

## Zing Health

### Prior Authorization Procedure List: Durable Medical Equipment

| Category | CPT® Code | CPT® Code Description                                                                                                                 | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A2036     | Cohealyx collagen dermal matrix, per square centimeter                                                                                | N           |
| DME      | A2037     | G4derm plus, per milliliter                                                                                                           | N           |
| DME      | A2038     | Marigen pacto, per square centimeter                                                                                                  | N           |
| DME      | A2039     | Innovamatrix fd, per square centimeter                                                                                                | N           |
| DME      | A4206     | Syringe with needle, sterile, 1 cc or less, each                                                                                      | N           |
| DME      | A4207     | Syringe with needle, sterile 2 cc, each                                                                                               | N           |
| DME      | A4208     | Syringe with needle, sterile 3 cc, each                                                                                               | N           |
| DME      | A4209     | Syringe with needle, sterile 5 cc or greater, each                                                                                    | N           |
| DME      | A4210     | Needle-free injection device, each                                                                                                    | N           |
| DME      | A4211     | Supplies for self-administered injections                                                                                             | N           |
| DME      | A4212     | Non-coring needle or stylet with or without catheter                                                                                  | N           |
| DME      | A4213     | Syringe, sterile, 20 cc or greater, each                                                                                              | N           |
| DME      | A4215     | Needle, sterile, any size, each                                                                                                       | N           |
| DME      | A4216     | Sterile water, saline and/or dextrose, diluent/flush, 10 ml                                                                           | N           |
| DME      | A4217     | Sterile water/saline, 500 ml                                                                                                          | N           |
| DME      | A4218     | Sterile saline or water, metered dose dispenser, 10 ml                                                                                | N           |
| DME      | A4221     | Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)                                      | N           |
| DME      | A4222     | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)                                        | N           |
| DME      | A4223     | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)                                   | N           |
| DME      | A4224     | Supplies for maintenance of insulin infusion catheter, per week                                                                       | N           |
| DME      | A4225     | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each                                                    | N           |
| DME      | A4230     | Infusion set for external insulin pump, non needle cannula type                                                                       | Y           |
| DME      | A4231     | Infusion set for external insulin pump, needle type                                                                                   | N           |
| DME      | A4232     | Syringe with needle for external insulin pump, sterile, 3 cc                                                                          | Y           |
| DME      | A4233     | Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                          | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4234     | Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each                                      | N           |
| DME      | A4235     | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each                                               | N           |
| DME      | A4236     | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each                                          | N           |
| DME      | A4238     | Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service     | N           |
| DME      | A4239     | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | N           |
| DME      | A4244     | Alcohol or peroxide, per pint                                                                                                                                  | Y           |
| DME      | A4245     | Alcohol wipes, per box                                                                                                                                         | Y           |
| DME      | A4246     | Betadine or phisohex solution, per pint                                                                                                                        | Y           |
| DME      | A4247     | Betadine or iodine swabs/wipes, per box                                                                                                                        | Y           |
| DME      | A4248     | Chlorhexidine containing antiseptic, 1 ml                                                                                                                      | N           |
| DME      | A4250     | Urine test or reagent strips or tablets (100 tablets or strips)                                                                                                | Y           |
| DME      | A4252     | Blood ketone test or reagent strip, each                                                                                                                       | N           |
| DME      | A4253     | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips                                                                             | N           |
| DME      | A4255     | Platforms for home blood glucose monitor, 50 per box                                                                                                           | N           |
| DME      | A4256     | Normal, low and high calibrator solution / chips                                                                                                               | N           |
| DME      | A4257     | Replacement lens shield cartridge for use with laser skin piercing device, each                                                                                | Y           |
| DME      | A4258     | Spring-powered device for lancet, each                                                                                                                         | N           |
| DME      | A4259     | Lancets, per box of 100                                                                                                                                        | N           |
| DME      | A4261     | Cervical cap for contraceptive use                                                                                                                             | N           |
| DME      | A4262     | Temporary, absorbable lacrimal duct implant, each                                                                                                              | N           |
| DME      | A4263     | Permanent, long term, non-dissolvable lacrimal duct implant, each                                                                                              | N           |
| DME      | A4265     | Paraffin, per pound                                                                                                                                            | N           |
| DME      | A4266     | Diaphragm for contraceptive use                                                                                                                                | N           |
| DME      | A4267     | Contraceptive supply, condom, male, each                                                                                                                       | N           |
| DME      | A4268     | Contraceptive supply, condom, female, each                                                                                                                     | N           |
| DME      | A4269     | Contraceptive supply, spermicide (e.g., foam, gel), each                                                                                                       | N           |
| DME      | A4270     | Disposable endoscope sheath, each                                                                                                                              | N           |
| DME      | A4271     | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month                                                               | N           |
| DME      | A4280     | Adhesive skin support attachment for use with external breast prosthesis, each                                                                                 | N           |
| DME      | A4281     | Tubing for breast pump, replacement                                                                                                                            | N           |
| DME      | A4282     | Adapter for breast pump, replacement                                                                                                                           | N           |
| DME      | A4283     | Cap for breast pump bottle, replacement                                                                                                                        | N           |
| DME      | A4284     | Breast shield and splash protector for use with breast pump, replacement                                                                                       | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                            | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4285     | Polycarbonate bottle for use with breast pump, replacement                                                                                                       | N           |
| DME      | A4286     | Locking ring for breast pump, replacement                                                                                                                        | N           |
| DME      | A4287     | Disposable collection and storage bag for breast milk, any size, any type, each                                                                                  | N           |
| DME      | A4288     | Valve for breast pump, replacement                                                                                                                               | N           |
| DME      | A4305     | Disposable drug delivery system, flow rate of 50 ml or greater per hour                                                                                          | Y           |
| DME      | A4306     | Disposable drug delivery system, flow rate of less than 50 ml per hour                                                                                           | Y           |
| DME      | A4310     | Insertion tray without drainage bag and without catheter (accessories only)                                                                                      | N           |
| DME      | A4311     | Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) | N           |
| DME      | A4312     | Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone                                                                  | N           |
| DME      | A4313     | Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation                                                   | N           |
| DME      | A4314     | Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)    | N           |
| DME      | A4315     | Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone                                                                     | N           |
| DME      | A4316     | Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation                                                      | N           |
| DME      | A4318     | Female external urinary collection cup, with or without ring attachment, per day                                                                                 | N           |
| DME      | A4320     | Irrigation tray with bulb or piston syringe, any purpose                                                                                                         | N           |
| DME      | A4321     | Therapeutic agent for urinary catheter irrigation                                                                                                                | Y           |
| DME      | A4322     | Irrigation syringe, bulb or piston, each                                                                                                                         | N           |
| DME      | A4326     | Male external catheter with integral collection chamber, any type, each                                                                                          | N           |
| DME      | A4327     | Female external urinary collection device; meatal cup, each                                                                                                      | N           |
| DME      | A4328     | Female external urinary collection device; pouch, each                                                                                                           | N           |
| DME      | A4330     | Perianal fecal collection pouch with adhesive, each                                                                                                              | N           |
| DME      | A4331     | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each                                    | N           |
| DME      | A4332     | Lubricant, individual sterile packet, each                                                                                                                       | N           |
| DME      | A4333     | Urinary catheter anchoring device, adhesive skin attachment, each                                                                                                | N           |
| DME      | A4334     | Urinary catheter anchoring device, leg strap, each                                                                                                               | N           |
| DME      | A4335     | Incontinence supply; miscellaneous                                                                                                                               | Y           |
| DME      | A4336     | Incontinence supply, urethral insert, any type, each                                                                                                             | N           |
| DME      | A4337     | Incontinence supply, rectal insert, any type, each                                                                                                               | N           |
| DME      | A4338     | Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each                                   | N           |
| DME      | A4340     | Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each                                                                                   | N           |
| DME      | A4341     | Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each                                                                    | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                              | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4342     | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each                       | N           |
| DME      | A4344     | Indwelling catheter, foley type, two-way, all silicone or polyurethane, each                                                       | N           |
| DME      | A4346     | Indwelling catheter; foley type, three way for continuous irrigation, each                                                         | N           |
| DME      | A4349     | Male external catheter, with or without adhesive, disposable, each                                                                 | N           |
| DME      | A4351     | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, or silicone elastomer, etc.), each         | N           |
| DME      | A4352     | Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, or silicone elastomeric, etc.), each | N           |
| DME      | A4353     | Intermittent urinary catheter, with insertion supplies                                                                             | N           |
| DME      | A4354     | Insertion tray with drainage bag but without catheter                                                                              | N           |
| DME      | A4355     | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each                        | N           |
| DME      | A4356     | External urethral clamp or compression device (not to be used for catheter clamp), each                                            | N           |
| DME      | A4357     | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each                                 | N           |
| DME      | A4358     | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each                                               | N           |
| DME      | A4360     | Disposable external urethral clamp or compression device, with pad and/or pouch, each                                              | Y           |
| DME      | A4361     | Ostomy faceplate, each                                                                                                             | N           |
| DME      | A4362     | Skin barrier; solid, 4 x 4 or equivalent; each                                                                                     | N           |
| DME      | A4363     | Ostomy clamp, any type, replacement only, each                                                                                     | N           |
| DME      | A4364     | Adhesive, liquid or equal, any type, per oz                                                                                        | N           |
| DME      | A4366     | Ostomy vent, any type, each                                                                                                        | N           |
| DME      | A4367     | Ostomy belt, each                                                                                                                  | N           |
| DME      | A4368     | Ostomy filter, any type, each                                                                                                      | N           |
| DME      | A4369     | Ostomy skin barrier, liquid (spray, brush, etc.), per oz                                                                           | N           |
| DME      | A4371     | Ostomy skin barrier, powder, per oz                                                                                                | N           |
| DME      | A4372     | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each                                       | N           |
| DME      | A4373     | Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each                           | N           |
| DME      | A4375     | Ostomy pouch, drainable, with faceplate attached, plastic, each                                                                    | N           |
| DME      | A4376     | Ostomy pouch, drainable, with faceplate attached, rubber, each                                                                     | N           |
| DME      | A4377     | Ostomy pouch, drainable, for use on faceplate, plastic, each                                                                       | N           |
| DME      | A4378     | Ostomy pouch, drainable, for use on faceplate, rubber, each                                                                        | N           |
| DME      | A4379     | Ostomy pouch, urinary, with faceplate attached, plastic, each                                                                      | N           |
| DME      | A4380     | Ostomy pouch, urinary, with faceplate attached, rubber, each                                                                       | N           |
| DME      | A4381     | Ostomy pouch, urinary, for use on faceplate, plastic, each                                                                         | N           |
| DME      | A4382     | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each                                                                   | N           |
| DME      | A4383     | Ostomy pouch, urinary, for use on faceplate, rubber, each                                                                          | N           |
| DME      | A4384     | Ostomy faceplate equivalent, silicone ring, each                                                                                   | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                      | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4385     | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each                                            | N           |
| DME      | A4387     | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each                                                       | N           |
| DME      | A4388     | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each                                                              | N           |
| DME      | A4389     | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each                                                    | N           |
| DME      | A4390     | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each                                      | N           |
| DME      | A4391     | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each                                                                 | N           |
| DME      | A4392     | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each                                        | N           |
| DME      | A4393     | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each                                        | N           |
| DME      | A4394     | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce                                                      | N           |
| DME      | A4395     | Ostomy deodorant for use in ostomy pouch, solid, per tablet                                                                                | N           |
| DME      | A4396     | Ostomy belt with peristomal hernia support                                                                                                 | N           |
| DME      | A4398     | Ostomy irrigation supply; bag, each                                                                                                        | N           |
| DME      | A4399     | Ostomy irrigation supply; cone/catheter, with or without brush                                                                             | N           |
| DME      | A4400     | Ostomy irrigation set                                                                                                                      | N           |
| DME      | A4402     | Lubricant, per ounce                                                                                                                       | N           |
| DME      | A4404     | Ostomy ring, each                                                                                                                          | N           |
| DME      | A4405     | Ostomy skin barrier, non-pectin based, paste, per ounce                                                                                    | N           |
| DME      | A4406     | Ostomy skin barrier, pectin-based, paste, per ounce                                                                                        | N           |
| DME      | A4407     | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each    | N           |
| DME      | A4408     | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each    | N           |
| DME      | A4409     | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each  | N           |
| DME      | A4410     | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each | N           |
| DME      | A4411     | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each                                               | N           |
| DME      | A4412     | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each                              | N           |
| DME      | A4413     | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each                                 | N           |
| DME      | A4414     | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each                 | N           |
| DME      | A4415     | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each                | N           |
| DME      | A4416     | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each                                                                   | N           |
| DME      | A4417     | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each                                          | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4418     | Ostomy pouch, closed; without barrier attached, with filter (1 piece), each                                                          | N           |
| DME      | A4419     | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each                                        | N           |
| DME      | A4420     | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each                                                         | N           |
| DME      | A4421     | Ostomy supply; miscellaneous                                                                                                         | Y           |
| DME      | A4422     | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each                   | N           |
| DME      | A4423     | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each                                            | N           |
| DME      | A4424     | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each                                                          | N           |
| DME      | A4425     | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each                              | N           |
| DME      | A4426     | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each                                               | N           |
| DME      | A4427     | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each                                  | N           |
| DME      | A4428     | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each                          | N           |
| DME      | A4429     | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each               | N           |
| DME      | A4430     | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each | N           |
| DME      | A4431     | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each                                        | N           |
| DME      | A4432     | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each                   | N           |
| DME      | A4433     | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each                                                        | N           |
| DME      | A4434     | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each                       | N           |
| DME      | A4435     | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each                    | N           |
| DME      | A4436     | Irrigation supply; sleeve, reusable, per month                                                                                       | N           |
| DME      | A4437     | Irrigation supply; sleeve, disposable, per month                                                                                     | N           |
| DME      | A4450     | Tape, non-waterproof, per 18 square inches                                                                                           | N           |
| DME      | A4452     | Tape, waterproof, per 18 square inches                                                                                               | N           |
| DME      | A4453     | Rectal catheter with or without balloon, for use with any type transanal irrigation system, each                                     | N           |
| DME      | A4455     | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce                                                          | N           |
| DME      | A4456     | Adhesive remover, wipes, any type, each                                                                                              | N           |
| DME      | A4457     | Enema tube, with or without adapter, any type, replacement only, each                                                                | N           |
| DME      | A4458     | Enema bag with tubing, reusable                                                                                                      | Y           |
| DME      | A4459     | Manual transanal irrigation system, includes water reservoir, pump, tubing, and accessories, without catheter, any type              | Y           |
| DME      | A4461     | Surgical dressing holder, non-reusable, each                                                                                         | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                  | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4463     | Surgical dressing holder, reusable, each                                                                                               | N           |
| DME      | A4465     | Non-elastic binder for extremity                                                                                                       | Y           |
| DME      | A4467     | Belt, strap, sleeve, garment, or covering, any type                                                                                    | N           |
| DME      | A4468     | Exsufflation belt, includes all supplies and accessories                                                                               | N           |
| DME      | A4470     | Gravlee jet washer                                                                                                                     | Y           |
| DME      | A4479     | Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type | Y           |
| DME      | A4480     | Vabra aspirator                                                                                                                        | Y           |
| DME      | A4481     | Tracheostoma filter, any type, any size, each                                                                                          | N           |
| DME      | A4483     | Moisture exchanger, disposable, for use with invasive mechanical ventilation                                                           | N           |
| DME      | A4490     | Surgical stockings above knee length, each                                                                                             | N           |
| DME      | A4495     | Surgical stockings thigh length, each                                                                                                  | N           |
| DME      | A4500     | Surgical stockings below knee length, each                                                                                             | N           |
| DME      | A4510     | Surgical stockings full length, each                                                                                                   | N           |
| DME      | A4520     | Incontinence garment, any type, (e.g., brief, diaper), each                                                                            | Y           |
| DME      | A4540     | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm                                       | Y           |
| DME      | A4541     | Monthly supplies for use of device coded at e0733                                                                                      | N           |
| DME      | A4542     | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist                               | Y           |
| DME      | A4543     | Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month                                 | Y           |
| DME      | A4544     | Electrode for external lower extremity nerve stimulator for restless legs syndrome                                                     | Y           |
| DME      | A4545     | Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month          | Y           |
| DME      | A4550     | Surgical trays                                                                                                                         | N           |
| DME      | A4553     | Non-disposable underpads, all sizes                                                                                                    | Y           |
| DME      | A4554     | Disposable underpads, all sizes                                                                                                        | Y           |
| DME      | A4555     | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only                            | Y           |
| DME      | A4556     | Electrodes, (e.g., apnea monitor), per pair                                                                                            | N           |
| DME      | A4557     | Lead wires, (e.g., apnea monitor), per pair                                                                                            | N           |
| DME      | A4558     | Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz                                                     | N           |
| DME      | A4559     | Coupling gel or paste, for use with ultrasound device, per oz                                                                          | N           |
| DME      | A4560     | Neuromuscular electrical stimulator (nmes), disposable, replacement only                                                               | N           |
| DME      | A4561     | Pessary, rubber, any type                                                                                                              | N           |
| DME      | A4562     | Pessary, non rubber, any type                                                                                                          | N           |
| DME      | A4563     | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each          | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                               | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4565     | Slings                                                                                                                              | N           |
| DME      | A4566     | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment | N           |
| DME      | A4570     | Splint                                                                                                                              | N           |
| DME      | A4575     | Topical hyperbaric oxygen chamber, disposable                                                                                       | Y           |
| DME      | A4580     | Cast supplies (e.g., plaster)                                                                                                       | N           |
| DME      | A4590     | Special casting material (e.g., fiberglass)                                                                                         | N           |
| DME      | A4593     | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime                                                         | Y           |
| DME      | A4594     | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each                                        | Y           |
| DME      | A4595     | Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)                                                               | N           |
| DME      | A4596     | Cranial electrotherapy stimulation (ces) system supplies and accessories, per month                                                 | Y           |
| DME      | A4600     | Sleeve for intermittent limb compression device, replacement only, each                                                             | N           |
| DME      | A4601     | Lithium ion battery, rechargeable, for non-prosthetic use, replacement                                                              | N           |
| DME      | A4602     | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each                                            | N           |
| DME      | A4604     | Tubing with integrated heating element for use with positive airway pressure device                                                 | Y           |
| DME      | A4605     | Tracheal suction catheter, closed system, each                                                                                      | N           |
| DME      | A4606     | Oxygen probe for use with oximeter device, replacement                                                                              | Y           |
| DME      | A4608     | Transtracheal oxygen catheter, each                                                                                                 | N           |
| DME      | A4611     | Battery, heavy duty; replacement for patient owned ventilator                                                                       | N           |
| DME      | A4612     | Battery cables; replacement for patient-owned ventilator                                                                            | N           |
| DME      | A4613     | Battery charger; replacement for patient-owned ventilator                                                                           | N           |
| DME      | A4614     | Peak expiratory flow rate meter, hand held                                                                                          | N           |
| DME      | A4615     | Cannula, nasal                                                                                                                      | N           |
| DME      | A4616     | Tubing (oxygen), per foot                                                                                                           | N           |
| DME      | A4617     | Mouth piece                                                                                                                         | N           |
| DME      | A4618     | Breathing circuits                                                                                                                  | N           |
| DME      | A4619     | Face tent                                                                                                                           | N           |
| DME      | A4620     | Variable concentration mask                                                                                                         | N           |
| DME      | A4623     | Tracheostomy, inner cannula                                                                                                         | N           |
| DME      | A4624     | Tracheal suction catheter, any type other than closed system, each                                                                  | N           |
| DME      | A4625     | Tracheostomy care kit for new tracheostomy                                                                                          | N           |
| DME      | A4626     | Tracheostomy cleaning brush, each                                                                                                   | N           |
| DME      | A4627     | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler                                                   | N           |
| DME      | A4628     | Oral and/or oropharyngeal suction catheter, each                                                                                    | N           |
| DME      | A4629     | Tracheostomy care kit for established tracheostomy                                                                                  | N           |
| DME      | A4630     | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient                                  | N           |
| DME      | A4633     | Replacement bulb/lamp for ultraviolet light therapy system, each                                                                    | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                           | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4634     | Replacement bulb for therapeutic light box, tabletop model                                                                                      | N           |
| DME      | A4635     | Underarm pad, crutch, replacement, each                                                                                                         | N           |
| DME      | A4636     | Replacement, handgrip, cane, crutch, or walker, each                                                                                            | N           |
| DME      | A4637     | Replacement, tip, cane, crutch, walker, each.                                                                                                   | N           |
| DME      | A4638     | Replacement battery for patient-owned ear pulse generator, each                                                                                 | N           |
| DME      | A4639     | Replacement pad for infrared heating pad system, each                                                                                           | N           |
| DME      | A4640     | Replacement pad for use with medically necessary alternating pressure pad owned by patient                                                      | N           |
| DME      | A4649     | Surgical supply; miscellaneous                                                                                                                  | Y           |
| DME      | A4651     | Calibrated microcapillary tube, each                                                                                                            | Y           |
| DME      | A4652     | Microcapillary tube sealant                                                                                                                     | Y           |
| DME      | A4653     | Peritoneal dialysis catheter anchoring device, belt, each                                                                                       | Y           |
| DME      | A4657     | Syringe, with or without needle, each                                                                                                           | N           |
| DME      | A4660     | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope                                                                             | N           |
| DME      | A4663     | Blood pressure cuff only                                                                                                                        | N           |
| DME      | A4670     | Automatic blood pressure monitor                                                                                                                | N           |
| DME      | A4671     | Disposable cycler set used with cycler dialysis machine, each                                                                                   | Y           |
| DME      | A4672     | Drainage extension line, sterile, for dialysis, each                                                                                            | Y           |
| DME      | A4673     | Extension line with easy lock connectors, used with dialysis                                                                                    | Y           |
| DME      | A4674     | Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz                                                             | Y           |
| DME      | A4680     | Activated carbon filter for hemodialysis, each                                                                                                  | Y           |
| DME      | A4690     | Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each                                                                     | Y           |
