose inhalation drug delivery system	No	Yes
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	No	Yes

HCPCS	Description	Commercial	Medicare
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	No	Yes
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	No	Yes
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	No	Yes
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	No	Yes
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	No	Yes
K0746	̈Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	No	Yes
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	No	Yes
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	No	Yes
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	No	Yes
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	No	Yes
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	No	Yes
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	No	Yes
K0812	Power operated vehicle, not otherwise classified	No	Yes
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	No	Yes
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	No	Yes
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	No	Yes

HCPCS	Description	Commercial	Medicare
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	No	Yes
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	No	Yes
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	No	Yes
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	No	Yes
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	No	Yes
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	No	Yes
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	No	Yes
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	No	Yes
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes

HCPCS	Description	Commercial	Medicare
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	No	Yes
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	No	Yes
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	No	Yes
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	No	Yes
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	No	Yes
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	No	Yes
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	No	Yes
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	No	Yes
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	No	Yes
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	No	Yes
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	No	Yes

HCPCS	Description	Commercial	Medicare
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	No	Yes
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	No	Yes
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	No	Yes
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	No	Yes
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	No	Yes
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	No	Yes
K0898	Power wheelchair, not otherwise classified	No	Yes
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	No	Yes
K0900	Customized durable medical equipment, other than wheelchair	No	Yes
K1004	Low frequency ultrasonic diathermy treatment device for home use	No	Yes
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	No	Yes
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	No	Yes
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	No	Yes
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	No	Yes
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	No	Yes
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)	No	Yes
L0130	Cervical, flexible, thermoplastic collar, molded to patient	No	Yes
L0140	Cervical, semi-rigid, adjustable (plastic collar)	No	Yes
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	No	Yes

HCPCS	Description	Commercial	Medicare
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	No	Yes
L0170	Cervical, collar, molded to patient model	No	Yes
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf	No	Yes
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	No	Yes
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	No	Yes
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)	No	Yes
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	No	Yes
L0220	Thoracic, rib belt, custom fabricated	No	Yes
L0450	Tlso, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	No	Yes
L0452	Tlso, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	No	Yes
L0454	Tlso flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s),	No	Yes
L0455	Tlso, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s)	No	Yes
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produc	No	Yes
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produc	No	Yes
L0458	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner	No	Yes

HCPCS	Description	Commercial	Medicare
L0460	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft	No	Yes
L0462	Tlso, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, so	No	Yes
L0464	Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, res	No	Yes
L0466	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item th	No	Yes
L0467	Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-th	No	Yes
L0468	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict	No	Yes
L0469	Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict	No	Yes
L0470	Tlso, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strengt	No	Yes
L0472	Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, r	No	Yes
L0480	Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to ster	No	Yes

HCPCS	Description	Commercial	Medicare
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc	No	Yes
L0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to ster	No	Yes
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc	No	Yes
L0488	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc	No	Yes
L0490	Tlso, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symp	No	Yes
L0491	Tlso, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, sof	No	Yes
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, s	No	Yes
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	No	Yes
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No	Yes
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	No	Yes

HCPCS	Description	Commercial	Medicare
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No	Yes
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder str	No	Yes
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder	No	Yes
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shou	No	Yes
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shou	No	Yes
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shou	No	Yes
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pad	No	Yes
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may	No	Yes
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may	No	Yes
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load	No	Yes

HCPCS	Description	Commercial	Medicare
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce loa	No	Yes
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid late	No	Yes
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid latera	No	Yes
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to r	No	Yes
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to r	No	Yes
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr	No	Yes
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr	No	Yes
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder	No	Yes
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shou	No	Yes
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pad	No	Yes

HCPCS	Description	Commercial	Medicare
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may	No	Yes
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load	No	Yes
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure	No	Yes
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr	No	Yes
L0700	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, molded to patient model, (minerva type)	No	Yes
L0710	Ctlso, anterior-posterior-lateral-control, molded to patient model, with interface material, (minerva type)	No	Yes
L0810	Halo procedure, cervical halo incorporated into jacket vest	No	Yes
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	No	Yes
L0830	Halo procedure, cervical halo incorporated into milwaukee type orthosis	No	Yes
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	No	Yes
L0861	Addition to halo procedure, replacement liner/interface material	No	Yes
L0970	Tlso, corset front	No	Yes
L0972	Lso, corset front	No	Yes
L0974	Tlso, full corset	No	Yes
L0976	Lso, full corset	No	Yes
L0978	Axillary crutch extension	No	Yes
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	No	Yes
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	No	Yes
L0984	Protective body sock, prefabricated, off-the-shelf, each	No	Yes
L0999	Addition to spinal orthosis, not otherwise specified	No	Yes
L1000	Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee), inclusive of furnishing initial orthosis, including model	No	Yes
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	No	Yes