| DME      | A4706     | Bicarbonate concentrate, solution, for hemodialysis, per gallon                                                                                 | Y           |
| DME      | A4707     | Bicarbonate concentrate, powder, for hemodialysis, per packet                                                                                   | Y           |
| DME      | A4708     | Acetate concentrate solution, for hemodialysis, per gallon                                                                                      | Y           |
| DME      | A4709     | Acid concentrate, solution, for hemodialysis, per gallon                                                                                        | Y           |
| DME      | A4714     | Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon                                                    | Y           |
| DME      | A4719     | "y set" tubing for peritoneal dialysis                                                                                                          | Y           |
| DME      | A4720     | Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis  | Y           |
| DME      | A4721     | Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis  | Y           |
| DME      | A4722     | Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis | Y           |
| DME      | A4723     | Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis | Y           |
| DME      | A4724     | Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                           | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A4725     | Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis | Y           |
| DME      | A4726     | Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis                                   | Y           |
| DME      | A4728     | Dialysate solution, non-dextrose containing, 500 ml                                                                                             | Y           |
| DME      | A4730     | Fistula cannulation set for hemodialysis, each                                                                                                  | Y           |
| DME      | A4736     | Topical anesthetic, for dialysis, per gram                                                                                                      | Y           |
| DME      | A4740     | Shunt accessory, for hemodialysis, any type, each                                                                                               | Y           |
| DME      | A4750     | Blood tubing, arterial or venous, for hemodialysis, each                                                                                        | Y           |
| DME      | A4755     | Blood tubing, arterial and venous combined, for hemodialysis, each                                                                              | Y           |
| DME      | A4760     | Dialysate solution test kit, for peritoneal dialysis, any type, each                                                                            | Y           |
| DME      | A4765     | Dialysate concentrate, powder, additive for peritoneal dialysis, per packet                                                                     | Y           |
| DME      | A4766     | Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml                                                                    | Y           |
| DME      | A4770     | Blood collection tube, vacuum, for dialysis, per 50                                                                                             | Y           |
| DME      | A4771     | Serum clotting time tube, for dialysis, per 50                                                                                                  | Y           |
| DME      | A4772     | Blood glucose test strips, for dialysis, per 50                                                                                                 | Y           |
| DME      | A4773     | Occult blood test strips, for dialysis, per 50                                                                                                  | Y           |
| DME      | A4774     | Ammonia test strips, for dialysis, per 50                                                                                                       | Y           |
| DME      | A4802     | Protamine sulfate, for hemodialysis, per 50 mg                                                                                                  | Y           |
| DME      | A4860     | Disposable catheter tips for peritoneal dialysis, per 10                                                                                        | Y           |
| DME      | A4870     | Plumbing and/or electrical work for home hemodialysis equipment                                                                                 | Y           |
| DME      | A4890     | Contracts, repair and maintenance, for hemodialysis equipment                                                                                   | Y           |
| DME      | A4911     | Drain bag/bottle, for dialysis, each                                                                                                            | Y           |
| DME      | A4918     | Venous pressure clamp, for hemodialysis, each                                                                                                   | Y           |
| DME      | A4927     | Gloves, non-sterile, per 100                                                                                                                    | N           |
| DME      | A4928     | Surgical mask, per 20                                                                                                                           | N           |
| DME      | A4929     | Tourniquet for dialysis, each                                                                                                                   | Y           |
| DME      | A4930     | Gloves, sterile, per pair                                                                                                                       | N           |
| DME      | A4931     | Oral thermometer, reusable, any type, each                                                                                                      | N           |
| DME      | A4932     | Rectal thermometer, reusable, any type, each                                                                                                    | N           |
| DME      | A5051     | Ostomy pouch, closed; with barrier attached (1 piece), each                                                                                     | N           |
| DME      | A5052     | Ostomy pouch, closed; without barrier attached (1 piece), each                                                                                  | N           |
| DME      | A5053     | Ostomy pouch, closed; for use on faceplate, each                                                                                                | N           |
| DME      | A5054     | Ostomy pouch, closed; for use on barrier with flange (2 piece), each                                                                            | N           |
| DME      | A5055     | Stoma cap                                                                                                                                       | N           |
| DME      | A5056     | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each                                                      | N           |
| DME      | A5057     | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each                             | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                            | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A5061     | Ostomy pouch, drainable; with barrier attached, (1 piece), each                                                                                                                  | N           |
| DME      | A5062     | Ostomy pouch, drainable; without barrier attached (1 piece), each                                                                                                                | N           |
| DME      | A5063     | Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each                                                                                                   | N           |
| DME      | A5071     | Ostomy pouch, urinary; with barrier attached (1 piece), each                                                                                                                     | N           |
| DME      | A5072     | Ostomy pouch, urinary; without barrier attached (1 piece), each                                                                                                                  | N           |
| DME      | A5073     | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each                                                                                                            | N           |
| DME      | A5081     | Stoma plug or seal, any type                                                                                                                                                     | N           |
| DME      | A5082     | Continent device; catheter for continent stoma                                                                                                                                   | N           |
| DME      | A5083     | Continent device, stoma absorptive cover for continent stoma                                                                                                                     | N           |
| DME      | A5093     | Ostomy accessory; convex insert                                                                                                                                                  | N           |
| DME      | A5102     | Bedside drainage bottle with or without tubing, rigid or expandable, each                                                                                                        | N           |
| DME      | A5105     | Urinary suspensory with leg bag, with or without tube, each                                                                                                                      | N           |
| DME      | A5112     | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each                                                                                             | N           |
| DME      | A5113     | Leg strap; latex, replacement only, per set                                                                                                                                      | N           |
| DME      | A5114     | Leg strap; foam or fabric, replacement only, per set                                                                                                                             | N           |
| DME      | A5120     | Skin barrier, wipes or swabs, each                                                                                                                                               | N           |
| DME      | A5121     | Skin barrier; solid, 6 x 6 or equivalent, each                                                                                                                                   | N           |
| DME      | A5122     | Skin barrier; solid, 8 x 8 or equivalent, each                                                                                                                                   | N           |
| DME      | A5126     | Adhesive or non-adhesive; disk or foam pad                                                                                                                                       | N           |
| DME      | A5131     | Appliance cleaner, incontinence and ostomy appliances, per 16 oz.                                                                                                                | N           |
| DME      | A5200     | Percutaneous catheter/tube anchoring device, adhesive skin attachment                                                                                                            | N           |
| DME      | 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 | N           |
| DME      | 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                    | N           |
| DME      | 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                        | Y           |
| DME      | A5504     | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe                                             | N           |
| DME      | A5505     | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe                                       | Y           |
| DME      | 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                                      | N           |
| DME      | A5507     | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe                                   | Y           |
| DME      | A5508     | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe                                                                             | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                      | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A5510     | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe                                                                                                                                                                                                                   | Y           |
| DME      | 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 or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each                               | N           |
| DME      | 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                                                                         | N           |
| DME      | 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 shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | N           |
| DME      | A6000     | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card                                                                                                                                                                                                                                                                   | Y           |
| DME      | A6010     | Collagen based wound filler, dry form, sterile, per gram of collagen                                                                                                                                                                                                                                                                                                       | N           |
| DME      | A6011     | Collagen based wound filler, gel/paste, per gram of collagen                                                                                                                                                                                                                                                                                                               | N           |
| DME      | A6021     | Collagen dressing, sterile, size 16 sq. in. or less, each                                                                                                                                                                                                                                                                                                                  | N           |
| DME      | A6022     | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each                                                                                                                                                                                                                                                                           | N           |
| DME      | A6023     | Collagen dressing, sterile, size more than 48 sq. in., each                                                                                                                                                                                                                                                                                                                | N           |
| DME      | A6024     | Collagen dressing wound filler, sterile, per 6 inches                                                                                                                                                                                                                                                                                                                      | N           |
| DME      | A6025     | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each                                                                                                                                                                                                                                                                                     | Y           |
| DME      | A6154     | Wound pouch, each                                                                                                                                                                                                                                                                                                                                                          | N           |
| DME      | A6196     | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing                                                                                                                                                                                                                                                                 | N           |
| DME      | 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                                                                                                                                                                                                                          | Y           |
| DME      | A6198     | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing                                                                                                                                                                                                                                                               | N           |
| DME      | A6199     | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches                                                                                                                                                                                                                                                                                              | N           |
| DME      | A6203     | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                                                                                                                                                                                                                                                     | N           |
| DME      | 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                                                                                                                                                                                                                              | N           |
| DME      | A6205     | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                                                                                                                                                                                                                                                   | Y           |
| DME      | A6206     | Contact layer, sterile, 16 sq. in. or less, each dressing                                                                                                                                                                                                                                                                                                                  | N           |
| DME      | A6207     | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing                                                                                                                                                                                                                                                                           | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                      | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A6208     | Contact layer, sterile, more than 48 sq. in., each dressing                                                                                                                                | N           |
| DME      | A6209     | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                                                   | N           |
| DME      | 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                                            | N           |
| DME      | A6211     | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                                                                 | N           |
| DME      | A6212     | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                                                             | N           |
| DME      | 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                                      | N           |
| DME      | A6214     | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                                                           | N           |
| DME      | A6215     | Foam dressing, wound filler, sterile, per gram                                                                                                                                             | N           |
| DME      | A6216     | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                                                   | N           |
| DME      | 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                                            | N           |
| DME      | A6218     | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                                                                 | N           |
| DME      | A6219     | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                                                                 | N           |
| DME      | 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                                          | N           |
| DME      | A6221     | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                                                               | N           |
| DME      | A6222     | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                         | N           |
| DME      | 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 | N           |
| DME      | A6224     | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                       | N           |
| DME      | A6228     | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                                   | N           |
| DME      | 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                            | N           |
| DME      | A6230     | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                                                 | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                           | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A6231     | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing                                                     | N           |
| DME      | 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          | N           |
| DME      | A6233     | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing                                                   | N           |
| DME      | A6234     | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                | N           |
| DME      | 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         | N           |
| DME      | A6236     | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                              | N           |
| DME      | A6237     | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                          | N           |
| DME      | 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   | N           |
| DME      | A6239     | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                        | N           |
| DME      | A6240     | Hydrocolloid dressing, wound filler, paste, sterile, per ounce                                                                                                  | N           |
| DME      | A6241     | Hydrocolloid dressing, wound filler, dry form, sterile, per gram                                                                                                | N           |
| DME      | A6242     | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                    | N           |
| DME      | 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             | N           |
| DME      | A6244     | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                                  | N           |
| DME      | A6245     | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                              | N           |
| DME      | 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       | N           |
| DME      | A6247     | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                            | N           |
| DME      | A6248     | Hydrogel dressing, wound filler, gel, per fluid ounce                                                                                                           | N           |
| DME      | A6250     | Skin sealants, protectants, moisturizers, ointments, any type, any size                                                                                         | Y           |
| DME      | A6251     | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                        | N           |
| DME      | 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 | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                 | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A6253     | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                            | N           |
| DME      | A6254     | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing                                        | N           |
| DME      | 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 | N           |
| DME      | A6256     | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing                                      | N           |
| DME      | A6257     | Transparent film, sterile, 16 sq. in. or less, each dressing                                                                                                          | N           |
| DME      | A6258     | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing                                                                   | N           |
| DME      | A6259     | Transparent film, sterile, more than 48 sq. in., each dressing                                                                                                        | N           |
| DME      | A6260     | Wound cleansers, any type, any size                                                                                                                                   | Y           |
| DME      | A6261     | Wound filler, gel/paste, per fluid ounce, not otherwise specified                                                                                                     | N           |
| DME      | A6262     | Wound filler, dry form, per gram, not otherwise specified                                                                                                             | N           |
| DME      | A6266     | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard                                                               | N           |
| DME      | A6402     | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                                  | N           |
| DME      | 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                               | N           |
| DME      | A6404     | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing                                                                | N           |
| DME      | A6407     | Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard                                                                                    | N           |
| DME      | A6410     | Eye pad, sterile, each                                                                                                                                                | N           |
| DME      | A6411     | Eye pad, non-sterile, each                                                                                                                                            | N           |
| DME      | A6412     | Eye patch, occlusive, each                                                                                                                                            | N           |
| DME      | A6413     | Adhesive bandage, first-aid type, any size, each                                                                                                                      | Y           |
| DME      | A6441     | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard                                  | N           |
| DME      | A6442     | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard                                                                   | N           |
| DME      | A6443     | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard                          | N           |
| DME      | A6444     | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard                                                        | N           |
| DME      | A6445     | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard                                                                       | N           |
| DME      | A6446     | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard                              | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                               | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A6447     | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard                                                                                                       | N           |
| DME      | A6448     | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard                                                                                                                           | N           |
| DME      | A6449     | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard                                                                                  | N           |
| DME      | A6450     | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard                                                                                                             | N           |
| DME      | 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           | N           |
| DME      | 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 | N           |
| DME      | A6453     | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard                                                                                                                       | N           |
| DME      | A6454     | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard                                                                              | N           |
| DME      | A6455     | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard                                                                                                         | N           |
| DME      | A6456     | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard                                                                         | N           |
| DME      | A6457     | Tubular dressing with or without elastic, any width, per linear yard                                                                                                                                                | N           |
| DME      | A6460     | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing                                                                                                   | N           |
| DME      | 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                                                            | N           |
| DME      | A6501     | Compression burn garment, bodysuit (head to foot), custom fabricated                                                                                                                                                | N           |
| DME      | A6502     | Compression burn garment, chin strap, custom fabricated                                                                                                                                                             | N           |
| DME      | A6503     | Compression burn garment, facial hood, custom fabricated                                                                                                                                                            | N           |
| DME      | A6504     | Compression burn garment, glove to wrist, custom fabricated                                                                                                                                                         | N           |
| DME      | A6505     | Compression burn garment, glove to elbow, custom fabricated                                                                                                                                                         | N           |
| DME      | A6506     | Compression burn garment, glove to axilla, custom fabricated                                                                                                                                                        | N           |
| DME      | A6507     | Compression burn garment, foot to knee length, custom fabricated                                                                                                                                                    | N           |
| DME      | A6508     | Compression burn garment, foot to thigh length, custom fabricated                                                                                                                                                   | N           |
| DME      | A6509     | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated                                                                                                                     | N           |
| DME      | A6510     | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated                                                                                                                   | N           |
| DME      | A6511     | Compression burn garment, lower trunk including leg openings (panty), custom fabricated                                                                                                                             | N           |
| DME      | A6512     | Compression burn garment, not otherwise classified                                                                                                                                                                  | N           |

| Category | CPT® Code | CPT® Code Description                                                                                      | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A6513     | Compression burn mask, face and/or neck, plastic or equal, custom fabricated                               | N           |
| DME      | A6515     | Gradient compression wrap with adjustable straps, full leg, each, custom                                   | Y           |
| DME      | A6516     | Gradient compression wrap with adjustable straps, foot, each, custom                                       | Y           |
| DME      | A6517     | Gradient compression wrap with adjustable straps, below knee, each, custom                                 | Y           |
| DME      | A6518     | Gradient compression wrap with adjustable straps, arm, each, custom                                        | Y           |
| DME      | A6519     | Gradient compression garment, not otherwise specified, for nighttime use, each                             | Y           |
| DME      | A6520     | Gradient compression garment, glove, padded, for nighttime use, each                                       | N           |
| DME      | A6521     | Gradient compression garment, glove, padded, for nighttime use, custom, each                               | N           |
| DME      | A6522     | Gradient compression garment, arm, padded, for nighttime use, each                                         | N           |
| DME      | A6523     | Gradient compression garment, arm, padded, for nighttime use, custom, each                                 | N           |
| DME      | A6524     | Gradient compression garment, lower leg and foot, padded, for nighttime use, each                          | N           |
| DME      | A6525     | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each                  | N           |
| DME      | A6526     | Gradient compression garment, full leg and foot, padded, for nighttime use, each                           | N           |
| DME      | A6527     | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each                   | N           |
| DME      | A6528     | Gradient compression garment, bra, for nighttime use, each                                                 | N           |
| DME      | A6529     | Gradient compression garment, bra, for nighttime use, custom, each                                         | N           |
| DME      | A6530     | Gradient compression stocking, below knee, 18-30 mmhg, each                                                | N           |
| DME      | A6531     | Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each                   | N           |
| DME      | A6532     | Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each                   | N           |
| DME      | A6533     | Gradient compression stocking, thigh length, 18-30 mmhg, each                                              | N           |
| DME      | A6534     | Gradient compression stocking, thigh length, 30-40 mmhg, each                                              | N           |
| DME      | A6535     | Gradient compression stocking, thigh length, 40 mmhg or greater, each                                      | N           |
| DME      | A6536     | Gradient compression stocking, full length/chap style, 18-30 mmhg, each                                    | N           |
| DME      | A6537     | Gradient compression stocking, full length/chap style, 30-40 mmhg, each                                    | N           |
| DME      | A6538     | Gradient compression stocking, full length/chap style, 40 mmhg or greater, each                            | N           |
| DME      | A6539     | Gradient compression stocking, waist length, 18-30 mmhg, each                                              | N           |
| DME      | A6540     | Gradient compression stocking, waist length, 30-40 mmhg, each                                              | N           |
| DME      | A6541     | Gradient compression stocking, waist length, 40 mmhg or greater, each                                      | N           |
| DME      | A6544     | Gradient compression stocking, garter belt                                                                 | N           |
| DME      | A6545     | Gradient compression wrap, non-elastic, below knee, 30-50 mmhg, used as a surgical dressing, each          | N           |
| DME      | A6548     | Accessory to custom gradient compression garment, silicone band, any size                                  | N           |
| DME      | A6549     | Gradient compression garment, not otherwise specified, for daytime use, each                               | N           |
| DME      | A6550     | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories | N           |
| DME      | A6552     | Gradient compression stocking, below knee, 30-40 mmhg, each                                                | N           |
| DME      | A6553     | Gradient compression stocking, below knee, 30-40 mmhg, custom, each                                        | N           |
| DME      | A6554     | Gradient compression stocking, below knee, 40 mmhg or greater, each                                        | N           |

| Category | CPT® Code | CPT® Code Description                                                                               | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------|-------------|
| DME      | A6555     | Gradient compression stocking, below knee, 40 mmhg or greater, custom, each                         | N           |
| DME      | A6556     | Gradient compression stocking, thigh length, 18-30 mmhg, custom, each                               | N           |
| DME      | A6557     | Gradient compression stocking, thigh length, 30-40 mmhg, custom, each                               | N           |
| DME      | A6558     | Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each                       | N           |
| DME      | A6559     | Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each                     | N           |
| DME      | A6560     | Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each                     | N           |
| DME      | A6561     | Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each             | N           |
| DME      | A6562     | Gradient compression stocking, waist length, 18-30 mmhg, custom, each                               | N           |
| DME      | A6563     | Gradient compression stocking, waist length, 30-40 mmhg, custom, each                               | N           |
| DME      | A6564     | Gradient compression stocking, waist length, 40 mmhg or greater, custom, each                       | N           |
| DME      | A6565     | Gradient compression gauntlet, custom, each                                                         | N           |
| DME      | A6566     | Gradient compression garment, neck/head, each                                                       | N           |
| DME      | A6567     | Gradient compression garment, neck/head, custom, each                                               | N           |
| DME      | A6568     | Gradient compression garment, torso and shoulder, each                                              | N           |
| DME      | A6569     | Gradient compression garment, torso/shoulder, custom, each                                          | N           |
| DME      | A6570     | Gradient compression garment, genital region, each                                                  | N           |
| DME      | A6571     | Gradient compression garment, genital region, custom, each                                          | N           |
| DME      | A6572     | Gradient compression garment, toe caps, each                                                        | N           |
| DME      | A6573     | Gradient compression garment, toe caps, custom, each                                                | N           |
| DME      | A6574     | Gradient compression arm sleeve and glove combination, custom, each                                 | N           |
| DME      | A6575     | Gradient compression arm sleeve and glove combination, each                                         | N           |
| DME      | A6576     | Gradient compression arm sleeve, custom, medium weight, each                                        | N           |
| DME      | A6577     | Gradient compression arm sleeve, custom, heavy weight, each                                         | N           |
| DME      | A6578     | Gradient compression arm sleeve, each                                                               | N           |
| DME      | A6579     | Gradient compression glove, custom, medium weight, each                                             | N           |
| DME      | A6580     | Gradient compression glove, custom, heavy weight, each                                              | N           |
| DME      | A6581     | Gradient compression glove, each                                                                    | N           |
| DME      | A6582     | Gradient compression gauntlet, each                                                                 | N           |
| DME      | A6583     | Gradient compression wrap with adjustable straps, below knee, each                                  | N           |
| DME      | A6584     | Gradient compression wrap with adjustable straps, not otherwise specified                           | N           |
| DME      | A6585     | Gradient compression wrap with adjustable straps, above knee, each                                  | N           |
| DME      | A6586     | Gradient compression wrap with adjustable straps, full leg, each                                    | N           |
| DME      | A6587     | Gradient compression wrap with adjustable straps, foot, each                                        | N           |
| DME      | A6588     | Gradient compression wrap with adjustable straps, arm, each                                         | N           |
| DME      | A6589     | Gradient pressure wrap with adjustable straps, bra, each                                            | N           |
| DME      | A6590     | External urinary catheters; disposable, with wicking material, for use with suction pump, per month | N           |
| DME      | A6591     | External urinary catheter; non-disposable, for use with suction pump, per month                     | N           |

| Category | CPT® Code | CPT® Code Description                                                                                               | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A6593     | Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified                  | N           |
| DME      | A6594     | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each                     | N           |
| DME      | A6595     | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each                     | N           |
| DME      | A6596     | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each                           | N           |
| DME      | A6597     | Gradient compression bandage roll, elastic long stretch, linear yard, any width, each                               | N           |
| DME      | A6598     | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each                         | N           |
| DME      | A6599     | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each                        | N           |
| DME      | A6600     | Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each                    | N           |
| DME      | A6601     | Gradient compression bandaging supply, high density foam pad, any size or shape, each                               | N           |
| DME      | A6602     | Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each         | N           |
| DME      | A6603     | Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each             | N           |
| DME      | A6604     | Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each                | N           |
| DME      | A6605     | Gradient compression bandaging supply, padded foam, per linear yard, any width, each                                | N           |
| DME      | A6606     | Gradient compression bandaging supply, padded textile, per linear yard, any width, each                             | N           |
| DME      | A6607     | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each        | N           |
| DME      | A6608     | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | N           |
| DME      | A6609     | Gradient compression bandaging supply, not otherwise specified                                                      | N           |
| DME      | A6610     | Gradient compression stocking, below knee, 18-30 mmhg, custom, each                                                 | N           |
| DME      | A6611     | Gradient compression wrap with adjustable straps, above knee, each, custom                                          | Y           |
| DME      | A7000     | Canister, disposable, used with suction pump, each                                                                  | N           |
| DME      | A7001     | Canister, non-disposable, used with suction pump, each                                                              | N           |
| DME      | A7002     | Tubing, used with suction pump, each                                                                                | N           |
| DME      | A7003     | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable                                   | N           |
| DME      | A7004     | Small volume nonfiltered pneumatic nebulizer, disposable                                                            | N           |
| DME      | A7005     | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable                               | N           |
| DME      | A7006     | Administration set, with small volume filtered pneumatic nebulizer                                                  | N           |
| DME      | A7007     | Large volume nebulizer, disposable, unfilled, used with aerosol compressor                                          | N           |
| DME      | A7008     | Large volume nebulizer, disposable, prefilled, used with aerosol compressor                                         | Y           |
| DME      | A7009     | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer                                       | N           |
| DME      | A7010     | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet                                           | N           |
| DME      | A7012     | Water collection device, used with large volume nebulizer                                                           | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                  | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A7013     | Filter, disposable, used with aerosol compressor or ultrasonic generator                                                                                               | N           |
| DME      | A7014     | Filter, nondisposable, used with aerosol compressor or ultrasonic generator                                                                                            | N           |
| DME      | A7015     | Aerosol mask, used with dme nebulizer                                                                                                                                  | N           |
| DME      | A7016     | Dome and mouthpiece, used with small volume ultrasonic nebulizer                                                                                                       | N           |
| DME      | A7017     | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen                                                                                   | N           |
| DME      | A7018     | Water, distilled, used with large volume nebulizer, 1000 ml                                                                                                            | N           |
| DME      | A7020     | Interface for cough stimulating device, includes all components, replacement only                                                                                      | N           |
| DME      | A7021     | Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter) | N           |
| DME      | A7025     | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each                                                              | Y           |
| DME      | A7026     | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each                                                              | Y           |
| DME      | A7027     | Combination oral/nasal mask, used with continuous positive airway pressure device, each                                                                                | Y           |
| DME      | A7028     | Oral cushion for combination oral/nasal mask, replacement only, each                                                                                                   | Y           |
| DME      | A7029     | Nasal pillows for combination oral/nasal mask, replacement only, pair                                                                                                  | Y           |
| DME      | A7030     | Full face mask used with positive airway pressure device, each                                                                                                         | Y           |
| DME      | A7031     | Face mask interface, replacement for full face mask, each                                                                                                              | Y           |
| DME      | A7032     | Cushion for use on nasal mask interface, replacement only, each                                                                                                        | Y           |
| DME      | A7033     | Pillow for use on nasal cannula type interface, replacement only, pair                                                                                                 | Y           |
| DME      | A7034     | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap                                                           | Y           |
| DME      | A7035     | Headgear used with positive airway pressure device                                                                                                                     | Y           |
| DME      | A7036     | Chinstrap used with positive airway pressure device                                                                                                                    | Y           |
| DME      | A7037     | Tubing used with positive airway pressure device                                                                                                                       | Y           |
| DME      | A7038     | Filter, disposable, used with positive airway pressure device                                                                                                          | Y           |
| DME      | A7039     | Filter, non disposable, used with positive airway pressure device                                                                                                      | Y           |
| DME      | A7040     | One way chest drain valve                                                                                                                                              | N           |
| DME      | A7041     | Water seal drainage container and tubing for use with implanted chest tube                                                                                             | N           |
| DME      | A7044     | Oral interface used with positive airway pressure device, each                                                                                                         | Y           |
| DME      | A7045     | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only                                                             | Y           |
| DME      | A7046     | Water chamber for humidifier, used with positive airway pressure device, replacement, each                                                                             | Y           |
| DME      | A7047     | Oral interface used with respiratory suction pump, each                                                                                                                | N           |
| DME      | A7048     | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each                        | N           |
| DME      | A7501     | Tracheostoma valve, including diaphragm, each                                                                                                                          | N           |
| DME      | A7502     | Replacement diaphragm/faceplate for tracheostoma valve, each                                                                                                           | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                    | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A7503     | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each                                                                 | N           |
| DME      | A7504     | Filter for use in a tracheostoma heat and moisture exchange system, each                                                                                                 | N           |
| DME      | A7505     | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each                                                | N           |
| DME      | A7506     | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each                                                               | N           |
| DME      | A7507     | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each                                                  | N           |
| DME      | A7508     | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each                                      | N           |
| DME      | A7509     | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each                                             | N           |
| DME      | A7520     | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each                                                                             | N           |
| DME      | A7521     | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each                                                                                 | N           |
| DME      | A7522     | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each                                                                               | N           |
| DME      | A7523     | Tracheostomy shower protector, each                                                                                                                                      | Y           |
| DME      | A7524     | Tracheostoma stent/stud/button, each                                                                                                                                     | N           |
| DME      | A7525     | Tracheostomy mask, each                                                                                                                                                  | N           |
| DME      | A7526     | Tracheostomy tube collar/holder, each                                                                                                                                    | N           |
| DME      | A7527     | Tracheostomy/laryngectomy tube plug/stop, each                                                                                                                           | N           |
| DME      | A8000     | Helmet, protective, soft, prefabricated, includes all components and accessories                                                                                         | N           |
| DME      | A8001     | Helmet, protective, hard, prefabricated, includes all components and accessories                                                                                         | N           |
| DME      | A8002     | Helmet, protective, soft, custom fabricated, includes all components and accessories                                                                                     | N           |
| DME      | A8003     | Helmet, protective, hard, custom fabricated, includes all components and accessories                                                                                     | N           |
| DME      | A8004     | Soft interface for helmet, replacement only                                                                                                                              | N           |
| DME      | A8005     | Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted                          | Y           |
| DME      | A8006     | Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only                                                                 | Y           |
| DME      | A9272     | Wound suction, disposable, includes dressing, all accessories and components, any type, each                                                                             | N           |
| DME      | A9273     | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type                                                                                             | N           |
| DME      | A9274     | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories                                                                     | Y           |
| DME      | A9275     | Home glucose disposable monitor, includes test strips                                                                                                                    | Y           |
| DME      | A9276     | Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                          | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | A9277     | Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system                            | Y           |
| DME      | A9278     | Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system                     | Y           |
| DME      | A9279     | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified | Y           |
| DME      | A9282     | Wig, any type, each                                                                                                                            | Y           |
| DME      | A9900     | Miscellaneous dme supply, accessory, and/or service component of another hcpcs code                                                            | Y           |
| DME      | A9901     | Dme delivery, set up, and/or dispensing service component of another hcpcs code                                                                | Y           |
| DME      | A9999     | Miscellaneous dme supply or accessory, not otherwise specified                                                                                 | Y           |
| DME      | E0100     | Cane, includes canes of all materials, adjustable or fixed, with tip                                                                           | N           |
| DME      | E0105     | Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips                                                     | N           |
| DME      | E0110     | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips                         | N           |
| DME      | E0111     | Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips                                      | N           |
| DME      | E0112     | Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips                                                              | N           |
| DME      | E0113     | Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip                                                                   | N           |
| DME      | E0114     | Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips                                                   | N           |
| DME      | E0116     | Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each                          | N           |
| DME      | E0117     | Crutch, underarm, articulating, spring assisted, each                                                                                          | N           |
| DME      | E0118     | Crutch substitute, lower leg platform, with or without wheels, each                                                                            | N           |
| DME      | E0130     | Walker, rigid (pickup), adjustable or fixed height                                                                                             | N           |
| DME      | E0135     | Walker, folding (pickup), adjustable or fixed height                                                                                           | N           |
| DME      | E0140     | Walker, with trunk support, adjustable or fixed height, any type                                                                               | N           |
| DME      | E0141     | Walker, rigid, wheeled, adjustable or fixed height                                                                                             | N           |
| DME      | E0143     | Walker, folding, wheeled, adjustable or fixed height                                                                                           | N           |
| DME      | E0144     | Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat                                                             | N           |
| DME      | E0147     | Walker, heavy duty, multiple braking system, variable wheel resistance                                                                         | N           |
| DME      | E0148     | Walker, heavy duty, without wheels, rigid or folding, any type, each                                                                           | N           |
| DME      | E0149     | Walker, heavy duty, wheeled, rigid or folding, any type                                                                                        | N           |
| DME      | E0150     | Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height                                                  | N           |
| DME      | E0152     | Walker, battery powered, wheeled, folding, adjustable or fixed height                                                                          | Y           |
| DME      | E0153     | Platform attachment, forearm crutch, each                                                                                                      | N           |
| DME      | E0154     | Platform attachment, walker, each                                                                                                              | N           |
| DME      | E0155     | Wheel attachment, rigid pick-up walker, per pair                                                                                               | N           |
| DME      | E0156     | Seat attachment, walker                                                                                                                        | N           |

| Category | CPT® Code | CPT® Code Description                                                                                   | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0157     | Crutch attachment, walker, each                                                                         | N           |
| DME      | E0158     | Leg extensions for walker, per set of four (4)                                                          | N           |
| DME      | E0159     | Brake attachment for wheeled walker, replacement, each                                                  | N           |
| DME      | E0160     | Sitz type bath or equipment, portable, used with or without commode                                     | N           |
| DME      | E0161     | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s           | N           |
| DME      | E0162     | Sitz bath chair                                                                                         | N           |
| DME      | E0163     | Commode chair, mobile or stationary, with fixed arms                                                    | N           |
| DME      | E0165     | Commode chair, mobile or stationary, with detachable arms                                               | N           |
| DME      | E0167     | Pail or pan for use with commode chair, replacement only                                                | N           |
| DME      | E0168     | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | N           |
| DME      | E0170     | Commode chair with integrated seat lift mechanism, electric, any type                                   | Y           |
| DME      | E0171     | Commode chair with integrated seat lift mechanism, non-electric, any type                               | N           |
| DME      | E0172     | Seat lift mechanism placed over or on top of toilet, any type                                           | Y           |
| DME      | E0175     | Foot rest, for use with commode chair, each                                                             | Y           |
| DME      | E0181     | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty             | Y           |
| DME      | E0182     | Pump for alternating pressure pad, for replacement only                                                 | Y           |
| DME      | E0183     | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty                     | Y           |
| DME      | E0184     | Dry pressure mattress                                                                                   | Y           |
| DME      | E0185     | Gel or gel-like pressure pad for mattress, standard mattress length and width                           | Y           |
| DME      | E0186     | Air pressure mattress                                                                                   | Y           |
| DME      | E0187     | Water pressure mattress                                                                                 | Y           |
| DME      | E0188     | Synthetic sheepskin pad                                                                                 | N           |
| DME      | E0189     | Lambswool sheepskin pad, any size                                                                       | N           |
| DME      | E0190     | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories            | Y           |
| DME      | E0191     | Heel or elbow protector, each                                                                           | N           |
| DME      | E0193     | Powered air flotation bed (low air loss therapy)                                                        | Y           |
| DME      | E0194     | Air fluidized bed                                                                                       | Y           |
| DME      | E0196     | Gel pressure mattress                                                                                   | Y           |
| DME      | E0197     | Air pressure pad for mattress, standard mattress length and width                                       | Y           |
| DME      | E0198     | Water pressure pad for mattress, standard mattress length and width                                     | Y           |
| DME      | E0199     | Dry pressure pad for mattress, standard mattress length and width                                       | N           |
| DME      | E0200     | Heat lamp, without stand (table model), includes bulb, or infrared element                              | Y           |
| DME      | E0202     | Phototherapy (bilirubin) light with photometer                                                          | N           |
| DME      | E0203     | Therapeutic lightbox, minimum 10,000 lux, table top model                                               | Y           |
| DME      | E0205     | Heat lamp, with stand, includes bulb, or infrared element                                               | Y           |
| DME      | E0210     | Electric heat pad, standard                                                                             | N           |
| DME      | E0215     | Electric heat pad, moist                                                                                | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                            | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0217     | Water circulating heat pad with pump                                                                                             | Y           |
| DME      | E0218     | Fluid circulating cold pad with pump, any type                                                                                   | Y           |
| DME      | E0221     | Infrared heating pad system                                                                                                      | Y           |
| DME      | E0225     | Hydrocollator unit, includes pads                                                                                                | Y           |
| DME      | E0231     | Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover | Y           |
| DME      | E0232     | Warming card for use with the non contact wound warming device and non contact wound warming wound cover                         | Y           |
| DME      | E0235     | Paraffin bath unit, portable (see medical supply code a4265 for paraffin)                                                        | N           |
| DME      | E0236     | Pump for water circulating pad                                                                                                   | Y           |
| DME      | E0239     | Hydrocollator unit, portable                                                                                                     | Y           |
| DME      | E0240     | Bath/shower chair, with or without wheels, any size                                                                              | N           |
| DME      | E0241     | Bath tub wall rail, each                                                                                                         | Y           |
| DME      | E0242     | Bath tub rail, floor base                                                                                                        | Y           |
| DME      | E0243     | Toilet rail, each                                                                                                                | Y           |
| DME      | E0244     | Raised toilet seat                                                                                                               | Y           |
| DME      | E0245     | Tub stool or bench                                                                                                               | N           |
| DME      | E0246     | Transfer tub rail attachment                                                                                                     | Y           |
| DME      | E0247     | Transfer bench for tub or toilet with or without commode opening                                                                 | N           |
| DME      | E0248     | Transfer bench, heavy duty, for tub or toilet with or without commode opening                                                    | N           |
| DME      | E0249     | Pad for water circulating heat unit, for replacement only                                                                        | Y           |
| DME      | E0250     | Hospital bed, fixed height, with any type side rails, with mattress                                                              | Y           |
| DME      | E0251     | Hospital bed, fixed height, with any type side rails, without mattress                                                           | Y           |
| DME      | E0255     | Hospital bed, variable height, hi-lo, with any type side rails, with mattress                                                    | Y           |
| DME      | E0256     | Hospital bed, variable height, hi-lo, with any type side rails, without mattress                                                 | Y           |
| DME      | E0260     | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress                                  | Y           |
| DME      | E0261     | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress                               | Y           |
| DME      | E0265     | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress                        | Y           |
| DME      | E0266     | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress                     | Y           |
| DME      | E0270     | Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress                             | Y           |
| DME      | E0271     | Mattress, innerspring                                                                                                            | Y           |
| DME      | E0272     | Mattress, foam rubber                                                                                                            | Y           |
| DME      | E0273     | Bed board                                                                                                                        | Y           |
| DME      | E0274     | Over-bed table                                                                                                                   | Y           |
| DME      | E0275     | Bed pan, standard, metal or plastic                                                                                              | N           |
| DME      | E0276     | Bed pan, fracture, metal or plastic                                                                                              | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                          | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0277     | Powered pressure-reducing air mattress                                                                                                                                         | Y           |
| DME      | E0280     | Bed cradle, any type                                                                                                                                                           | N           |
| DME      | E0290     | Hospital bed, fixed height, without side rails, with mattress                                                                                                                  | Y           |
| DME      | E0291     | Hospital bed, fixed height, without side rails, without mattress                                                                                                               | Y           |
| DME      | E0292     | Hospital bed, variable height, hi-lo, without side rails, with mattress                                                                                                        | Y           |
| DME      | E0293     | Hospital bed, variable height, hi-lo, without side rails, without mattress                                                                                                     | Y           |
| DME      | E0294     | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress                                                                                      | Y           |
| DME      | E0295     | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress                                                                                   | Y           |
| DME      | E0296     | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress                                                                            | Y           |
| DME      | E0297     | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress                                                                         | Y           |
| DME      | E0300     | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure                                                                                                  | Y           |
| DME      | 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           | Y           |
| DME      | E0302     | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress                                           | Y           |
| DME      | 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              | Y           |
| DME      | E0304     | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress                                              | Y           |
| DME      | E0305     | Bed side rails, half length                                                                                                                                                    | Y           |
| DME      | E0310     | Bed side rails, full length                                                                                                                                                    | Y           |
| DME      | E0315     | Bed accessory: board, table, or support device, any type                                                                                                                       | Y           |
| DME      | E0316     | Safety enclosure frame/canopy for use with hospital bed, any type                                                                                                              | Y           |
| DME      | E0325     | Urinal; male, jug-type, any material                                                                                                                                           | N           |
| DME      | E0326     | Urinal; female, jug-type, any material                                                                                                                                         | N           |
| DME      | 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                    | Y           |
| DME      | 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 | Y           |
| DME      | E0350     | Control unit for electronic bowel irrigation/evacuation system                                                                                                                 | Y           |
| DME      | E0352     | Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system                       | Y           |
| DME      | E0370     | Air pressure elevator for heel                                                                                                                                                 | N           |
| DME      | E0371     | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width                                                                                 | Y           |
| DME      | E0372     | Powered air overlay for mattress, standard mattress length and width                                                                                                           | Y           |
| DME      | E0373     | Nonpowered advanced pressure reducing mattress                                                                                                                                 | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                       | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0424     | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing                                                                                                 | Y           |
| DME      | E0425     | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing                                                                                                                               | Y           |
| DME      | E0430     | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing                                                                                                                                            | Y           |
| DME      | E0431     | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing                                                                                                                          | Y           |
| DME      | 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       | Y           |
| DME      | E0434     | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing                                                                                    | Y           |
| DME      | E0435     | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor                                                                                   | Y           |
| DME      | E0439     | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing                                                                                                               | Y           |
| DME      | E0440     | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing                                                                                          | Y           |
| DME      | E0441     | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit                                                                                                                                                                                              | Y           |
| DME      | E0442     | Stationary oxygen contents, liquid, 1 month's supply = 1 unit                                                                                                                                                                                               | Y           |
| DME      | E0443     | Portable oxygen contents, gaseous, 1 month's supply = 1 unit                                                                                                                                                                                                | Y           |
| DME      | E0444     | Portable oxygen contents, liquid, 1 month's supply = 1 unit                                                                                                                                                                                                 | Y           |
| DME      | E0445     | Oximeter device for measuring blood oxygen levels non-invasively                                                                                                                                                                                            | Y           |
| DME      | E0446     | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories                                                                                                                                                              | Y           |
| DME      | E0447     | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)                                                                                                                       | Y           |
| DME      | E0455     | Oxygen tent, excluding croup or pediatric tents                                                                                                                                                                                                             | Y           |
| DME      | E0457     | Chest shell (cuirass)                                                                                                                                                                                                                                       | Y           |
| DME      | E0459     | Chest wrap                                                                                                                                                                                                                                                  | Y           |
| DME      | E0462     | Rocking bed with or without side rails                                                                                                                                                                                                                      | Y           |
| DME      | E0465     | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)                                                                                                                                                                          | Y           |
| DME      | E0466     | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)                                                                                                                                                                      | Y           |
| DME      | 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 | Y           |
| DME      | E0468     | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions                                                                              | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                          | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0469     | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device                                                                                                                                | Y           |
| DME      | 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) | Y           |
| DME      | 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)   | Y           |
| DME      | 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)          | Y           |
| DME      | E0480     | Percussor, electric or pneumatic, home model                                                                                                                                                                                   | Y           |
| DME      | E0481     | Intrapulmonary percussive ventilation system and related accessories                                                                                                                                                           | Y           |
| DME      | E0482     | Cough stimulating device, alternating positive and negative airway pressure                                                                                                                                                    | Y           |
| DME      | 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                                     | Y           |
| DME      | E0484     | Oscillatory positive expiratory pressure device, non-electric, any type, each                                                                                                                                                  | Y           |