HCPCS	Description	Commercial	Medicare
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	No	Yes
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, axilla sling	No	Yes
L1020	Addition to ctlso or scoliosis orthosis, kyphosis pad	No	Yes
L1025	Addition to ctlso or scoliosis orthosis, kyphosis pad, floating	No	Yes
L1030	Addition to ctlso or scoliosis orthosis, lumbar bolster pad	No	Yes
L1040	Addition to ctlso or scoliosis orthosis, lumbar or lumbar rib pad	No	Yes
L1050	Addition to ctlso or scoliosis orthosis, sternal pad	No	Yes
L1060	Addition to ctlso or scoliosis orthosis, thoracic pad	No	Yes
L1070	Addition to ctlso or scoliosis orthosis, trapezius sling	No	Yes
L1080	Addition to ctlso or scoliosis orthosis, outrigger	No	Yes
L1085	Addition to ctlso or scoliosis orthosis, outrigger, bilateral with vertical extensions	No	Yes
L1090	Addition to ctlso or scoliosis orthosis, lumbar sling	No	Yes
L1100	Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather	No	Yes
L1110	Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	No	Yes
L1120	Addition to ctlso, scoliosis orthosis, cover for upright, each	No	Yes
L1200	Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only	No	Yes
L1210	Addition to tlso, (low profile), lateral thoracic extension	No	Yes
L1220	Addition to tlso, (low profile), anterior thoracic extension	No	Yes
L1230	Addition to tlso, (low profile), milwaukee type superstructure	No	Yes
L1240	Addition to tlso, (low profile), lumbar derotation pad	No	Yes
L1250	Addition to tlso, (low profile), anterior asis pad	No	Yes
L1260	Addition to tlso, (low profile), anterior thoracic derotation pad	No	Yes
L1270	Addition to tlso, (low profile), abdominal pad	No	Yes
L1280	Addition to tlso, (low profile), rib gusset (elastic), each	No	Yes
L1290	Addition to tlso, (low profile), lateral trochanteric pad	No	Yes
L1300	Other scoliosis procedure, body jacket molded to patient model	No	Yes
L1310	Other scoliosis procedure, post-operative body jacket	No	Yes
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	No	Yes

HCPCS	Description	Commercial	Medicare
L1499	Spinal orthosis, not otherwise specified	No	Yes
L1600	Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1610	Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1620	Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom fabricated	No	Yes
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	No	Yes
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (ilfled type), prefabricated, includes fitting and adjustment	No	Yes
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	No	Yes
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	No	Yes
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	No	Yes
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	No	Yes
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	No	Yes
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	No	Yes
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	No	Yes

HCPCS	Description	Commercial	Medicare
L1700	Legg perthes orthosis, (toronto type), custom fabricated	No	Yes
L1710	Legg perthes orthosis, (newington type), custom fabricated	No	Yes
L1720	Legg perthes orthosis, trilateral, (tachdijan type), custom fabricated	No	Yes
L1730	Legg perthes orthosis, (scottish rite type), custom fabricated	No	Yes
L1755	Legg perthes orthosis, (patten bottom type), custom fabricated	No	Yes
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	No	Yes
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	No	Yes
L1821	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	No	Yes
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	No	Yes
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	No	Yes
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	No	Yes
L1834	Knee orthosis, without knee joint, rigid, custom fabricated	No	Yes
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	No	Yes
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	No	Yes
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, a	No	Yes
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	No	Yes
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, a	No	Yes

HCPCS	Description	Commercial	Medicare
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	No	Yes
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	No	Yes
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	No	Yes
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	No	Yes
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	No	Yes
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (sk)	No	Yes
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated	No	Yes
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	No	Yes
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	No	Yes
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	No	Yes
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	No	Yes
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	No	Yes
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated	No	Yes
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	No	Yes
L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes

HCPCS	Description	Commercial	Medicare
L1940	Ankle foot orthosis, plastic or other material, custom fabricated	No	Yes
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	No	Yes
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated	No	Yes
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	No	Yes
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	No	Yes
L1971	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment	No	Yes
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated	No	Yes
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated	No	Yes
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated	No	Yes
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	No	Yes
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	No	Yes
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom fabricated	No	Yes
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated	No	Yes
L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'ak' orthosis), without knee joint, custom fabricated	No	Yes
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	No	Yes
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	No	Yes