| DME      | E0485     | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment                                                                                 | Y           |
| DME      | E0486     | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment                                                                             | Y           |
| DME      | E0487     | Spirometer, electronic, includes all accessories                                                                                                                                                                               | Y           |
| DME      | E0492     | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application                                                             | Y           |
| DME      | 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                    | Y           |
| DME      | E0500     | Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source                                                                                                             | Y           |
| DME      | E0530     | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type                                                                                                        | Y           |
| DME      | E0550     | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery                                                                                                                        | Y           |
| DME      | E0555     | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter                                                                                                                            | Y           |
| DME      | E0560     | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery                                                                                                                                   | Y           |
| DME      | E0561     | Humidifier, non-heated, used with positive airway pressure device                                                                                                                                                              | Y           |
| DME      | E0562     | Humidifier, heated, used with positive airway pressure device                                                                                                                                                                  | Y           |
| DME      | E0565     | Compressor, air power source for equipment which is not self-contained or cylinder driven                                                                                                                                      | N           |
| DME      | E0570     | Nebulizer, with compressor                                                                                                                                                                                                     | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                    | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0572     | Aerosol compressor, adjustable pressure, light duty for intermittent use                                                                 | Y           |
| DME      | E0574     | Ultrasonic/electronic aerosol generator with small volume nebulizer                                                                      | Y           |
| DME      | E0575     | Nebulizer, ultrasonic, large volume                                                                                                      | Y           |
| DME      | E0580     | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter                                      | Y           |
| DME      | E0585     | Nebulizer, with compressor and heater                                                                                                    | Y           |
| DME      | E0600     | Respiratory suction pump, home model, portable or stationary, electric                                                                   | N           |
| DME      | E0601     | Continuous positive airway pressure (cpap) device                                                                                        | Y           |
| DME      | E0602     | Breast pump, manual, any type                                                                                                            | N           |
| DME      | E0603     | Breast pump, electric (ac and/or dc), any type                                                                                           | N           |
| DME      | E0604     | Breast pump, hospital grade, electric (ac and / or dc), any type                                                                         | N           |
| DME      | E0605     | Vaporizer, room type                                                                                                                     | N           |
| DME      | E0606     | Postural drainage board                                                                                                                  | N           |
| DME      | E0607     | Home blood glucose monitor                                                                                                               | N           |
| DME      | E0610     | Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)                                | N           |
| DME      | E0615     | Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems       | N           |
| DME      | E0617     | External defibrillator with integrated electrocardiogram analysis                                                                        | N           |
| DME      | E0618     | Apnea monitor, without recording feature                                                                                                 | Y           |
| DME      | E0619     | Apnea monitor, with recording feature                                                                                                    | Y           |
| DME      | E0620     | Skin piercing device for collection of capillary blood, laser, each                                                                      | Y           |
| DME      | E0621     | Sling or seat, patient lift, canvas or nylon                                                                                             | N           |
| DME      | E0625     | Patient lift, bathroom or toilet, not otherwise classified                                                                               | Y           |
| DME      | E0627     | Seat lift mechanism, electric, any type                                                                                                  | Y           |
| DME      | E0629     | Seat lift mechanism, non-electric, any type                                                                                              | Y           |
| DME      | E0630     | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)                                                      | Y           |
| DME      | E0635     | Patient lift, electric with seat or sling                                                                                                | Y           |
| DME      | E0636     | Multipositional patient support system, with integrated lift, patient accessible controls                                                | Y           |
| DME      | E0637     | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels                | Y           |
| DME      | E0638     | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels | Y           |
| DME      | E0639     | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories                            | Y           |
| DME      | E0640     | Patient lift, fixed system, includes all components/accessories                                                                          | Y           |
| DME      | E0641     | Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels              | Y           |
| DME      | E0642     | Standing frame/table system, mobile (dynamic stander), any size including pediatric                                                      | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                     | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0650     | Pneumatic compressor, non-segmental home model                                                                                            | Y           |
| DME      | E0651     | Pneumatic compressor, segmental home model without calibrated gradient pressure                                                           | N           |
| DME      | E0652     | Pneumatic compressor, segmental home model with calibrated gradient pressure                                                              | Y           |
| DME      | E0655     | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm                                                             | Y           |
| DME      | E0656     | Segmental pneumatic appliance for use with pneumatic compressor, trunk                                                                    | Y           |
| DME      | E0657     | Segmental pneumatic appliance for use with pneumatic compressor, chest                                                                    | Y           |
| DME      | E0658     | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest                                        | Y           |
| DME      | E0659     | Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest                                         | Y           |
| DME      | E0660     | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg                                                             | Y           |
| DME      | E0665     | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm                                                             | Y           |
| DME      | E0666     | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg                                                             | Y           |
| DME      | E0667     | Segmental pneumatic appliance for use with pneumatic compressor, full leg                                                                 | Y           |
| DME      | E0668     | Segmental pneumatic appliance for use with pneumatic compressor, full arm                                                                 | Y           |
| DME      | E0669     | Segmental pneumatic appliance for use with pneumatic compressor, half leg                                                                 | Y           |
| DME      | E0670     | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk                                        | Y           |
| DME      | E0671     | Segmental gradient pressure pneumatic appliance, full leg                                                                                 | N           |
| DME      | E0672     | Segmental gradient pressure pneumatic appliance, full arm                                                                                 | N           |
| DME      | E0673     | Segmental gradient pressure pneumatic appliance, half leg                                                                                 | N           |
| DME      | E0675     | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) | Y           |
| DME      | E0676     | Intermittent limb compression device (includes all accessories), not otherwise specified                                                  | Y           |
| DME      | E0677     | Non-pneumatic sequential compression garment, trunk                                                                                       | Y           |
| DME      | E0678     | Non-pneumatic sequential compression garment, full leg                                                                                    | Y           |
| DME      | E0679     | Non-pneumatic sequential compression garment, half leg                                                                                    | Y           |
| DME      | E0680     | Non-pneumatic compression controller with sequential calibrated gradient pressure                                                         | N           |
| DME      | E0681     | Non-pneumatic compression controller without calibrated gradient pressure                                                                 | N           |
| DME      | E0682     | Non-pneumatic sequential compression garment, full arm                                                                                    | Y           |
| DME      | E0683     | Non-pneumatic, non-sequential, peristaltic wave compression pump                                                                          | Y           |
| DME      | E0691     | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less                    | Y           |
| DME      | E0692     | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel                                      | Y           |
| DME      | E0693     | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel                                      | Y           |
| DME      | E0694     | Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection                       | Y           |
| DME      | E0700     | Safety equipment, device or accessory, any type                                                                                           | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                          | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0705     | Transfer device, any type, each                                                                                                                                                                                                | N           |
| DME      | E0710     | Restraints, any type (body, chest, wrist or ankle)                                                                                                                                                                             | N           |
| DME      | E0711     | Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion                                                                                                                             | Y           |
| DME      | E0720     | Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation                                                                                                                                     | Y           |
| DME      | E0721     | Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region                                                                                                                                         | Y           |
| DME      | E0730     | Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation                                                                                                                  | Y           |
| DME      | E0731     | Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)                                                                                    | Y           |
| DME      | E0732     | Cranial electrotherapy stimulation (ces) system, any type                                                                                                                                                                      | Y           |
| DME      | E0733     | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve                                                                                                                                  | Y           |
| DME      | E0734     | External upper limb tremor stimulator of the peripheral nerves of the wrist                                                                                                                                                    | Y           |
| DME      | E0735     | Non-invasive vagus nerve stimulator                                                                                                                                                                                            | Y           |
| DME      | E0736     | Transcutaneous tibial nerve stimulator                                                                                                                                                                                         | Y           |
| DME      | E0738     | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories                                                                    | Y           |
| DME      | E0739     | Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors                                                       | Y           |
| DME      | E0740     | Non-implanted pelvic floor electrical stimulator, complete system                                                                                                                                                              | Y           |
| DME      | E0743     | External lower extremity nerve stimulator for restless legs syndrome, each                                                                                                                                                     | Y           |
| DME      | E0744     | Neuromuscular stimulator for scoliosis                                                                                                                                                                                         | Y           |
| DME      | E0745     | Neuromuscular stimulator, electronic shock unit                                                                                                                                                                                | Y           |
| DME      | E0746     | Electromyography (emg), biofeedback device                                                                                                                                                                                     | Y           |
| DME      | E0747     | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications                                                                                                                                              | Y           |
| DME      | E0748     | Osteogenesis stimulator, electrical, non-invasive, spinal applications                                                                                                                                                         | Y           |
| DME      | E0755     | Electronic salivary reflex stimulator (intra-oral/non-invasive)                                                                                                                                                                | Y           |
| DME      | E0760     | Osteogenesis stimulator, low intensity ultrasound, non-invasive                                                                                                                                                                | Y           |
| DME      | E0761     | Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device                                                                                                                          | Y           |
| DME      | E0762     | Transcutaneous electrical joint stimulation device system, includes all accessories                                                                                                                                            | Y           |
| DME      | 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 | Y           |
| DME      | E0765     | Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting                                                                                                                                | Y           |
| DME      | E0766     | Electrical stimulation device used for cancer treatment, includes all accessories, any type                                                                                                                                    | Y           |
| DME      | E0767     | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories                                                                             | Y           |
| DME      | E0769     | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified                                                                                                                                     | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                          | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0770     | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified | Y           |
| DME      | E0776     | Iv pole                                                                                                                                        | N           |
| DME      | E0779     | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater                                                                | Y           |
| DME      | E0780     | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours                                                                 | Y           |
| DME      | E0781     | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient            | Y           |
| DME      | E0784     | External ambulatory infusion pump, insulin                                                                                                     | Y           |
| DME      | E0791     | Parenteral infusion pump, stationary, single or multi-channel                                                                                  | Y           |
| DME      | E0830     | Ambulatory traction device, all types, each                                                                                                    | N           |
| DME      | E0840     | Traction frame, attached to headboard, cervical traction                                                                                       | Y           |
| DME      | E0849     | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible                             | N           |
| DME      | E0850     | Traction stand, free standing, cervical traction                                                                                               | Y           |
| DME      | E0855     | Cervical traction equipment not requiring additional stand or frame                                                                            | N           |
| DME      | E0856     | Cervical traction device, with inflatable air bladder(s)                                                                                       | N           |
| DME      | E0860     | Traction equipment, overdoor, cervical                                                                                                         | N           |
| DME      | E0870     | Traction frame, attached to footboard, extremity traction, (e.g., buck's)                                                                      | N           |
| DME      | E0880     | Traction stand, free standing, extremity traction                                                                                              | N           |
| DME      | E0890     | Traction frame, attached to footboard, pelvic traction                                                                                         | N           |
| DME      | E0900     | Traction stand, free standing, pelvic traction, (e.g., buck's)                                                                                 | N           |
| DME      | E0910     | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar                                                                             | N           |
| DME      | E0911     | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar                                   | N           |
| DME      | E0912     | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar                            | N           |
| DME      | E0920     | Fracture frame, attached to bed, includes weights                                                                                              | Y           |
| DME      | E0930     | Fracture frame, free standing, includes weights                                                                                                | Y           |
| DME      | E0935     | Continuous passive motion exercise device for use on knee only                                                                                 | Y           |
| DME      | E0936     | Continuous passive motion exercise device for use other than knee                                                                              | Y           |
| DME      | E0940     | Trapeze bar, free standing, complete with grab bar                                                                                             | N           |
| DME      | E0941     | Gravity assisted traction device, any type                                                                                                     | Y           |
| DME      | E0942     | Cervical head harness/halter                                                                                                                   | N           |
| DME      | E0944     | Pelvic belt/harness/boot                                                                                                                       | N           |
| DME      | E0945     | Extremity belt/harness                                                                                                                         | N           |
| DME      | E0946     | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)                                                               | Y           |
| DME      | E0947     | Fracture frame, attachments for complex pelvic traction                                                                                        | Y           |
| DME      | E0948     | Fracture frame, attachments for complex cervical traction                                                                                      | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                            | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E0950     | Wheelchair accessory, tray, each                                                                                 | N           |
| DME      | E0951     | Heel loop/holder, any type, with or without ankle strap, each                                                    | N           |
| DME      | E0952     | Toe loop/holder, any type, each                                                                                  | N           |
| DME      | E0953     | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each            | N           |
| DME      | E0954     | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot                   | N           |
| DME      | E0955     | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each                     | N           |
| DME      | E0956     | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each            | Y           |
| DME      | E0957     | Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each                    | Y           |
| DME      | E0958     | Manual wheelchair accessory, one-arm drive attachment, each                                                      | N           |
| DME      | E0959     | Manual wheelchair accessory, adapter for amputee, each                                                           | N           |
| DME      | E0960     | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware               | Y           |
| DME      | E0961     | Manual wheelchair accessory, wheel lock brake extension (handle), each                                           | Y           |
| DME      | E0966     | Manual wheelchair accessory, headrest extension, each                                                            | N           |
| DME      | E0967     | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each                         | N           |
| DME      | E0968     | Commode seat, wheelchair                                                                                         | Y           |
| DME      | E0969     | Narrowing device, wheelchair                                                                                     | Y           |
| DME      | E0970     | No. 2 footplates, except for elevating leg rest                                                                  | N           |
| DME      | E0971     | Manual wheelchair accessory, anti-tipping device, each                                                           | N           |
| DME      | E0973     | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each                             | Y           |
| DME      | E0974     | Manual wheelchair accessory, anti-rollback device, each                                                          | Y           |
| DME      | E0978     | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each                                            | N           |
| DME      | E0980     | Safety vest, wheelchair                                                                                          | N           |
| DME      | E0981     | Wheelchair accessory, seat upholstery, replacement only, each                                                    | N           |
| DME      | E0982     | Wheelchair accessory, back upholstery, replacement only, each                                                    | N           |
| DME      | E0983     | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control | Y           |
| DME      | E0984     | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control   | Y           |
| DME      | E0985     | Wheelchair accessory, seat lift mechanism                                                                        | Y           |
| DME      | E0986     | Manual wheelchair accessory, push-rim activated power assist system                                              | Y           |
| DME      | E0988     | Manual wheelchair accessory, lever-activated, wheel drive, pair                                                  | N           |
| DME      | E0990     | Wheelchair accessory, elevating leg rest, complete assembly, each                                                | N           |
| DME      | E0992     | Manual wheelchair accessory, solid seat insert                                                                   | N           |
| DME      | E0994     | Arm rest, each                                                                                                   | N           |
| DME      | E0995     | Wheelchair accessory, calf rest/pad, replacement only, each                                                      | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                       | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E1002     | Wheelchair accessory, power seating system, tilt only                                                                                       | Y           |
| DME      | E1003     | Wheelchair accessory, power seating system, recline only, without shear reduction                                                           | Y           |
| DME      | E1004     | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction                                                   | Y           |
| DME      | E1005     | Wheelchair accessory, power seating system, recline only, with power shear reduction                                                        | Y           |
| DME      | E1006     | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction                                           | Y           |
| DME      | E1007     | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction                                   | Y           |
| DME      | E1008     | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction                                        | Y           |
| DME      | E1009     | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each      | Y           |
| DME      | E1010     | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair                                | Y           |
| DME      | E1011     | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)                                | N           |
| DME      | E1012     | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each     | Y           |
| DME      | E1014     | Reclining back, addition to pediatric size wheelchair                                                                                       | N           |
| DME      | E1015     | Shock absorber for manual wheelchair, each                                                                                                  | N           |
| DME      | E1016     | Shock absorber for power wheelchair, each                                                                                                   | N           |
| DME      | E1017     | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each                                                        | Y           |
| DME      | E1018     | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each                                                         | Y           |
| DME      | E1020     | Residual limb support system for wheelchair, any type                                                                                       | N           |
| DME      | E1022     | Wheelchair transportation securement system, any type includes all components and accessories                                               | Y           |
| DME      | E1023     | Wheelchair transit securement system, includes all components and accessories                                                               | Y           |
| DME      | E1028     | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other                                                   | N           |
| DME      | E1029     | Wheelchair accessory, ventilator tray, fixed                                                                                                | N           |
| DME      | E1030     | Wheelchair accessory, ventilator tray, gimbaled                                                                                             | N           |
| DME      | E1031     | Rollabout chair, any and all types with casters 5" or greater                                                                               | N           |
| DME      | E1032     | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface      | Y           |
| DME      | E1033     | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type                        | Y           |
| DME      | E1034     | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type               | Y           |
| DME      | E1035     | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                           | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E1036     | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | Y           |
| DME      | E1037     | Transport chair, pediatric size                                                                                                                 | N           |
| DME      | E1038     | Transport chair, adult size, patient weight capacity up to and including 300 pounds                                                             | N           |
| DME      | E1039     | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds                                                        | N           |
| DME      | E1050     | Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests                                                   | Y           |
| DME      | E1060     | Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests                                      | Y           |
| DME      | E1070     | Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest                                                | Y           |
| DME      | E1083     | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest                                                               | Y           |
| DME      | E1084     | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests                                            | Y           |
| DME      | E1085     | Hemi-wheelchair, fixed full length arms, swing away detachable foot rests                                                                       | Y           |
| DME      | E1086     | Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests                                                            | Y           |
| DME      | E1087     | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests                                         | Y           |
| DME      | E1088     | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests                            | Y           |
| DME      | E1089     | High strength lightweight wheelchair, fixed length arms, swing away detachable footrest                                                         | Y           |
| DME      | E1090     | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests                                     | Y           |
| DME      | E1092     | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests                                   | Y           |
| DME      | E1093     | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests                                           | Y           |
| DME      | E1100     | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests                                                    | Y           |
| DME      | E1110     | Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest                                                             | Y           |
| DME      | E1130     | Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests                                                           | Y           |
| DME      | E1140     | Wheelchair, detachable arms, desk or full length, swing away detachable footrests                                                               | Y           |
| DME      | E1150     | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests                                                       | Y           |
| DME      | E1160     | Wheelchair, fixed full length arms, swing away detachable elevating legrests                                                                    | Y           |
| DME      | E1161     | Manual adult size wheelchair, includes tilt in space                                                                                            | Y           |
| DME      | E1170     | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests                                                            | N           |
| DME      | E1171     | Amputee wheelchair, fixed full length arms, without footrests or legrest                                                                        | N           |
| DME      | E1172     | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest                                                          | N           |
| DME      | E1180     | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests                                                       | N           |
| DME      | E1190     | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests                                              | N           |

| Category | CPT® Code | CPT® Code Description                                                                                               | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E1195     | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests                             | Y           |
| DME      | E1200     | Amputee wheelchair, fixed full length arms, swing away detachable footrest                                          | N           |
| DME      | E1220     | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification           | Y           |
| DME      | E1221     | Wheelchair with fixed arm, footrests                                                                                | Y           |
| DME      | E1222     | Wheelchair with fixed arm, elevating legrests                                                                       | Y           |
| DME      | E1223     | Wheelchair with detachable arms, footrests                                                                          | Y           |
| DME      | E1224     | Wheelchair with detachable arms, elevating legrests                                                                 | Y           |
| DME      | E1225     | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each | Y           |
| DME      | E1226     | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each                          | Y           |
| DME      | E1227     | Special height arms for wheelchair                                                                                  | Y           |
| DME      | E1228     | Special back height for wheelchair                                                                                  | N           |
| DME      | E1229     | Wheelchair, pediatric size, not otherwise specified                                                                 | Y           |
| DME      | E1230     | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number                         | Y           |
| DME      | E1231     | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system                                   | N           |
| DME      | E1232     | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system                                 | N           |
| DME      | E1233     | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system                                | N           |
| DME      | E1234     | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system                              | N           |
| DME      | E1235     | Wheelchair, pediatric size, rigid, adjustable, with seating system                                                  | N           |
| DME      | E1236     | Wheelchair, pediatric size, folding, adjustable, with seating system                                                | N           |
| DME      | E1237     | Wheelchair, pediatric size, rigid, adjustable, without seating system                                               | N           |
| DME      | E1238     | Wheelchair, pediatric size, folding, adjustable, without seating system                                             | N           |
| DME      | E1239     | Power wheelchair, pediatric size, not otherwise specified                                                           | Y           |
| DME      | E1240     | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest             | Y           |
| DME      | E1250     | Lightweight wheelchair, fixed full length arms, swing away detachable footrest                                      | Y           |
| DME      | E1260     | Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest                        | Y           |
| DME      | E1270     | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests                            | Y           |
| DME      | E1280     | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests                                     | Y           |
| DME      | E1285     | Heavy duty wheelchair, fixed full length arms, swing away detachable footrest                                       | Y           |
| DME      | E1290     | Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest                         | Y           |
| DME      | E1295     | Heavy duty wheelchair, fixed full length arms, elevating legrest                                                    | Y           |
| DME      | E1296     | Special wheelchair seat height from floor                                                                           | Y           |
| DME      | E1297     | Special wheelchair seat depth, by upholstery                                                                        | N           |
| DME      | E1298     | Special wheelchair seat depth and/or width, by construction                                                         | Y           |
| DME      | E1300     | Whirlpool, portable (overtub type)                                                                                  | Y           |
| DME      | E1301     | Whirlpool tub, walk-in, portable                                                                                    | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                         | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E1310     | Whirlpool, non-portable (built-in type)                                                                                                                                                                       | Y           |
| DME      | E1352     | Oxygen accessory, flow regulator capable of positive inspiratory pressure                                                                                                                                     | N           |