HCPCS	Description	Commercial	Medicare
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	No	Yes
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	No	Yes
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	No	Yes
L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	No	Yes
L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	No	Yes
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	No	Yes
L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	No	Yes
L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	No	Yes
L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	No	Yes
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	No	Yes
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	No	Yes
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	No	Yes
L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	No	Yes
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	No	Yes
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	No	Yes
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated	No	Yes
L2132	Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	No	Yes
L2134	Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	No	Yes
L2136	Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	No	Yes
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	No	Yes

HCPCS	Description	Commercial	Medicare
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	No	Yes
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	No	Yes
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Ierman type	No	Yes
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	No	Yes
L2190	Addition to lower extremity fracture orthosis, waist belt	No	Yes
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	No	Yes
L2200	Addition to lower extremity, limited ankle motion, each joint	No	Yes
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	No	Yes
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	No	Yes
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	No	Yes
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	No	Yes
L2240	Addition to lower extremity, round caliper and plate attachment	No	Yes
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	No	Yes
L2260	Addition to lower extremity, reinforced solid stirrup (scott-craig type)	No	Yes
L2265	Addition to lower extremity, long tongue stirrup	No	Yes
L2270	Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad	No	Yes
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	No	Yes
L2280	Addition to lower extremity, molded inner boot	No	Yes
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	No	Yes
L2310	Addition to lower extremity, abduction bar-straight	No	Yes
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	No	Yes
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	No	Yes
L2335	Addition to lower extremity, anterior swing band	No	Yes
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	No	Yes
L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)	No	Yes
L2360	Addition to lower extremity, extended steel shank	No	Yes
L2370	Addition to lower extremity, patten bottom	No	Yes

HCPCS	Description	Commercial	Medicare
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	No	Yes
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	No	Yes
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	No	Yes
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	No	Yes
L2390	Addition to lower extremity, offset knee joint, each joint	No	Yes
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	No	Yes
L2397	Addition to lower extremity orthosis, suspension sleeve	No	Yes
L2405	Addition to knee joint, drop lock, each	No	Yes
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	No	Yes
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	No	Yes
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	No	Yes
L2492	Addition to knee joint, lift loop for drop lock ring	No	Yes
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring	No	Yes
L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model	No	Yes
L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted	No	Yes
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model	No	Yes
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted	No	Yes
L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded	No	Yes
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	No	Yes
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	No	Yes
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each	No	Yes
L2580	Addition to lower extremity, pelvic control, pelvic sling	No	Yes
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each	No	Yes
L2610	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each	No	Yes
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	No	Yes

HCPCS	Description	Commercial	Medicare
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	No	Yes
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	No	Yes
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	No	Yes
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	No	Yes
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	No	Yes
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	No	Yes
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	No	Yes
L2660	Addition to lower extremity, thoracic control, thoracic band	No	Yes
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	No	Yes
L2680	Addition to lower extremity, thoracic control, lateral support uprights	No	Yes
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	No	Yes
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	No	Yes
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	No	Yes
L2768	Orthotic side bar disconnect device, per bar	No	Yes
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	No	Yes
L2785	Addition to lower extremity orthosis, drop lock retainer, each	No	Yes
L2795	Addition to lower extremity orthosis, knee control, full kneecap	No	Yes
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	No	Yes
L2810	Addition to lower extremity orthosis, knee control, condylar pad	No	Yes
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	No	Yes
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	No	Yes
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	No	Yes
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	No	Yes
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	No	Yes
L2999	Lower extremity orthoses, not otherwise specified	No	Yes
L3000	Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each	No	Yes

HCPCS	Description	Commercial	Medicare
L3001	Foot, insert, removable, molded to patient model, spenco, each	No	Yes
L3002	Foot, insert, removable, molded to patient model, plastazote or equal, each	No	Yes
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	No	Yes
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	No	Yes
L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	No	Yes
L3030	Foot, insert, removable, formed to patient foot, each	No	Yes
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	No	Yes
L3040	Foot, arch support, removable, premolded, longitudinal, each	No	Yes
L3050	Foot, arch support, removable, premolded, metatarsal, each	No	Yes
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	No	Yes
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	No	Yes
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	No	Yes
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	No	Yes
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	No	Yes
L3140	Foot, abduction rotation bar, including shoes	No	Yes
L3150	Foot, abduction rotation bar, without shoes	No	Yes
L3160	Foot, adjustable shoe-styled positioning device	No	Yes
L3161	Foot, adductus positioning device, adjustable	No	Yes
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	No	Yes
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	No	Yes
L3202	Orthopedic shoe, oxford with supinator or pronator, child	No	Yes
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	No	Yes
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	No	Yes
L3206	Orthopedic shoe, hightop with supinator or pronator, child	No	Yes
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	No	Yes
L3208	Surgical boot, each, infant	No	Yes
L3209	Surgical boot, each, child	No	Yes
L3211	Surgical boot, each, junior	No	Yes
L3212	Benesch boot, pair, infant	No	Yes
L3213	Benesch boot, pair, child	No	Yes
L3214	Benesch boot, pair, junior	No	Yes
L3215	Orthopedic footwear, ladies shoe, oxford, each	No	Yes
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	No	Yes

HCPCS	Description	Commercial	Medicare
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	No	Yes
L3219	Orthopedic footwear, mens shoe, oxford, each	No	Yes
L3221	Orthopedic footwear, mens shoe, depth inlay, each	No	Yes
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	No	Yes
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	No	Yes
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	No	Yes
L3230	Orthopedic footwear, custom shoe, depth inlay, each	No	Yes
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	No	Yes
L3251	Foot, shoe molded to patient model, silicone shoe, each	No	Yes
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	No	Yes
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	No	Yes
L3254	Non-standard size or width	No	Yes
L3255	Non-standard size or length	No	Yes
L3257	Orthopedic footwear, additional charge for split size	No	Yes
L3260	Surgical boot/shoe, each	No	Yes
L3265	Plastazote sandal, each	No	Yes
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	No	Yes
L3310	Lift, elevation, heel and sole, neoprene, per inch	No	Yes
L3320	Lift, elevation, heel and sole, cork, per inch	No	Yes
L3330	Lift, elevation, metal extension (skate)	No	Yes
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	No	Yes
L3334	Lift, elevation, heel, per inch	No	Yes
L3340	Heel wedge, sach	No	Yes
L3350	Heel wedge	No	Yes
L3360	Sole wedge, outside sole	No	Yes
L3370	Sole wedge, between sole	No	Yes
L3380	Clubfoot wedge	No	Yes
L3390	Outflare wedge	No	Yes
L3400	Metatarsal bar wedge, rocker	No	Yes
L3410	Metatarsal bar wedge, between sole	No	Yes
L3420	Full sole and heel wedge, between sole	No	Yes
L3430	Heel, counter, plastic reinforced	No	Yes
L3440	Heel, counter, leather reinforced	No	Yes
L3450	Heel, sach cushion type	No	Yes
L3455	Heel, new leather, standard	No	Yes
L3460	Heel, new rubber, standard	No	Yes

HCPCS	Description	Commercial	Medicare
L3465	Heel, thomas with wedge	No	Yes
L3470	Heel, thomas extended to ball	No	Yes
L3480	Heel, pad and depression for spur	No	Yes
L3485	Heel, pad, removable for spur	No	Yes
L3500	Orthopedic shoe addition, insole, leather	No	Yes
L3510	Orthopedic shoe addition, insole, rubber	No	Yes
L3520	Orthopedic shoe addition, insole, felt covered with leather	No	Yes
L3530	Orthopedic shoe addition, sole, half	No	Yes
L3540	Orthopedic shoe addition, sole, full	No	Yes
L3550	Orthopedic shoe addition, toe tap standard	No	Yes
L3560	Orthopedic shoe addition, toe tap, horseshoe	No	Yes
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	No	Yes
L3580	Orthopedic shoe addition, convert instep to velcro closure	No	Yes
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	No	Yes
L3595	Orthopedic shoe addition, march bar	No	Yes
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	No	Yes
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	No	Yes
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	No	Yes
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	No	Yes
L3640	Transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes	No	Yes
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	No	Yes
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	No	Yes
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	No	Yes
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	No	Yes
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	No	Yes

HCPCS	Description	Commercial	Medicare
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	No	Yes
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	No	Yes
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	No	Yes
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	No	Yes
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	No	Yes
L3760	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L3761	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	No	Yes
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	No	Yes
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes

HCPCS	Description	Commercial	Medicare
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	No	Yes
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	No	Yes
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	No	Yes
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	No	Yes
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	No	Yes
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	No	Yes
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	No	Yes
L3912	Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf	No	Yes
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an indiv	No	Yes
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	No	Yes
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	No	Yes
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes

HCPCS	Description	Commercial	Medicare
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	No	Yes
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	No	Yes
L3927	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	No	Yes
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific p	No	Yes
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	No	Yes
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	No	Yes
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	No	Yes
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	No	Yes
L3956	Addition of joint to upper extremity orthosis, any material; per joint	No	Yes
L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	No	Yes
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3962	Shoulder elbow wrist hand orthosis, abduction positioning, erb's palsey design, prefabricated, includes fitting and adjustment	No	Yes
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes

HCPCS	Description	Commercial	Medicare
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting an	No	Yes
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	Yes
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fit	No	Yes
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	No	Yes
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	No	Yes
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	No	Yes
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	No	Yes
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	No	Yes
L3999	Upper limb orthosis, not otherwise specified	No	Yes
L4000	Replace girdle for spinal orthosis (ctlso or so)	No	Yes
L4002	Replacement strap, any orthosis, includes all components, any length, any type	No	Yes
L4010	Replace trilateral socket brim	No	Yes
L4020	Replace quadrilateral socket brim, molded to patient model	No	Yes
L4030	Replace quadrilateral socket brim, custom fitted	No	Yes
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	No	Yes
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	No	Yes
L4050	Replace molded calf lacer, for custom fabricated orthosis only	No	Yes
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	No	Yes
L4060	Replace high roll cuff	No	Yes
L4070	Replace proximal and distal upright for kafo	No	Yes

HCPCS	Description	Commercial	Medicare
L4080	Replace metal bands kafo, proximal thigh	No	Yes
L4090	Replace metal bands kafo-afo, calf or distal thigh	No	Yes
L4100	Replace leather cuff kafo, proximal thigh	No	Yes
L4110	Replace leather cuff kafo-afo, calf or distal thigh	No	Yes
L4130	Replace pretibial shell	No	Yes
L4205	Repair of orthotic device, labor component, per 15 minutes	No	Yes
L4210	Repair of orthotic device, repair or replace minor parts	No	Yes
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	No	Yes
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	No	Yes
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	No	Yes
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	No	Yes
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	No	Yes
L4392	Replacement, soft interface material, static afo	No	Yes
L4394	Replace soft interface material, foot drop splint	No	Yes
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific	No	Yes
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	No	Yes
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	No	Yes
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	No	Yes
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	No	Yes
L5010	Partial foot, molded socket, ankle height, with toe filler	No	Yes
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	No	Yes
L5050	Ankle, symes, molded socket, sach foot	No	Yes

HCPCS	Description	Commercial	Medicare
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot	No	Yes
L5100	Below knee, molded socket, shin, sach foot	No	Yes
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	No	Yes
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	No	Yes
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	No	Yes
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	No	Yes
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	No	Yes
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	No	Yes
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot	No	Yes
L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	No	Yes
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot	No	Yes
L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot	No	Yes
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	No	Yes
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	No	Yes
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	No	Yes
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	No	Yes
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	No	Yes
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	No	Yes
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	No	Yes
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation	No	Yes

HCPCS	Description	Commercial	Medicare
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment	No	Yes
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	No	Yes
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	No	Yes
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	No	Yes
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed	No	Yes
L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	No	Yes
L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	No	Yes
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	No	Yes
L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket	No	Yes
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	No	Yes
L5560	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model	No	Yes
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	No	Yes
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	No	Yes
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	No	Yes
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	No	Yes
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	No	Yes
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	No	Yes

HCPCS	Description	Commercial	Medicare
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	No	Yes
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	No	Yes
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	No	Yes
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	No	Yes
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	No	Yes
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	No	Yes
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each	No	Yes
L5618	Addition to lower extremity, test socket, symes	No	Yes
L5620	Addition to lower extremity, test socket, below knee	No	Yes
L5622	Addition to lower extremity, test socket, knee disarticulation	No	Yes
L5624	Addition to lower extremity, test socket, above knee	No	Yes
L5626	Addition to lower extremity, test socket, hip disarticulation	No	Yes
L5628	Addition to lower extremity, test socket, hemipelvectomy	No	Yes
L5629	Addition to lower extremity, below knee, acrylic socket	No	Yes
L5630	Addition to lower extremity, symes type, expandable wall socket	No	Yes
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	No	Yes
L5632	Addition to lower extremity, symes type, 'ptb' brim design socket	No	Yes
L5634	Addition to lower extremity, symes type, posterior opening (canadian) socket	No	Yes
L5636	Addition to lower extremity, symes type, medial opening socket	No	Yes
L5637	Addition to lower extremity, below knee, total contact	No	Yes
L5638	Addition to lower extremity, below knee, leather socket	No	Yes
L5639	Addition to lower extremity, below knee, wood socket	No	Yes
L5640	Addition to lower extremity, knee disarticulation, leather socket	No	Yes
L5642	Addition to lower extremity, above knee, leather socket	No	Yes
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	No	Yes
L5644	Addition to lower extremity, above knee, wood socket	No	Yes
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	No	Yes
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	No	Yes