| DME      | E1353     | Regulator                                                                                                                                                                                                     | Y           |
| DME      | E1354     | Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each                                                                                               | Y           |
| DME      | E1355     | Stand/rack                                                                                                                                                                                                    | Y           |
| DME      | E1356     | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each                                                                                                          | Y           |
| DME      | E1357     | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each                                                                                                                 | Y           |
| DME      | E1358     | Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each                                                                                                                | Y           |
| DME      | E1372     | Immersion external heater for nebulizer                                                                                                                                                                       | Y           |
| DME      | E1390     | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate                                                                       | Y           |
| DME      | E1391     | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each                                                                   | Y           |
| DME      | E1392     | Portable oxygen concentrator, rental                                                                                                                                                                          | Y           |
| DME      | E1399     | Durable medical equipment, miscellaneous                                                                                                                                                                      | Y           |
| DME      | E1405     | Oxygen and water vapor enriching system with heated delivery                                                                                                                                                  | Y           |
| DME      | E1406     | Oxygen and water vapor enriching system without heated delivery                                                                                                                                               | Y           |
| DME      | E1500     | Centrifuge, for dialysis                                                                                                                                                                                      | Y           |
| DME      | 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 | Y           |
| DME      | E1520     | Heparin infusion pump for hemodialysis                                                                                                                                                                        | Y           |
| DME      | E1530     | Air bubble detector for hemodialysis, each, replacement                                                                                                                                                       | Y           |
| DME      | E1540     | Pressure alarm for hemodialysis, each, replacement                                                                                                                                                            | Y           |
| DME      | E1550     | Bath conductivity meter for hemodialysis, each                                                                                                                                                                | Y           |
| DME      | E1560     | Blood leak detector for hemodialysis, each, replacement                                                                                                                                                       | Y           |
| DME      | E1570     | Adjustable chair, for esrd patients                                                                                                                                                                           | Y           |
| DME      | E1575     | Transducer protectors/fluid barriers, for hemodialysis, any size, per 10                                                                                                                                      | Y           |
| DME      | E1580     | Unipuncture control system for hemodialysis                                                                                                                                                                   | Y           |
| DME      | E1590     | Hemodialysis machine                                                                                                                                                                                          | Y           |
| DME      | E1592     | Automatic intermittent peritoneal dialysis system                                                                                                                                                             | Y           |
| DME      | E1594     | Cycler dialysis machine for peritoneal dialysis                                                                                                                                                               | Y           |
| DME      | E1600     | Delivery and/or installation charges for hemodialysis equipment                                                                                                                                               | Y           |
| DME      | E1610     | Reverse osmosis water purification system, for hemodialysis                                                                                                                                                   | Y           |
| DME      | E1615     | Deionizer water purification system, for hemodialysis                                                                                                                                                         | Y           |
| DME      | E1620     | Blood pump for hemodialysis, replacement                                                                                                                                                                      | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                    | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E1625     | Water softening system, for hemodialysis                                                                                                                                                 | Y           |
| DME      | E1630     | Reciprocating peritoneal dialysis system                                                                                                                                                 | Y           |
| DME      | E1632     | Wearable artificial kidney, each                                                                                                                                                         | N           |
| DME      | E1634     | Peritoneal dialysis clamps, each                                                                                                                                                         | Y           |
| DME      | E1635     | Compact (portable) travel hemodialyzer system                                                                                                                                            | Y           |
| DME      | E1636     | Sorbent cartridges, for hemodialysis, per 10                                                                                                                                             | Y           |
| DME      | E1637     | Hemostats, each                                                                                                                                                                          | N           |
| DME      | E1639     | Scale, each                                                                                                                                                                              | N           |
| DME      | E1699     | Dialysis equipment, not otherwise specified                                                                                                                                              | Y           |
| DME      | E1700     | Jaw motion rehabilitation system                                                                                                                                                         | Y           |
| DME      | E1701     | Replacement cushions for jaw motion rehabilitation system, pkg. of 6                                                                                                                     | N           |
| DME      | E1702     | Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200                                                                                                           | N           |
| DME      | E1800     | Dynamic adjustable elbow extension and flexion device, includes soft interface material                                                                                                  | Y           |
| DME      | 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 | Y           |
| DME      | E1802     | Dynamic adjustable forearm pronation/supination device, includes soft interface material                                                                                                 | Y           |
| DME      | E1803     | Dynamic adjustable elbow extension only device, includes soft interface material                                                                                                         | Y           |
| DME      | E1804     | Dynamic adjustable elbow flexion only device, includes soft interface material                                                                                                           | Y           |
| DME      | E1805     | Dynamic adjustable wrist extension and flexion device, includes soft interface material                                                                                                  | Y           |
| DME      | E1806     | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories                                   | Y           |
| DME      | E1807     | Dynamic adjustable wrist extension only device, includes soft interface material                                                                                                         | Y           |
| DME      | E1808     | Dynamic adjustable wrist flexion only device, includes soft interface material                                                                                                           | Y           |
| DME      | E1810     | Dynamic adjustable knee extension and flexion device, includes soft interface material                                                                                                   | N           |
| DME      | 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  | N           |
| DME      | E1812     | Dynamic knee, extension/flexion device with active resistance control                                                                                                                    | N           |
| DME      | E1813     | Dynamic adjustable knee extension only device, includes soft interface material                                                                                                          | Y           |
| DME      | E1814     | Dynamic adjustable knee flexion only device, includes soft interface material                                                                                                            | Y           |
| DME      | E1815     | Dynamic adjustable ankle extension and flexion device, includes soft interface material                                                                                                  | N           |
| DME      | 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 | N           |
| DME      | E1818     | Static progressive stretch/patient actualized serial stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories  | N           |
| DME      | E1820     | Replacement soft interface material, dynamic adjustable extension/flexion device                                                                                                         | N           |
| DME      | E1821     | Replacement soft interface material/cuffs for bi-directional static progressive stretch device                                                                                           | N           |
| DME      | E1822     | Dynamic adjustable ankle extension only device, includes soft interface material                                                                                                         | Y           |
| DME      | E1823     | Dynamic adjustable ankle flexion only device, includes soft interface material                                                                                                           | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                             | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E1825     | Dynamic adjustable finger extension and flexion device, includes soft interface material                                                                          | Y           |
| DME      | E1826     | Dynamic adjustable finger extension only device, includes soft interface material                                                                                 | Y           |
| DME      | E1827     | Dynamic adjustable finger flexion only device, includes soft interface material                                                                                   | Y           |
| DME      | E1828     | Dynamic adjustable toe extension only device, includes soft interface material                                                                                    | Y           |
| DME      | E1829     | Dynamic adjustable toe flexion only device, includes soft interface material                                                                                      | Y           |
| DME      | E1830     | Dynamic adjustable toe extension and flexion device, includes soft interface material                                                                             | N           |
| DME      | E1831     | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories              | N           |
| DME      | E1832     | Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories           | Y           |
| DME      | E1840     | Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material                                                               | Y           |
| DME      | E1841     | Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories | Y           |
| DME      | E1902     | Communication board, non-electronic augmentative or alternative communication device                                                                              | N           |
| DME      | E2000     | Gastric suction pump, home model, portable or stationary, electric                                                                                                | Y           |
| DME      | E2001     | Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system                                  | Y           |
| DME      | E2100     | Blood glucose monitor with integrated voice synthesizer                                                                                                           | Y           |
| DME      | E2101     | Blood glucose monitor with integrated lancing/blood sample                                                                                                        | Y           |
| DME      | E2102     | Adjunctive, non-implanted continuous glucose monitor or receiver                                                                                                  | N           |
| DME      | E2103     | Non-adjunctive, non-implanted continuous glucose monitor or receiver                                                                                              | N           |
| DME      | E2104     | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge                                                                         | Y           |
| DME      | E2120     | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid                                                                                    | N           |
| DME      | E2201     | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches                                             | Y           |
| DME      | E2202     | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches                                                                                           | Y           |
| DME      | E2203     | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches                                                                              | Y           |
| DME      | E2204     | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches                                                                                        | Y           |
| DME      | E2205     | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each                                      | N           |
| DME      | E2206     | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each                                                                                | Y           |
| DME      | E2207     | Wheelchair accessory, crutch and cane holder, each                                                                                                                | N           |
| DME      | E2208     | Wheelchair accessory, cylinder tank carrier, each                                                                                                                 | N           |
| DME      | E2209     | Accessory, arm trough, with or without hand support, each                                                                                                         | Y           |
| DME      | E2210     | Wheelchair accessory, bearings, any type, replacement only, each                                                                                                  | N           |
| DME      | E2211     | Manual wheelchair accessory, pneumatic propulsion tire, any size, each                                                                                            | N           |
| DME      | E2212     | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each                                                                                   | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E2213     | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each                                                                                                                                              | N           |
| DME      | E2214     | Manual wheelchair accessory, pneumatic caster tire, any size, each                                                                                                                                                                                   | N           |
| DME      | E2215     | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each                                                                                                                                                                          | N           |
| DME      | E2216     | Manual wheelchair accessory, foam filled propulsion tire, any size, each                                                                                                                                                                             | N           |
| DME      | E2217     | Manual wheelchair accessory, foam filled caster tire, any size, each                                                                                                                                                                                 | N           |
| DME      | E2218     | Manual wheelchair accessory, foam propulsion tire, any size, each                                                                                                                                                                                    | N           |
| DME      | E2219     | Manual wheelchair accessory, foam caster tire, any size, each                                                                                                                                                                                        | N           |
| DME      | E2220     | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each                                                                                                                                                | N           |
| DME      | E2221     | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each                                                                                                                                        | N           |
| DME      | E2222     | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each                                                                                                                              | N           |
| DME      | E2224     | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each                                                                                                                                                        | Y           |
| DME      | E2225     | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each                                                                                                                                                            | N           |
| DME      | E2226     | Manual wheelchair accessory, caster fork, any size, replacement only, each                                                                                                                                                                           | N           |
| DME      | E2227     | Manual wheelchair accessory, gear reduction drive wheel, each                                                                                                                                                                                        | Y           |
| DME      | E2228     | Manual wheelchair accessory, wheel braking system and lock, complete, each                                                                                                                                                                           | Y           |
| DME      | E2230     | Manual wheelchair accessory, manual standing system                                                                                                                                                                                                  | Y           |
| DME      | E2231     | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware                                                                                                                                      | Y           |
| DME      | E2291     | Back, planar, for pediatric size wheelchair including fixed attaching hardware                                                                                                                                                                       | N           |
| DME      | E2292     | Seat, planar, for pediatric size wheelchair including fixed attaching hardware                                                                                                                                                                       | N           |
| DME      | E2293     | Back, contoured, for pediatric size wheelchair including fixed attaching hardware                                                                                                                                                                    | N           |
| DME      | E2294     | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware                                                                                                                                                                    | N           |
| DME      | E2295     | Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features                                                                                                      | N           |
| DME      | E2298     | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type                                                                                                                                                             | Y           |
| DME      | E2301     | Wheelchair accessory, power standing system, any type                                                                                                                                                                                                | Y           |
| DME      | 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          | Y           |
| DME      | 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 | Y           |
| DME      | E2312     | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware                                                                                                       | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                   | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E2313     | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each                                                                                               | Y           |
| DME      | E2321     | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware                                                            | Y           |
| DME      | E2322     | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware                                               | Y           |
| DME      | E2323     | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated                                                                                                                                         | Y           |
| DME      | E2324     | Power wheelchair accessory, chin cup for chin control interface                                                                                                                                                                         | Y           |
| DME      | E2325     | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware                                                                  | Y           |
| DME      | E2326     | Power wheelchair accessory, breath tube kit for sip and puff interface                                                                                                                                                                  | Y           |
| DME      | E2327     | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware                                                        | Y           |
| DME      | E2328     | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware                                                                        | Y           |
| DME      | 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   | Y           |
| DME      | 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 | Y           |
| DME      | E2331     | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware                                                                                                              | Y           |
| DME      | E2340     | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches                                                                                                                                                                  | Y           |
| DME      | E2341     | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches                                                                                                                                                                  | Y           |
| DME      | E2342     | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches                                                                                                                                                               | Y           |
| DME      | E2343     | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches                                                                                                                                                                  | Y           |
| DME      | E2351     | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface                                                                                                           | Y           |
| DME      | E2358     | Power wheelchair accessory, group 34 non-sealed lead acid battery, each                                                                                                                                                                 | Y           |
| DME      | E2359     | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)                                                                                                                                 | Y           |
| DME      | E2360     | Power wheelchair accessory, 22nf non-sealed lead acid battery, each                                                                                                                                                                     | Y           |
| DME      | E2361     | Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)                                                                                                                                    | Y           |
| DME      | E2362     | Power wheelchair accessory, group 24 non-sealed lead acid battery, each                                                                                                                                                                 | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                          | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E2363     | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)                                                                                                        | Y           |
| DME      | E2364     | Power wheelchair accessory, u-1 non-sealed lead acid battery, each                                                                                                                                             | Y           |
| DME      | E2365     | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)                                                                                                             | Y           |
| DME      | E2366     | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each                                                                                       | Y           |
| DME      | E2367     | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each                                                                                           | Y           |
| DME      | E2368     | Power wheelchair component, drive wheel motor, replacement only                                                                                                                                                | Y           |
| DME      | E2369     | Power wheelchair component, drive wheel gear box, replacement only                                                                                                                                             | Y           |
| DME      | E2370     | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only                                                                                                            | Y           |
| DME      | E2371     | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each                                                                                                       | Y           |
| DME      | E2372     | Power wheelchair accessory, group 27 non-sealed lead acid battery, each                                                                                                                                        | Y           |
| DME      | E2373     | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware                                                                           | Y           |
| DME      | 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 | Y           |
| DME      | E2375     | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only                                                                               | Y           |
| DME      | E2376     | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only                                                                                   | Y           |
| DME      | E2377     | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue                                                                  | Y           |
| DME      | E2378     | Power wheelchair component, actuator, replacement only                                                                                                                                                         | Y           |
| DME      | E2381     | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each                                                                                                                       | Y           |
| DME      | E2382     | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each                                                                                                              | Y           |
| DME      | E2383     | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each                                                                                      | Y           |
| DME      | E2384     | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each                                                                                                                            | Y           |
| DME      | E2385     | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each                                                                                                                   | Y           |
| DME      | E2386     | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each                                                                                                                     | Y           |
| DME      | E2387     | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each                                                                                                                          | Y           |
| DME      | E2388     | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each                                                                                                                            | Y           |
| DME      | E2389     | Power wheelchair accessory, foam caster tire, any size, replacement only, each                                                                                                                                 | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E2390     | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each                                                | Y           |
| DME      | E2391     | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each                                         | Y           |
| DME      | E2392     | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each                               | Y           |
| DME      | E2394     | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each                                                              | Y           |
| DME      | E2395     | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each                                                             | Y           |
| DME      | E2396     | Power wheelchair accessory, caster fork, any size, replacement only, each                                                                            | Y           |
| DME      | E2397     | Power wheelchair accessory, lithium-based battery, each                                                                                              | Y           |
| DME      | E2398     | Wheelchair accessory, dynamic positioning hardware for back                                                                                          | Y           |
| DME      | E2402     | Negative pressure wound therapy electrical pump, stationary or portable                                                                              | Y           |
| DME      | E2500     | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time                              | Y           |
| DME      | E2502     | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time  | Y           |
| DME      | E2504     | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | Y           |
| DME      | E2506     | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time                                      | Y           |
| DME      | E2508     | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device               | Y           |
| DME      | E2510     | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access               | Y           |
| DME      | E2511     | Speech generating software program, for personal computer or personal digital assistant                                                              | Y           |
| DME      | E2512     | Accessory for speech generating device, mounting system                                                                                              | Y           |
| DME      | E2513     | Accessory for speech generating device, electromyographic sensor                                                                                     | Y           |
| DME      | E2599     | Accessory for speech generating device, not otherwise classified                                                                                     | Y           |
| DME      | E2601     | General use wheelchair seat cushion, width less than 22 inches, any depth                                                                            | N           |
| DME      | E2602     | General use wheelchair seat cushion, width 22 inches or greater, any depth                                                                           | N           |
| DME      | E2603     | Skin protection wheelchair seat cushion, width less than 22 inches, any depth                                                                        | N           |
| DME      | E2604     | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth                                                                       | N           |
| DME      | E2605     | Positioning wheelchair seat cushion, width less than 22 inches, any depth                                                                            | Y           |
| DME      | E2606     | Positioning wheelchair seat cushion, width 22 inches or greater, any depth                                                                           | Y           |
| DME      | E2607     | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth                                                        | N           |
| DME      | E2608     | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth                                                       | N           |
| DME      | E2609     | Custom fabricated wheelchair seat cushion, any size                                                                                                  | Y           |
| DME      | E2610     | Wheelchair seat cushion, powered                                                                                                                     | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                  | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E2611     | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware                                                       | Y           |
| DME      | E2612     | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware                                                      | Y           |
| DME      | E2613     | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware                                            | Y           |
| DME      | E2614     | Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware                                           | Y           |
| DME      | E2615     | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware                                    | Y           |
| DME      | E2616     | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware                                   | Y           |
| DME      | E2617     | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware                                                                              | Y           |
| DME      | E2619     | Replacement cover for wheelchair seat cushion or back cushion, each                                                                                                    | N           |
| DME      | E2620     | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware                    | Y           |
| DME      | E2621     | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware                   | Y           |
| DME      | E2622     | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth                                                                              | Y           |
| DME      | E2623     | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth                                                                             | Y           |
| DME      | E2624     | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth                                                              | Y           |
| DME      | E2625     | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth                                                             | N           |
| DME      | E2626     | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable                                                                  | N           |
| DME      | E2627     | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type                                                      | N           |
| DME      | E2628     | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining                                                                   | N           |
| DME      | E2629     | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)     | N           |
| DME      | E2630     | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support | N           |
| DME      | E2631     | Wheelchair accessory, addition to mobile arm support, elevating proximal arm                                                                                           | N           |
| DME      | E2632     | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control                                                        | N           |
| DME      | E2633     | Wheelchair accessory, addition to mobile arm support, supinator                                                                                                        | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                            | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | E3000     | Speech volume modulation system, any type, including all components and accessories                                                                              | Y           |
| DME      | E3200     | Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only                  | Y           |
| DME      | E8000     | Gait trainer, pediatric size, posterior support, includes all accessories and components                                                                         | N           |
| DME      | E8001     | Gait trainer, pediatric size, upright support, includes all accessories and components                                                                           | N           |
| DME      | E8002     | Gait trainer, pediatric size, anterior support, includes all accessories and components                                                                          | N           |
| DME      | K0001     | Standard wheelchair                                                                                                                                              | Y           |
| DME      | K0002     | Standard hemi (low seat) wheelchair                                                                                                                              | Y           |
| DME      | K0003     | Lightweight wheelchair                                                                                                                                           | Y           |