HCPCS	Description	Commercial	Medicare
L5647	Addition to lower extremity, below knee suction socket	No	Yes
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	No	Yes
L5649	Addition to lower extremity, ischial containment/narrow m-l socket	No	Yes
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket	No	Yes
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	No	Yes
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	No	Yes
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	No	Yes
L5654	Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)	No	Yes
L5655	Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal)	No	Yes
L5656	Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)	No	Yes
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)	No	Yes
L5661	Addition to lower extremity, socket insert, multi-durometer symes	No	Yes
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	No	Yes
L5666	Addition to lower extremity, below knee, cuff suspension	No	Yes
L5668	Addition to lower extremity, below knee, molded distal cushion	No	Yes
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar)	No	Yes
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	No	Yes
L5672	Addition to lower extremity, below knee, removable medial brim suspension	No	Yes
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No	Yes
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	No	Yes
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	No	Yes
L5678	Additions to lower extremity, below knee, joint covers, pair	No	Yes
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No	Yes
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	No	Yes

HCPCS	Description	Commercial	Medicare
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code	No	Yes
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	No	Yes
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initia	No	Yes
L5684	Addition to lower extremity, below knee, fork strap	No	Yes
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	No	Yes
L5686	Addition to lower extremity, below knee, back check (extension control)	No	Yes
L5688	Addition to lower extremity, below knee, waist belt, webbing	No	Yes
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	No	Yes
L5692	Addition to lower extremity, above knee, pelvic control belt, light	No	Yes
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	No	Yes
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	No	Yes
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	No	Yes
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	No	Yes
L5698	Addition to lower extremity, above knee or knee disarticulation, silesian bandage	No	Yes
L5699	All lower extremity prostheses, shoulder harness	No	Yes
L5700	Replacement, socket, below knee, molded to patient model	No	Yes
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	No	Yes
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	No	Yes
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	No	Yes
L5704	Custom shaped protective cover, below knee	No	Yes
L5705	Custom shaped protective cover, above knee	No	Yes
L5706	Custom shaped protective cover, knee disarticulation	No	Yes
L5707	Custom shaped protective cover, hip disarticulation	No	Yes
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	No	Yes

HCPCS	Description	Commercial	Medicare
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	No	Yes
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	No	Yes
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	No	Yes
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	No	Yes
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	No	Yes
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	No	Yes
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	No	Yes
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	No	Yes
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	No	Yes
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	No	Yes
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	No	Yes
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	No	Yes
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	No	Yes
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	No	Yes
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	No	Yes
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	No	Yes
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	No	Yes
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	No	Yes
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	No	Yes
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	No	Yes

HCPCS	Description	Commercial	Medicare
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	No	Yes
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	No	Yes
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	No	Yes
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	No	Yes
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	No	Yes
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	No	Yes
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control	No	Yes
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	No	Yes
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	No	Yes
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	No	Yes
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	No	Yes
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	No	Yes
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	No	Yes
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	No	Yes
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	No	Yes
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	No	Yes
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	No	Yes
L5910	Addition, endoskeletal system, below knee, alignable system	No	Yes

HCPCS	Description	Commercial	Medicare
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	No	Yes
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	No	Yes
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	No	Yes
L5930	Addition, endoskeletal system, high activity knee control frame	No	Yes
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	No	Yes
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	No	Yes
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	No	Yes
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	No	Yes
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	No	Yes
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	No	Yes
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	No	Yes
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	No	Yes
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	No	Yes
L5970	All lower extremity prostheses, foot, external keel, sach foot	No	Yes
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	No	Yes
L5972	All lower extremity prostheses, foot, flexible keel	No	Yes
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	No	Yes
L5974	All lower extremity prostheses, foot, single axis ankle/foot	No	Yes
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	No	Yes
L5976	All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)	No	Yes
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	No	Yes
L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	No	Yes

HCPCS	Description	Commercial	Medicare
L5980	All lower extremity prostheses, flex foot system	No	Yes
L5981	All lower extremity prostheses, flex-walk system or equal	No	Yes
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	No	Yes
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	No	Yes
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	No	Yes
L5986	All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)	No	Yes
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	No	Yes
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	No	Yes
L5990	Addition to lower extremity prosthesis, user adjustable heel height	No	Yes
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	No	Yes
L5999	Lower extremity prosthesis, not otherwise specified	No	Yes
L6000	Partial hand, thumb remaining	No	Yes
L6010	Partial hand, little and/or ring finger remaining	No	Yes
L6020	Partial hand, no finger remaining	No	Yes
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device	No	Yes
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	No	Yes
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	No	Yes
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	No	Yes
L6110	Below elbow, molded socket, (muenster or northwestern suspension types)	No	Yes
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	No	Yes
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	No	Yes
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	No	Yes
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	No	Yes
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	No	Yes
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	No	Yes
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	No	Yes
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	No	Yes
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	No	Yes

HCPCS	Description	Commercial	Medicare
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	No	Yes
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	No	Yes
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	No	Yes
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	No	Yes
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	No	Yes
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	No	Yes
L6388	Immediate post surgical or early fitting, application of rigid dressing only	No	Yes
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	Yes
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	Yes
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	Yes
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	Yes
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	Yes
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, molded to patient model	No	Yes
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, direct formed	No	Yes
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	No	Yes
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, direct formed	No	Yes
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model	No	Yes

HCPCS	Description	Commercial	Medicare
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed	No	Yes
L6600	Upper extremity additions, polycentric hinge, pair	No	Yes
L6605	Upper extremity additions, single pivot hinge, pair	No	Yes
L6610	Upper extremity additions, flexible metal hinge, pair	No	Yes
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	No	Yes
L6615	Upper extremity addition, disconnect locking wrist unit	No	Yes
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	No	Yes
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	No	Yes
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	No	Yes
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	No	Yes
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	No	Yes
L6625	Upper extremity addition, rotation wrist unit with cable lock	No	Yes
L6628	Upper extremity addition, quick disconnect hook adapter, otto bock or equal	No	Yes
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal	No	Yes
L6630	Upper extremity addition, stainless steel, any wrist	No	Yes
L6632	Upper extremity addition, latex suspension sleeve, each	No	Yes
L6635	Upper extremity addition, lift assist for elbow	No	Yes
L6637	Upper extremity addition, nudge control elbow lock	No	Yes
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	No	Yes
L6640	Upper extremity additions, shoulder abduction joint, pair	No	Yes
L6641	Upper extremity addition, excursion amplifier, pulley type	No	Yes
L6642	Upper extremity addition, excursion amplifier, lever type	No	Yes
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	No	Yes
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	No	Yes
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	No	Yes
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	No	Yes

HCPCS	Description	Commercial	Medicare
L6650	Upper extremity addition, shoulder universal joint, each	No	Yes
L6655	Upper extremity addition, standard control cable, extra	No	Yes
L6660	Upper extremity addition, heavy duty control cable	No	Yes
L6665	Upper extremity addition, teflon, or equal, cable lining	No	Yes
L6670	Upper extremity addition, hook to hand, cable adapter	No	Yes
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	No	Yes
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	No	Yes
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	No	Yes
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	No	Yes
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	No	Yes
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	No	Yes
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	No	Yes
L6686	Upper extremity addition, suction socket	No	Yes
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	No	Yes
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	No	Yes
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	No	Yes
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	No	Yes
L6691	Upper extremity addition, removable insert, each	No	Yes
L6692	Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each	No	Yes
L6693	Upper extremity addition, locking elbow, forearm counterbalance	No	Yes
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No	Yes
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No	Yes
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than init	No	Yes

HCPCS	Description	Commercial	Medicare
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for othe	No	Yes
L6698	Addition to upper extremity prosthesis, lock mechanism, excludes socket insert	No	Yes
L6703	Terminal device, passive hand/mitt, any material, any size	No	Yes
L6704	Terminal device, sport/recreational/work attachment, any material, any size	No	Yes
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	No	Yes
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	No	Yes
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	No	Yes
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	No	Yes
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	No	Yes
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	No	Yes
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	No	Yes
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	No	Yes
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	No	Yes
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	No	Yes
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	No	Yes
L6805	Addition to terminal device, modifier wrist unit	No	Yes
L6810	Addition to terminal device, precision pinch device	No	Yes
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	No	Yes
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	No	Yes
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	No	Yes

HCPCS	Description	Commercial	Medicare
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	No	Yes
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	No	Yes
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	No	Yes
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	No	Yes
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	No	Yes
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	No	Yes
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	No	Yes
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	No	Yes
L6915	Hand restoration (shading, and measurements included), replacement glove for above	No	Yes
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	No	Yes
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	Yes
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	Yes
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	Yes
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	Yes
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	Yes
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	Yes