| DME      | K0004     | High strength, lightweight wheelchair                                                                                                                            | Y           |
| DME      | K0005     | Ultralightweight wheelchair                                                                                                                                      | Y           |
| DME      | K0006     | Heavy duty wheelchair                                                                                                                                            | Y           |
| DME      | K0007     | Extra heavy duty wheelchair                                                                                                                                      | Y           |
| DME      | K0008     | Custom manual wheelchair/base                                                                                                                                    | Y           |
| DME      | K0009     | Other manual wheelchair/base                                                                                                                                     | Y           |
| DME      | K0010     | Standard - weight frame motorized/power wheelchair                                                                                                               | Y           |
| DME      | K0011     | Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Y           |
| DME      | K0012     | Lightweight portable motorized/power wheelchair                                                                                                                  | Y           |
| DME      | K0013     | Custom motorized/power wheelchair base                                                                                                                           | Y           |
| DME      | K0014     | Other motorized/power wheelchair base                                                                                                                            | Y           |
| DME      | K0015     | Detachable, non-adjustable height armrest, replacement only, each                                                                                                | N           |
| DME      | K0017     | Detachable, adjustable height armrest, base, replacement only, each                                                                                              | Y           |
| DME      | K0018     | Detachable, adjustable height armrest, upper portion, replacement only, each                                                                                     | Y           |
| DME      | K0019     | Arm pad, replacement only, each                                                                                                                                  | N           |
| DME      | K0020     | Fixed, adjustable height armrest, pair                                                                                                                           | N           |
| DME      | K0037     | High mount flip-up footrest, each                                                                                                                                | N           |
| DME      | K0038     | Leg strap, each                                                                                                                                                  | N           |
| DME      | K0039     | Leg strap, h style, each                                                                                                                                         | N           |
| DME      | K0040     | Adjustable angle footplate, each                                                                                                                                 | N           |
| DME      | K0041     | Large size footplate, each                                                                                                                                       | N           |
| DME      | K0042     | Standard size footplate, replacement only, each                                                                                                                  | N           |
| DME      | K0043     | Footrest, lower extension tube, replacement only, each                                                                                                           | N           |
| DME      | K0044     | Footrest, upper hanger bracket, replacement only, each                                                                                                           | N           |
| DME      | K0045     | Footrest, complete assembly, replacement only, each                                                                                                              | N           |
| DME      | K0046     | Elevating legrest, lower extension tube, replacement only, each                                                                                                  | N           |
| DME      | K0047     | Elevating legrest, upper hanger bracket, replacement only, each                                                                                                  | N           |
| DME      | K0050     | Ratchet assembly, replacement only                                                                                                                               | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                       | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | K0051     | Cam release assembly, footrest or legrest, replacement only, each                                                                                                                           | Y           |
| DME      | K0052     | Swingaway, detachable footrests, replacement only, each                                                                                                                                     | Y           |
| DME      | K0053     | Elevating footrests, articulating (telescoping), each                                                                                                                                       | Y           |
| DME      | K0056     | Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair                                                                  | N           |
| DME      | K0065     | Spoke protectors, each                                                                                                                                                                      | N           |
| DME      | K0069     | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each                                                                                                    | Y           |
| DME      | K0070     | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each                                                                                                | N           |
| DME      | K0071     | Front caster assembly, complete, with pneumatic tire, replacement only, each                                                                                                                | Y           |
| DME      | K0072     | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each                                                                                                           | Y           |
| DME      | K0073     | Caster pin lock, each                                                                                                                                                                       | N           |
| DME      | K0077     | Front caster assembly, complete, with solid tire, replacement only, each                                                                                                                    | N           |
| DME      | K0098     | Drive belt for power wheelchair, replacement only                                                                                                                                           | N           |
| DME      | K0105     | Iv hanger, each                                                                                                                                                                             | N           |
| DME      | K0108     | Wheelchair component or accessory, not otherwise specified                                                                                                                                  | Y           |
| DME      | K0195     | Elevating leg rests, pair (for use with capped rental wheelchair base)                                                                                                                      | Y           |
| DME      | K0455     | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)                                                                          | Y           |
| DME      | K0462     | Temporary replacement for patient owned equipment being repaired, any type                                                                                                                  | N           |
| DME      | K0552     | Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each                                                                                                 | N           |
| DME      | K0601     | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each                                                                                               | N           |
| DME      | K0602     | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each                                                                                                 | N           |
| DME      | K0603     | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each                                                                                                   | N           |
| DME      | K0604     | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each                                                                                                    | N           |
| DME      | K0605     | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each                                                                                                    | N           |
| DME      | K0606     | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type                                                                                                  | Y           |
| DME      | K0607     | Replacement battery for automated external defibrillator, garment type only, each                                                                                                           | Y           |
| DME      | K0608     | Replacement garment for use with automated external defibrillator, each                                                                                                                     | Y           |
| DME      | K0609     | Replacement electrodes for use with automated external defibrillator, garment type only, each                                                                                               | Y           |
| DME      | K0669     | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac                                                 | Y           |
| DME      | K0672     | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each                                                                                      | Y           |
| DME      | K0730     | Controlled dose inhalation drug delivery system                                                                                                                                             | Y           |
| DME      | K0733     | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)                                                                            | N           |
| DME      | 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 | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                       | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | K0739     | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | N           |
| DME      | K0740     | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes                                      | N           |
| DME      | K0744     | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less                                                | N           |
| DME      | 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   | N           |
| DME      | K0746     | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches                                           | N           |
| DME      | K0800     | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds                                                            | Y           |
| DME      | K0801     | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds                                                                       | Y           |
| DME      | K0802     | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds                                                                  | Y           |
| DME      | K0806     | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds                                                            | Y           |
| DME      | K0807     | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds                                                                       | Y           |
| DME      | K0808     | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds                                                                  | Y           |
| DME      | K0812     | Power operated vehicle, not otherwise classified                                                                                                            | Y           |
| DME      | K0813     | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds                             | Y           |
| DME      | K0814     | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds                                        | Y           |
| DME      | K0815     | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds                                       | Y           |
| DME      | K0816     | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds                                                  | Y           |
| DME      | K0820     | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds                                 | Y           |
| DME      | K0821     | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds                                        | Y           |
| DME      | K0822     | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds                                           | Y           |
| DME      | K0823     | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds                                                  | Y           |
| DME      | K0824     | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                                      | Y           |
| DME      | K0825     | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds                                                             | Y           |
| DME      | K0826     | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                                                 | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                    | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | K0827     | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds                                     | Y           |
| DME      | K0828     | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more                            | Y           |
| DME      | K0829     | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more                                            | Y           |
| DME      | K0830     | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds         | Y           |
| DME      | K0831     | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds                | Y           |
| DME      | K0835     | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   | Y           |
| DME      | K0836     | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds          | Y           |
| DME      | K0837     | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds              | Y           |
| DME      | K0838     | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds                     | Y           |
| DME      | K0839     | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds         | Y           |
| DME      | K0840     | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more       | Y           |
| DME      | K0841     | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Y           |
| DME      | K0842     | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds        | Y           |
| DME      | K0843     | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            | Y           |
| DME      | K0848     | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds                        | Y           |
| DME      | K0849     | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds                               | Y           |
| DME      | K0850     | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   | Y           |
| DME      | K0851     | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds                                          | Y           |
| DME      | K0852     | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                              | Y           |
| DME      | K0853     | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds                                     | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                    | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | K0854     | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more                            | Y           |
| DME      | K0855     | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more                                   | Y           |
| DME      | K0856     | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   | Y           |
| DME      | K0857     | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds          | Y           |
| DME      | K0858     | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds                       | Y           |
| DME      | K0859     | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds                     | Y           |
| DME      | K0860     | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds         | Y           |
| DME      | K0861     | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Y           |
| DME      | K0862     | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            | Y           |
| DME      | K0863     | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds       | Y           |
| DME      | K0864     | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more     | Y           |
| DME      | K0868     | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds                        | Y           |
| DME      | K0869     | Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds                               | Y           |
| DME      | K0870     | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   | Y           |
| DME      | K0871     | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                              | Y           |
| DME      | K0877     | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   | Y           |
| DME      | K0878     | Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds          | Y           |
| DME      | K0879     | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds              | Y           |
| DME      | K0880     | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds                  | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                       | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | K0884     | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds                    | Y           |
| DME      | K0885     | Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds                           | Y           |
| DME      | K0886     | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds                               | Y           |
| DME      | K0890     | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds                     | Y           |
| DME      | K0891     | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds                   | Y           |
| DME      | K0898     | Power wheelchair, not otherwise classified                                                                                                                  | Y           |
| DME      | K0899     | Power mobility device, not coded by dme pdac or does not meet criteria                                                                                      | Y           |
| DME      | K0900     | Customized durable medical equipment, other than wheelchair                                                                                                 | Y           |
| DME      | K1004     | Low frequency ultrasonic diathermy treatment device for home use                                                                                            | Y           |
| DME      | K1027     | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment        | Y           |
| DME      | K1030     | External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only                       | Y           |
| DME      | K1036     | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month                                              | N           |
| DME      | L0112     | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated        | N           |
| DME      | L0113     | Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment | Y           |
| DME      | L0120     | Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)                                                                              | N           |
| DME      | L0130     | Cervical, flexible, thermoplastic collar, molded to patient                                                                                                 | N           |
| DME      | L0140     | Cervical, semi-rigid, adjustable (plastic collar)                                                                                                           | N           |
| DME      | L0150     | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)                                                           | N           |
| DME      | L0160     | Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf                                                                 | N           |
| DME      | L0170     | Cervical, collar, molded to patient model                                                                                                                   | N           |
| DME      | L0172     | Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf                                                                    | N           |
| DME      | L0174     | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf                                           | N           |
| DME      | L0180     | Cervical, multiple post collar, occipital/mandibular supports, adjustable                                                                                   | N           |
| DME      | L0190     | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)                                      | N           |
| DME      | L0200     | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension                                             | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L0220     | Thoracic, rib belt, custom fabricated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N           |
| DME      | 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                                                                                                                                                                                                                                                                                                                                                                           | N           |
| DME      | 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                                                                                                                                                                                                                                                                                                                                                                                      | N           |
| DME      | 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), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                                                                                                                           | Y           |
| DME      | 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), includes shoulder straps and closures, prefabricated, off-the-shelf                                                                                                                                                                                                                                                                                  | Y           |
| DME      | 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, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                                                               | Y           |
| DME      | 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, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf                                                                                                                                                                                                                       | Y           |
| DME      | 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, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment                                                                                                             | Y           |
| DME      | 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 liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment                                   | Y           |
| DME      | 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, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment                                                    | Y           |
| DME      | 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 that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                                                                                                                      | Y           |
| DME      | 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-the-shelf                                                                                                                                                                                                                                                                              | Y           |
| DME      | 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, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise   | Y           |
| DME      | 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, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf                                                                                                                            | Y           |
| DME      | 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 strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment                                             | Y           |
| DME      | 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 sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated                           | Y           |
| DME      | 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 notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated                                   | Y           |
| DME      | 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 sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated | Y           |
| DME      | 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 notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or cad-cam model, custom fabricated         | Y           |
| DME      | 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 notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment                                                  | Y           |
| DME      | 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 symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment                                                       | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment   | Y           |
| DME      | 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, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | Y           |
| DME      | 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                                                                                                                                                                                                                                                                                               | N           |
| DME      | L0622     | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated                                                                                                                                                                                                                                                                                                          | Y           |
| DME      | 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                                                                                                                                                                                                                                            | N           |
| DME      | 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                                                                                                                                                                                                                                                | Y           |
| DME      | 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 straps, stays, prefabricated, off-the-shelf                                                                                                                                                                                               | Y           |
| DME      | 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 straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                | Y           |
| DME      | 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, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                            | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PA required |
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| DME      | 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, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf                                                                                                                                                                                                             | Y           |
| DME      | 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, shoulder straps, pendulous abdomen design, custom fabricated                                                                                                                                                                                                                        | Y           |
| DME      | 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 padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                                    | Y           |
| DME      | 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 include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                                | Y           |
| DME      | 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 include padding, shoulder straps, pendulous abdomen design, custom fabricated                                                                                                                                                                                                   | Y           |
| DME      | 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 on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Y           |
| DME      | L0634     | Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at distal to metacarpal joint, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by L6692                                                                                                                                                                                                                                  | Y           |
| DME      | 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 lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment                                            | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PA required |
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| DME      | 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 lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated                                                                                                                                  | Y           |
| DME      | 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 reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                  | Y           |
| DME      | 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 reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated                                                                                                                                                                                     | Y           |
| DME      | 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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Y           |
| DME      | 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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated                                                                                                                                    | Y           |
| DME      | 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 straps, pendulous abdomen design, prefabricated, off-the-shelf                                                                                                                                                                                                                                                                      | Y           |
| DME      | 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, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf                                                                                                                                                                                                                                                                  | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PA required |
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| DME      | 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 padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf                                                                                                                         | Y           |
| DME      | 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 include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf                                                                                                                     | Y           |
| DME      | 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 on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf                                                      | Y           |
| DME      | 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 to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf                                              | Y           |
| DME      | 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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf | Y           |
| DME      | L0700     | Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, molded to patient model, (minerva type)                                                                                                                                                                                                                                                                                                                                               | N           |
| DME      | L0710     | Ctlso, anterior-posterior-lateral-control, molded to patient model, with interface material, (minerva type)                                                                                                                                                                                                                                                                                                                                                                 | N           |
| DME      | L0720     | Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                                                                                                                                                                                                                                  | Y           |
| DME      | L0810     | Halo procedure, cervical halo incorporated into jacket vest                                                                                                                                                                                                                                                                                                                                                                                                                 | N           |
| DME      | L0820     | Halo procedure, cervical halo incorporated into plaster body jacket                                                                                                                                                                                                                                                                                                                                                                                                         | N           |
| DME      | L0830     | Halo procedure, cervical halo incorporated into milwaukee type orthosis                                                                                                                                                                                                                                                                                                                                                                                                     | N           |
| DME      | L0859     | Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material                                                                                                                                                                                                                                                                                                                                                                       | N           |
| DME      | L0861     | Addition to halo procedure, replacement liner/interface material                                                                                                                                                                                                                                                                                                                                                                                                            | N           |
| DME      | L0970     | Tlso, corset front                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N           |
| DME      | L0972     | Lso, corset front                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                      | PA required |
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| DME      | L0974     | Tlso, full corset                                                                                                                                                                                                                                                                                                          | N           |
| DME      | L0976     | Lso, full corset                                                                                                                                                                                                                                                                                                           | N           |
| DME      | L0978     | Axillary crutch extension                                                                                                                                                                                                                                                                                                  | N           |
| DME      | L0980     | Peroneal straps, prefabricated, off-the-shelf, pair                                                                                                                                                                                                                                                                        | N           |
| DME      | L0982     | Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)                                                                                                                                                                                                                                                    | N           |
| DME      | L0984     | Protective body sock, prefabricated, off-the-shelf, each                                                                                                                                                                                                                                                                   | Y           |
| DME      | L0999     | Addition to spinal orthosis, not otherwise specified                                                                                                                                                                                                                                                                       | Y           |
| DME      | L1000     | Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee), inclusive of furnishing initial orthosis, including model                                                                                                                                                                                                    | N           |
| DME      | L1001     | Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment                                                                                                                                                                                                         | N           |
| DME      | L1005     | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment                                                                                                                                                                                                                                       | N           |
| DME      | 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 | Y           |
| DME      | L1007     | Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated                                                                                                                                  | Y           |
| DME      | L1010     | Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, axilla sling                                                                                                                                                                                                                           | N           |
| DME      | L1020     | Addition to ctlso or scoliosis orthosis, kyphosis pad                                                                                                                                                                                                                                                                      | N           |
| DME      | L1025     | Addition to ctlso or scoliosis orthosis, kyphosis pad, floating                                                                                                                                                                                                                                                            | N           |