HCPCS	Description	Commercial	Medicare
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	Yes
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	Yes
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal	No	Yes
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	Yes
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal d	No	Yes
L7007	Electric hand, switch or myoelectric controlled, adult	No	Yes
L7008	Electric hand, switch or myoelectric, controlled, pediatric	No	Yes
L7009	Electric hook, switch or myoelectric controlled, adult	No	Yes
L7040	Prehensile actuator, switch controlled	No	Yes
L7045	Electric hook, switch or myoelectric controlled, pediatric	No	Yes
L7170	Electronic elbow, hosmer or equal, switch controlled	No	Yes
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	No	Yes
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	No	Yes
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	No	Yes
L7186	Electronic elbow, child, variety village or equal, switch controlled	No	Yes
L7190	Electronic elbow, adolescent, variety village or equal, myoelectronically controlled	No	Yes
L7191	Electronic elbow, child, variety village or equal, myoelectronically controlled	No	Yes
L7259	Electronic wrist rotator, any type	No	Yes
L7360	Six volt battery, each	No	Yes
L7362	Battery charger, six volt, each	No	Yes
L7364	Twelve volt battery, each	No	Yes

HCPCS	Description	Commercial	Medicare
L7366	Battery charger, twelve volt, each	No	Yes
L7367	Lithium ion battery, rechargeable, replacement	No	Yes
L7368	Lithium ion battery charger, replacement only	No	Yes
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	No	Yes
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	No	Yes
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	No	Yes
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	No	Yes
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	No	Yes
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	No	Yes
L7499	Upper extremity prosthesis, not otherwise specified	No	Yes
L7510	Repair of prosthetic device, repair or replace minor parts	No	Yes
L7520	Repair prosthetic device, labor component, per 15 minutes	No	Yes
L7600	Prosthetic donning sleeve, any material, each	No	Yes
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	No	Yes
L7900	Male vacuum erection system	No	Yes
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	No	Yes
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	No	Yes
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	No	Yes
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	No	Yes
L8010	Breast prosthesis, mastectomy sleeve	No	Yes
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	No	Yes
L8020	Breast prosthesis, mastectomy form	No	Yes
L8030	Breast prosthesis, silicone or equal, without integral adhesive	No	Yes
L8031	Breast prosthesis, silicone or equal, with integral adhesive	No	Yes
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	No	Yes
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	No	Yes
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	No	Yes
L8039	Breast prosthesis, not otherwise specified	No	Yes

HCPCS	Description	Commercial	Medicare
L8040	Nasal prosthesis, provided by a non-physician	No	Yes
L8041	Midfacial prosthesis, provided by a non-physician	No	Yes
L8042	Orbital prosthesis, provided by a non-physician	No	Yes
L8043	Upper facial prosthesis, provided by a non-physician	No	Yes
L8044	Hemi-facial prosthesis, provided by a non-physician	No	Yes
L8045	Auricular prosthesis, provided by a non-physician	No	Yes
L8046	Partial facial prosthesis, provided by a non-physician	No	Yes
L8047	Nasal septal prosthesis, provided by a non-physician	No	Yes
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	No	Yes
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	No	Yes
L8300	Truss, single with standard pad	No	Yes
L8310	Truss, double with standard pads	No	Yes
L8320	Truss, addition to standard pad, water pad	No	Yes
L8330	Truss, addition to standard pad, scrotal pad	No	Yes
L8400	Prosthetic sheath, below knee, each	No	Yes
L8410	Prosthetic sheath, above knee, each	No	Yes
L8415	Prosthetic sheath, upper limb, each	No	Yes
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	No	Yes
L8420	Prosthetic sock, multiple ply, below knee, each	No	Yes
L8430	Prosthetic sock, multiple ply, above knee, each	No	Yes
L8435	Prosthetic sock, multiple ply, upper limb, each	No	Yes
L8440	Prosthetic shrinker, below knee, each	No	Yes
L8460	Prosthetic shrinker, above knee, each	No	Yes
L8465	Prosthetic shrinker, upper limb, each	No	Yes
L8470	Prosthetic sock, single ply, fitting, below knee, each	No	Yes
L8480	Prosthetic sock, single ply, fitting, above knee, each	No	Yes
L8485	Prosthetic sock, single ply, fitting, upper limb, each	No	Yes
L8499	Unlisted procedure for miscellaneous prosthetic services	No	Yes
L8500	Artificial larynx, any type	No	Yes
L8501	Tracheostomy speaking valve	No	Yes
L8505	Artificial larynx replacement battery / accessory, any type	No	Yes
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	No	Yes
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	No	Yes
L8510	Voice amplifier	No	Yes
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	No	Yes

HCPCS	Description	Commercial	Medicare
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	No	Yes
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	No	Yes
L8514	Tracheoesophageal puncture dilator, replacement only, each	No	Yes
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	No	Yes
L8658	Interphalangeal joint spacer, silicone or equal, each	No	Yes
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	No	Yes
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	No	Yes
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	No	Yes
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	No	Yes
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	No	Yes
L8721	Receptor sole for use with L8720, replacement, each	No	Yes
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "I" code	No	Yes

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