| DME      | L1030     | Addition to ctlso or scoliosis orthosis, lumbar bolster pad                                                                                                                                                                                                                                                                | N           |
| DME      | L1040     | Addition to ctlso or scoliosis orthosis, lumbar or lumbar rib pad                                                                                                                                                                                                                                                          | N           |
| DME      | L1050     | Addition to ctlso or scoliosis orthosis, sternal pad                                                                                                                                                                                                                                                                       | N           |
| DME      | L1060     | Addition to ctlso or scoliosis orthosis, thoracic pad                                                                                                                                                                                                                                                                      | N           |
| DME      | L1070     | Addition to ctlso or scoliosis orthosis, trapezius sling                                                                                                                                                                                                                                                                   | N           |
| DME      | L1080     | Addition to ctlso or scoliosis orthosis, outrigger                                                                                                                                                                                                                                                                         | N           |
| DME      | L1085     | Addition to ctlso or scoliosis orthosis, outrigger, bilateral with vertical extensions                                                                                                                                                                                                                                     | N           |
| DME      | L1090     | Addition to ctlso or scoliosis orthosis, lumbar sling                                                                                                                                                                                                                                                                      | N           |
| DME      | L1100     | Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather                                                                                                                                                                                                                                                   | N           |
| DME      | L1110     | Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather, molded to patient model                                                                                                                                                                                                                          | N           |
| DME      | L1120     | Addition to ctlso, scoliosis orthosis, cover for upright, each                                                                                                                                                                                                                                                             | N           |
| DME      | L1200     | Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only                                                                                                                                                                                                                                      | Y           |
| DME      | L1210     | Addition to tlso, (low profile), lateral thoracic extension                                                                                                                                                                                                                                                                | N           |
| DME      | L1220     | Addition to tlso, (low profile), anterior thoracic extension                                                                                                                                                                                                                                                               | N           |
| DME      | L1230     | Addition to tlso, (low profile), milwaukee type superstructure                                                                                                                                                                                                                                                             | N           |
| DME      | L1240     | Addition to tlso, (low profile), lumbar derotation pad                                                                                                                                                                                                                                                                     | N           |
| DME      | L1250     | Addition to tlso, (low profile), anterior asis pad                                                                                                                                                                                                                                                                         | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                     | PA required |
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| DME      | L1260     | Addition to tlso, (low profile), anterior thoracic derotation pad                                                                                                                                                                                                                                         | N           |
| DME      | L1270     | Addition to tlso, (low profile), abdominal pad                                                                                                                                                                                                                                                            | N           |
| DME      | L1280     | Addition to tlso, (low profile), rib gusset (elastic), each                                                                                                                                                                                                                                               | N           |
| DME      | L1290     | Addition to tlso, (low profile), lateral trochanteric pad                                                                                                                                                                                                                                                 | N           |
| DME      | L1300     | Other scoliosis procedure, body jacket molded to patient model                                                                                                                                                                                                                                            | Y           |
| DME      | L1310     | Other scoliosis procedure, post-operative body jacket                                                                                                                                                                                                                                                     | Y           |
| DME      | L1320     | Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated                                                                                                                                                           | Y           |
| DME      | L1499     | Spinal orthosis, not otherwise specified                                                                                                                                                                                                                                                                  | Y           |
| DME      | 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                                                                     | N           |
| DME      | 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                                                                        | N           |
| DME      | 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                                                                           | N           |
| DME      | L1630     | Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom fabricated                                                                                                                                                                                                          | N           |
| DME      | L1640     | Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated                                                                                                                                                                                        | N           |
| DME      | L1650     | Hip orthosis, abduction control of hip joints, static, adjustable, (ilfled type), prefabricated, includes fitting and adjustment                                                                                                                                                                          | N           |
| DME      | L1652     | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type                                                                                                                                                           | N           |
| DME      | L1653     | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf                                                                                                                                                                                       | Y           |
| DME      | L1660     | Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment                                                                                                                                                                                            | N           |
| DME      | L1680     | Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated                                                                                                                                            | N           |
| DME      | 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 | Y           |
| DME      | L1685     | Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated                                                                                                                                                                                                         | N           |
| DME      | L1686     | Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment                                                                                                                                                                            | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                                                                      | PA required |
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| DME      | L1690     | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment                                                                                                                                                                                                | N           |
| DME      | L1700     | Legg perthes orthosis, (toronto type), custom fabricated                                                                                                                                                                                                                                                                                                   | N           |
| DME      | L1710     | Legg perthes orthosis, (newington type), custom fabricated                                                                                                                                                                                                                                                                                                 | N           |
| DME      | L1720     | Legg perthes orthosis, trilateral, (tachdijan type), custom fabricated                                                                                                                                                                                                                                                                                     | N           |
| DME      | L1730     | Legg perthes orthosis, (scottish rite type), custom fabricated                                                                                                                                                                                                                                                                                             | N           |
| DME      | L1755     | Legg perthes orthosis, (patten bottom type), custom fabricated                                                                                                                                                                                                                                                                                             | N           |
| DME      | 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                                                                                                                                                                   | N           |
| DME      | L1812     | Knee orthosis, elastic with joints, prefabricated, off-the-shelf                                                                                                                                                                                                                                                                                           | Y           |
| DME      | L1820     | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment                                                                                                                                                                                                                     | Y           |
| DME      | L1821     | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf                                                                                                                                                                                                                                       | Y           |
| DME      | L1830     | Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf                                                                                                                                                                                                                                                                              | Y           |
| DME      | L1831     | Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment                                                                                                                                                                                                                                                  | Y           |
| DME      | 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                                                                                                | Y           |
| DME      | L1833     | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf                                                                                                                                                                                                                        | Y           |
| DME      | L1834     | Knee orthosis, without knee joint, rigid, custom fabricated                                                                                                                                                                                                                                                                                                | Y           |
| DME      | L1836     | Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf                                                                                                                                                                                                                                                     | Y           |
| DME      | L1840     | Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated                                                                                                                                                                                                                                                                   | Y           |
| DME      | 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, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Y           |
| DME      | 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                                                                                                                                    | Y           |
| DME      | 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, assembled, or otherwise customized to fit a specific patient by an individual with expertise | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                     | PA required |
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| DME      | 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                                   | Y           |
| DME      | 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         | Y           |
| DME      | L1848     | Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf                                                                                                                                 | Y           |
| DME      | L1850     | Knee orthosis, swedish type, prefabricated, off-the-shelf                                                                                                                                                                                                 | Y           |
| DME      | 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                   | Y           |
| DME      | 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                   | Y           |
| DME      | L1860     | Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (sk)                                                                                                                                                                    | Y           |
| DME      | L1900     | Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated                                                                                                                                                                        | Y           |
| DME      | L1902     | Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf                                                                                                                                                           | Y           |
| DME      | L1904     | Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated                                                                                                                                                                      | Y           |
| DME      | L1906     | Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf                                                                                                                                                                         | Y           |
| DME      | L1907     | Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated                                                                                                                                                             | Y           |
| DME      | L1910     | Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment                                                                                                                              | Y           |
| DME      | L1920     | Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated                                                                                                                                          | Y           |
| DME      | L1930     | Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment                                                                                                                                                            | Y           |
| DME      | 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            | Y           |
| DME      | L1933     | Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf                                                                                                                                    | Y           |
| DME      | L1940     | Ankle foot orthosis, plastic or other material, custom fabricated                                                                                                                                                                                         | Y           |
| DME      | L1945     | Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated                                                                                                                                                           | Y           |
| DME      | L1950     | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated                                                                                                                                                      | Y           |
| DME      | 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 | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                 | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L1952     | Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf                                                                                                                                     | Y           |
| DME      | L1960     | Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated                                                                                                                                                                                                | Y           |
| DME      | L1970     | Ankle foot orthosis, plastic with ankle joint, custom fabricated                                                                                                                                                                                                      | Y           |
| DME      | L1971     | Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment                                                                                                                  | Y           |
| DME      | L1980     | Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated                                                                                                                            | Y           |
| DME      | L1990     | Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated                                                                                                                            | Y           |
| DME      | L2000     | Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated                                                                                                              | Y           |
| DME      | 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                                                                      | Y           |
| DME      | 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 | Y           |
| DME      | 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                                                                                                     | Y           |
| DME      | L2020     | Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated                                                                                                                         | Y           |
| DME      | 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                                                                                                    | Y           |
| DME      | 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                                                                                       | Y           |
| DME      | L2035     | Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment                                                                                                                            | Y           |
| DME      | L2036     | Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated                                                                                                                        | Y           |
| DME      | L2037     | Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated                                                                                                                        | Y           |
| DME      | L2038     | Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated                                                                                                                                                         | Y           |
| DME      | L2040     | Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated                                                                                                                                                         | N           |
| DME      | L2050     | Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated                                                                                                                                               | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                           | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L2060     | Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated           | Y           |
| DME      | L2070     | Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated                                  | N           |
| DME      | L2080     | Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated                         | Y           |
| DME      | L2090     | Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated           | Y           |
| DME      | L2106     | Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated                   | Y           |
| DME      | L2108     | Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated                                                        | Y           |
| DME      | L2112     | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment                          | Y           |
| DME      | L2114     | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment                    | Y           |
| DME      | L2116     | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment                         | Y           |
| DME      | L2126     | Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated             | Y           |
| DME      | L2128     | Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated                                                  | Y           |
| DME      | L2132     | Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment                                   | Y           |
| DME      | L2134     | Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment                             | Y           |
| DME      | L2136     | Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment                                  | Y           |
| DME      | L2180     | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints                                                            | N           |
| DME      | L2182     | Addition to lower extremity fracture orthosis, drop lock knee joint                                                                             | N           |
| DME      | L2184     | Addition to lower extremity fracture orthosis, limited motion knee joint                                                                        | N           |
| DME      | L2186     | Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type                                                        | N           |
| DME      | L2188     | Addition to lower extremity fracture orthosis, quadrilateral brim                                                                               | Y           |
| DME      | L2190     | Addition to lower extremity fracture orthosis, waist belt                                                                                       | N           |
| DME      | L2192     | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt                                            | Y           |
| DME      | L2200     | Addition to lower extremity, limited ankle motion, each joint                                                                                   | N           |
| DME      | L2210     | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint                                                           | N           |
| DME      | L2220     | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint                                                         | N           |
| DME      | L2221     | Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                          | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L2230     | Addition to lower extremity, split flat caliper stirrups and plate attachment                                                  | N           |
| DME      | L2232     | Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only | N           |
| DME      | L2240     | Addition to lower extremity, round caliper and plate attachment                                                                | N           |
| DME      | L2250     | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment                                           | Y           |
| DME      | L2260     | Addition to lower extremity, reinforced solid stirrup (scott-craig type)                                                       | N           |
| DME      | L2265     | Addition to lower extremity, long tongue stirrup                                                                               | N           |
| DME      | L2270     | Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad                                | N           |
| DME      | L2275     | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined                                       | N           |
| DME      | L2280     | Addition to lower extremity, molded inner boot                                                                                 | Y           |
| DME      | L2300     | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable                                    | Y           |
| DME      | L2310     | Addition to lower extremity, abduction bar-straight                                                                            | N           |
| DME      | L2320     | Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only                                             | N           |
| DME      | L2330     | Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only                                | Y           |
| DME      | L2335     | Addition to lower extremity, anterior swing band                                                                               | N           |
| DME      | L2340     | Addition to lower extremity, pre-tibial shell, molded to patient model                                                         | Y           |
| DME      | L2350     | Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)            | Y           |
| DME      | L2360     | Addition to lower extremity, extended steel shank                                                                              | N           |
| DME      | L2370     | Addition to lower extremity, patten bottom                                                                                     | N           |
| DME      | L2375     | Addition to lower extremity, torsion control, ankle joint and half solid stirrup                                               | N           |
| DME      | L2380     | Addition to lower extremity, torsion control, straight knee joint, each joint                                                  | N           |
| DME      | L2385     | Addition to lower extremity, straight knee joint, heavy duty, each joint                                                       | N           |
| DME      | L2387     | Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint                | N           |
| DME      | L2390     | Addition to lower extremity, offset knee joint, each joint                                                                     | N           |
| DME      | L2395     | Addition to lower extremity, offset knee joint, heavy duty, each joint                                                         | N           |
| DME      | L2397     | Addition to lower extremity orthosis, suspension sleeve                                                                        | N           |
| DME      | L2405     | Addition to knee joint, drop lock, each                                                                                        | N           |
| DME      | L2415     | Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint                      | N           |
| DME      | L2425     | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint                                              | N           |
| DME      | L2430     | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint                                     | N           |
| DME      | L2492     | Addition to knee joint, lift loop for drop lock ring                                                                           | N           |
| DME      | L2500     | Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring                                       | Y           |
| DME      | L2510     | Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model                               | Y           |
| DME      | L2520     | Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted                                         | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L2525     | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model                                                       | Y           |
| DME      | L2526     | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted                                                                | Y           |
| DME      | L2530     | Addition to lower extremity, thigh-weight bearing, lacer, non-molded                                                                                                 | N           |
| DME      | L2540     | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model                                                                                    | Y           |
| DME      | L2550     | Addition to lower extremity, thigh/weight bearing, high roll cuff                                                                                                    | N           |
| DME      | L2570     | Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each                                                                         | Y           |
| DME      | L2580     | Addition to lower extremity, pelvic control, pelvic sling                                                                                                            | Y           |
| DME      | L2600     | Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each                                                                   | N           |
| DME      | L2610     | Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each                                                                         | N           |
| DME      | L2620     | Addition to lower extremity, pelvic control, hip joint, heavy duty, each                                                                                             | N           |
| DME      | L2622     | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each                                                                                     | N           |
| DME      | L2624     | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each                                                       | N           |
| DME      | L2627     | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables                                                    | Y           |
| DME      | L2628     | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables                                                                         | Y           |
| DME      | L2630     | Addition to lower extremity, pelvic control, band and belt, unilateral                                                                                               | N           |
| DME      | L2640     | Addition to lower extremity, pelvic control, band and belt, bilateral                                                                                                | N           |
| DME      | L2650     | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each                                                                                          | N           |
| DME      | L2660     | Addition to lower extremity, thoracic control, thoracic band                                                                                                         | N           |
| DME      | L2670     | Addition to lower extremity, thoracic control, paraspinal uprights                                                                                                   | N           |
| DME      | L2680     | Addition to lower extremity, thoracic control, lateral support uprights                                                                                              | N           |
| DME      | L2750     | Addition to lower extremity orthosis, plating chrome or nickel, per bar                                                                                              | Y           |
| DME      | L2755     | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only | Y           |
| DME      | L2760     | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)                                                           | Y           |
| DME      | L2768     | Orthotic side bar disconnect device, per bar                                                                                                                         | Y           |
| DME      | L2780     | Addition to lower extremity orthosis, non-corrosive finish, per bar                                                                                                  | Y           |
| DME      | L2785     | Addition to lower extremity orthosis, drop lock retainer, each                                                                                                       | N           |
| DME      | L2795     | Addition to lower extremity orthosis, knee control, full kneecap                                                                                                     | N           |
| DME      | L2800     | Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only                                   | N           |
| DME      | L2810     | Addition to lower extremity orthosis, knee control, condylar pad                                                                                                     | N           |
| DME      | L2820     | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section                                                                          | N           |
| DME      | L2830     | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section                                                                          | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                   | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L2840     | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each                                                                       | Y           |
| DME      | L2850     | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each                                                                      | Y           |
| DME      | L2861     | Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each              | N           |
| DME      | L2999     | Lower extremity orthoses, not otherwise specified                                                                                                       | Y           |
| DME      | L3000     | Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each                                                                      | Y           |
| DME      | L3001     | Foot, insert, removable, molded to patient model, spenco, each                                                                                          | Y           |
| DME      | L3002     | Foot, insert, removable, molded to patient model, plastazote or equal, each                                                                             | Y           |
| DME      | L3003     | Foot, insert, removable, molded to patient model, silicone gel, each                                                                                    | Y           |
| DME      | L3010     | Foot, insert, removable, molded to patient model, longitudinal arch support, each                                                                       | Y           |
| DME      | L3020     | Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each                                                                | Y           |
| DME      | L3030     | Foot, insert, removable, formed to patient foot, each                                                                                                   | Y           |
| DME      | L3031     | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each | Y           |
| DME      | L3040     | Foot, arch support, removable, premolded, longitudinal, each                                                                                            | Y           |
| DME      | L3050     | Foot, arch support, removable, premolded, metatarsal, each                                                                                              | Y           |
| DME      | L3060     | Foot, arch support, removable, premolded, longitudinal/ metatarsal, each                                                                                | Y           |
| DME      | L3070     | Foot, arch support, non-removable attached to shoe, longitudinal, each                                                                                  | Y           |
| DME      | L3080     | Foot, arch support, non-removable attached to shoe, metatarsal, each                                                                                    | Y           |
| DME      | L3090     | Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each                                                                       | Y           |
| DME      | L3100     | Hallus-valgus night dynamic splint, prefabricated, off-the-shelf                                                                                        | Y           |
| DME      | L3140     | Foot, abduction rotation bar, including shoes                                                                                                           | N           |
| DME      | L3150     | Foot, abduction rotation bar, without shoes                                                                                                             | N           |
| DME      | L3160     | Foot, adjustable shoe-styled positioning device                                                                                                         | N           |
| DME      | L3161     | Foot, adductus positioning device, adjustable                                                                                                           | Y           |
| DME      | L3170     | Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each                                                                   | N           |
| DME      | L3201     | Orthopedic shoe, oxford with supinator or pronator, infant                                                                                              | N           |
| DME      | L3202     | Orthopedic shoe, oxford with supinator or pronator, child                                                                                               | N           |
| DME      | L3203     | Orthopedic shoe, oxford with supinator or pronator, junior                                                                                              | Y           |
| DME      | L3204     | Orthopedic shoe, hightop with supinator or pronator, infant                                                                                             | N           |
| DME      | L3206     | Orthopedic shoe, hightop with supinator or pronator, child                                                                                              | N           |
| DME      | L3207     | Orthopedic shoe, hightop with supinator or pronator, junior                                                                                             | Y           |
| DME      | L3208     | Surgical boot, each, infant                                                                                                                             | N           |
| DME      | L3209     | Surgical boot, each, child                                                                                                                              | N           |
| DME      | L3211     | Surgical boot, each, junior                                                                                                                             | N           |
| DME      | L3212     | Benesch boot, pair, infant                                                                                                                              | N           |
| DME      | L3213     | Benesch boot, pair, child                                                                                                                               | N           |
| DME      | L3214     | Benesch boot, pair, junior                                                                                                                              | N           |

| Category | CPT® Code | CPT® Code Description                                                                     | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------|-------------|
| DME      | L3215     | Orthopedic footwear, ladies shoe, oxford, each                                            | Y           |
| DME      | L3216     | Orthopedic footwear, ladies shoe, depth inlay, each                                       | Y           |
| DME      | L3217     | Orthopedic footwear, ladies shoe, hightop, depth inlay, each                              | Y           |
| DME      | L3219     | Orthopedic footwear, mens shoe, oxford, each                                              | Y           |
| DME      | L3221     | Orthopedic footwear, mens shoe, depth inlay, each                                         | Y           |
| DME      | L3222     | Orthopedic footwear, mens shoe, hightop, depth inlay, each                                | Y           |
| DME      | L3224     | Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) | N           |
| DME      | L3225     | Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)   | N           |
| DME      | L3230     | Orthopedic footwear, custom shoe, depth inlay, each                                       | Y           |
| DME      | L3250     | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each      | Y           |
| DME      | L3251     | Foot, shoe molded to patient model, silicone shoe, each                                   | Y           |
| DME      | L3252     | Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each      | Y           |
| DME      | L3253     | Foot, molded shoe plastazote (or similar) custom fitted, each                             | Y           |
| DME      | L3254     | Non-standard size or width                                                                | Y           |
| DME      | L3255     | Non-standard size or length                                                               | Y           |
| DME      | L3257     | Orthopedic footwear, additional charge for split size                                     | Y           |
| DME      | L3260     | Surgical boot/shoe, each                                                                  | N           |
| DME      | L3265     | Plastazote sandal, each                                                                   | N           |
| DME      | L3300     | Lift, elevation, heel, tapered to metatarsals, per inch                                   | N           |
| DME      | L3310     | Lift, elevation, heel and sole, neoprene, per inch                                        | N           |
| DME      | L3320     | Lift, elevation, heel and sole, cork, per inch                                            | N           |
| DME      | L3330     | Lift, elevation, metal extension (skate)                                                  | Y           |
| DME      | L3332     | Lift, elevation, inside shoe, tapered, up to one-half inch                                | N           |
| DME      | L3334     | Lift, elevation, heel, per inch                                                           | N           |
| DME      | L3340     | Heel wedge, sach                                                                          | N           |
| DME      | L3350     | Heel wedge                                                                                | N           |
| DME      | L3360     | Sole wedge, outside sole                                                                  | N           |
| DME      | L3370     | Sole wedge, between sole                                                                  | N           |
| DME      | L3380     | Clubfoot wedge                                                                            | N           |
| DME      | L3390     | Outflare wedge                                                                            | N           |
| DME      | L3400     | Metatarsal bar wedge, rocker                                                              | N           |
| DME      | L3410     | Metatarsal bar wedge, between sole                                                        | N           |
| DME      | L3420     | Full sole and heel wedge, between sole                                                    | N           |
| DME      | L3430     | Heel, counter, plastic reinforced                                                         | N           |
| DME      | L3440     | Heel, counter, leather reinforced                                                         | N           |
| DME      | L3450     | Heel, sach cushion type                                                                   | N           |
| DME      | L3455     | Heel, new leather, standard                                                               | N           |
| DME      | L3460     | Heel, new rubber, standard                                                                | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                              | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L3465     | Heel, thomas with wedge                                                                                                                                                                                                                            | N           |
| DME      | L3470     | Heel, thomas extended to ball                                                                                                                                                                                                                      | N           |
| DME      | L3480     | Heel, pad and depression for spur                                                                                                                                                                                                                  | N           |
| DME      | L3485     | Heel, pad, removable for spur                                                                                                                                                                                                                      | N           |
| DME      | L3500     | Orthopedic shoe addition, insole, leather                                                                                                                                                                                                          | N           |
| DME      | L3510     | Orthopedic shoe addition, insole, rubber                                                                                                                                                                                                           | N           |
| DME      | L3520     | Orthopedic shoe addition, insole, felt covered with leather                                                                                                                                                                                        | N           |
| DME      | L3530     | Orthopedic shoe addition, sole, half                                                                                                                                                                                                               | N           |
| DME      | L3540     | Orthopedic shoe addition, sole, full                                                                                                                                                                                                               | N           |
| DME      | L3550     | Orthopedic shoe addition, toe tap standard                                                                                                                                                                                                         | N           |
| DME      | L3560     | Orthopedic shoe addition, toe tap, horseshoe                                                                                                                                                                                                       | N           |
| DME      | L3570     | Orthopedic shoe addition, special extension to instep (leather with eyelets)                                                                                                                                                                       | N           |
| DME      | L3580     | Orthopedic shoe addition, convert instep to velcro closure                                                                                                                                                                                         | N           |
| DME      | L3590     | Orthopedic shoe addition, convert firm shoe counter to soft counter                                                                                                                                                                                | N           |
| DME      | L3595     | Orthopedic shoe addition, march bar                                                                                                                                                                                                                | N           |
| DME      | L3600     | Transfer of an orthosis from one shoe to another, caliper plate, existing                                                                                                                                                                          | N           |
| DME      | L3610     | Transfer of an orthosis from one shoe to another, caliper plate, new                                                                                                                                                                               | N           |
| DME      | L3620     | Transfer of an orthosis from one shoe to another, solid stirrup, existing                                                                                                                                                                          | N           |
| DME      | L3630     | Transfer of an orthosis from one shoe to another, solid stirrup, new                                                                                                                                                                               | N           |
| DME      | L3640     | Transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes                                                                                                                                                       | N           |
| DME      | L3649     | Orthopedic shoe, modification, addition or transfer, not otherwise specified                                                                                                                                                                       | Y           |
| DME      | L3650     | Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf                                                                                                                                                       | N           |
| DME      | L3660     | Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf                                                                                                                                   | N           |
| DME      | L3670     | Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf                                                                                                                                                      | N           |
| DME      | L3671     | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                   | Y           |
| DME      | 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                | Y           |
| DME      | L3675     | Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf                                                                                                                                      | N           |
| DME      | 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 | N           |
| DME      | L3678     | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf                                                                                                                         | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                 | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L3702     | Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                | Y           |
| DME      | L3710     | Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf                                                                                                                                               | N           |
| DME      | L3720     | Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated                                                                                                                                 | Y           |
| DME      | L3730     | Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated                                                                                                                   | Y           |
| DME      | L3740     | Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated                                                                                                | Y           |
| DME      | 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 | Y           |
| DME      | L3761     | Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf                                                                                                                          | Y           |
| DME      | L3762     | Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf                                                                                                                 | N           |
| DME      | L3763     | Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                              | Y           |
| DME      | 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                                 | Y           |
| DME      | L3765     | Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                       | Y           |
| DME      | 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                          | Y           |
| DME      | 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             | Y           |
| DME      | 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                    | N           |
| DME      | L3808     | Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment                                                                     | Y           |
| DME      | L3809     | Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type                                                                                                                                  | Y           |
| DME      | L3891     | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each                                                                           | Y           |
| DME      | L3900     | Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated                                                            | Y           |
| DME      | L3901     | Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated                                                                      | Y           |
| DME      | L3904     | Wrist hand finger orthosis, external powered, electric, custom fabricated                                                                                                                                             | Y           |
| DME      | L3905     | Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                       | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                 | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L3906     | Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                                                                                           | N           |
| DME      | L3908     | Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf                                                                                                                                                                                                        | N           |
| DME      | L3912     | Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf                                                                                                                                                                                                   | Y           |
| DME      | L3913     | Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                                                                                          | N           |
| DME      | 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 individual with expertise                   | Y           |
| DME      | L3916     | Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf                                                                                                                                           | Y           |
| DME      | 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                                                                                                     | N           |
| DME      | L3918     | Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf                                                                                                                                                                                                                             | Y           |
| DME      | L3919     | Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                                                                                                 | N           |
| DME      | L3921     | Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                                      | Y           |
| DME      | 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                                                                        | N           |
| DME      | L3924     | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf                                                                                                                                                                                                | Y           |
| DME      | L3925     | Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf                                                                                                          | N           |
| DME      | 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                                                                                  | N           |
| DME      | 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 patient by an individual with expertise | N           |
| DME      | 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                                                                                                                         | Y           |
| DME      | 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                                                                                                 | N           |
| DME      | L3933     | Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment                                                                                                                                                                                       | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                              | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L3935     | Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment                                                                                                                                                                  | N           |
| DME      | L3956     | Addition of joint to upper extremity orthosis, any material; per joint                                                                                                                                                                                                             | N           |
| DME      | L3960     | Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment                                                                                                                                                         | Y           |
| DME      | L3961     | Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                                    | Y           |
| DME      | L3962     | Shoulder elbow wrist hand orthosis, abduction positioning, erb's palsey design, prefabricated, includes fitting and adjustment                                                                                                                                                     | Y           |
| DME      | 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                                                            | Y           |
| DME      | 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                                                                | Y           |
| DME      | 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 and adjustment        | Y           |
| DME      | L3975     | Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment                                                                                                             | Y           |
| DME      | 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                                                     | Y           |
| DME      | 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                                                         | Y           |
| DME      | 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 fitting and adjustment | Y           |
| DME      | L3980     | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment                                                                                                                                                                                         | Y           |
| DME      | 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                                                                             | Y           |
| DME      | L3982     | Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment                                                                                                                                                                                    | N           |
| DME      | L3984     | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment                                                                                                                                                                                           | N           |
| DME      | L3995     | Addition to upper extremity orthosis, sock, fracture or equal, each                                                                                                                                                                                                                | N           |
| DME      | L3999     | Upper limb orthosis, not otherwise specified                                                                                                                                                                                                                                       | Y           |
| DME      | L4000     | Replace girdle for spinal orthosis (ctlso or so)                                                                                                                                                                                                                                   | N           |
| DME      | L4002     | Replacement strap, any orthosis, includes all components, any length, any type                                                                                                                                                                                                     | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                   | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L4010     | Replace trilateral socket brim                                                                                                                                                                                                                                                                          | Y           |
| DME      | L4020     | Replace quadrilateral socket brim, molded to patient model                                                                                                                                                                                                                                              | Y           |
| DME      | L4030     | Replace quadrilateral socket brim, custom fitted                                                                                                                                                                                                                                                        | Y           |
| DME      | L4040     | Replace molded thigh lacer, for custom fabricated orthosis only                                                                                                                                                                                                                                         | Y           |
| DME      | L4045     | Replace non-molded thigh lacer, for custom fabricated orthosis only                                                                                                                                                                                                                                     | N           |
| DME      | L4050     | Replace molded calf lacer, for custom fabricated orthosis only                                                                                                                                                                                                                                          | N           |
| DME      | L4055     | Replace non-molded calf lacer, for custom fabricated orthosis only                                                                                                                                                                                                                                      | N           |
| DME      | L4060     | Replace high roll cuff                                                                                                                                                                                                                                                                                  | N           |
| DME      | L4070     | Replace proximal and distal upright for kafo                                                                                                                                                                                                                                                            | N           |
| DME      | L4080     | Replace metal bands kafo, proximal thigh                                                                                                                                                                                                                                                                | N           |
| DME      | L4090     | Replace metal bands kafo-afo, calf or distal thigh                                                                                                                                                                                                                                                      | N           |
| DME      | L4100     | Replace leather cuff kafo, proximal thigh                                                                                                                                                                                                                                                               | N           |
| DME      | L4110     | Replace leather cuff kafo-afo, calf or distal thigh                                                                                                                                                                                                                                                     | N           |
| DME      | L4130     | Replace pretibial shell                                                                                                                                                                                                                                                                                 | N           |
| DME      | L4205     | Repair of orthotic device, labor component, per 15 minutes                                                                                                                                                                                                                                              | N           |
| DME      | L4210     | Repair of orthotic device, repair or replace minor parts                                                                                                                                                                                                                                                | N           |
| DME      | L4350     | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf                                                                                                                                                                          | N           |
| DME      | 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                                                 | Y           |
| DME      | L4361     | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf                                                                                                                                                                         | Y           |
| DME      | L4370     | Pneumatic full leg splint, prefabricated, off-the-shelf                                                                                                                                                                                                                                                 | N           |
| DME      | 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                                                           | N           |
| DME      | L4387     | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf                                                                                                                                                                                   | Y           |
| DME      | L4392     | Replacement, soft interface material, static afo                                                                                                                                                                                                                                                        | N           |
| DME      | L4394     | Replace soft interface material, foot drop splint                                                                                                                                                                                                                                                       | Y           |
| DME      | 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 patient by an individual with expertise | Y           |
| DME      | 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                                                                                                                         | Y           |
| DME      | L4398     | Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf                                                                                                                                                                                                                            | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                  | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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 | Y           |
| DME      | L5000     | Partial foot, shoe insert with longitudinal arch, toe filler                                                                                                                                                           | N           |
| DME      | L5010     | Partial foot, molded socket, ankle height, with toe filler                                                                                                                                                             | N           |
| DME      | L5020     | Partial foot, molded socket, tibial tubercle height, with toe filler                                                                                                                                                   | N           |
| DME      | L5050     | Ankle, symes, molded socket, sach foot                                                                                                                                                                                 | Y           |
| DME      | L5060     | Ankle, symes, metal frame, molded leather socket, articulated ankle/foot                                                                                                                                               | Y           |
| DME      | L5100     | Below knee, molded socket, shin, sach foot                                                                                                                                                                             | Y           |
| DME      | L5105     | Below knee, plastic socket, joints and thigh lacer, sach foot                                                                                                                                                          | Y           |
| DME      | L5150     | Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot                                                                                                                           | Y           |
| DME      | L5160     | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot                                                                                                  | Y           |
| DME      | L5200     | Above knee, molded socket, single axis constant friction knee, shin, sach foot                                                                                                                                         | Y           |
| DME      | L5210     | Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each                                                                                                                      | Y           |
| DME      | L5220     | Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each                                                                                                       | Y           |
| DME      | L5230     | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot                                                                                                                             | Y           |
| DME      | L5250     | Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot                                                                                                      | Y           |
| DME      | L5270     | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot                                                                                            | Y           |
| DME      | L5280     | Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot                                                                                                           | Y           |
| DME      | L5301     | Below knee, molded socket, shin, sach foot, endoskeletal system                                                                                                                                                        | Y           |
| DME      | L5312     | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system                                                                                                         | Y           |
| DME      | L5321     | Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee                                                                                                                                  | Y           |
| DME      | L5331     | Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot                                                                                                         | Y           |
| DME      | L5341     | Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot                                                                                                              | Y           |
| DME      | L5400     | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee                                                             | Y           |
| DME      | 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                                  | Y           |
| DME      | 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                                          | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                               | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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 | Y           |
| DME      | L5450     | Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee                                                                                              | Y           |
| DME      | L5460     | Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee                                                                                              | Y           |
| DME      | L5500     | Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed                                                                              | Y           |
| DME      | L5505     | Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed                                                   | Y           |
| DME      | L5510     | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model                                                                        | Y           |
| DME      | L5520     | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed                                                                  | Y           |
| DME      | L5530     | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model                                                                | Y           |
| DME      | L5535     | Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket                                                                     | Y           |
| DME      | L5540     | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model                                                                      | Y           |
| DME      | L5560     | Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model                                              | Y           |
| DME      | L5570     | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed                                       | Y           |
| DME      | L5580     | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model                                      | Y           |
| DME      | L5585     | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket                                    | Y           |
| DME      | L5590     | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model                                             | Y           |
| DME      | L5595     | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model                                                                        | Y           |
| DME      | L5600     | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model                                                                              | Y           |
| DME      | L5610     | Addition to lower extremity, endoskeletal system, above knee, hydracandence system                                                                                                                  | Y           |
| DME      | L5611     | Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control                                                               | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L5613     | Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control | Y           |
| DME      | L5614     | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control  | Y           |
| DME      | L5615     | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control                           | Y           |
| DME      | L5616     | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control               | Y           |
| DME      | L5617     | Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each                                         | Y           |
| DME      | L5618     | Addition to lower extremity, test socket, symes                                                                                      | Y           |
| DME      | L5620     | Addition to lower extremity, test socket, below knee                                                                                 | Y           |
| DME      | L5622     | Addition to lower extremity, test socket, knee disarticulation                                                                       | Y           |
| DME      | L5624     | Addition to lower extremity, test socket, above knee                                                                                 | Y           |
| DME      | L5626     | Addition to lower extremity, test socket, hip disarticulation                                                                        | Y           |
| DME      | L5628     | Addition to lower extremity, test socket, hemipelvectomy                                                                             | Y           |
| DME      | L5629     | Addition to lower extremity, below knee, acrylic socket                                                                              | Y           |
| DME      | L5630     | Addition to lower extremity, symes type, expandable wall socket                                                                      | Y           |
| DME      | L5631     | Addition to lower extremity, above knee or knee disarticulation, acrylic socket                                                      | Y           |
| DME      | L5632     | Addition to lower extremity, symes type, 'ptb' brim design socket                                                                    | Y           |
| DME      | L5634     | Addition to lower extremity, symes type, posterior opening (canadian) socket                                                         | Y           |
| DME      | L5636     | Addition to lower extremity, symes type, medial opening socket                                                                       | Y           |
| DME      | L5637     | Addition to lower extremity, below knee, total contact                                                                               | Y           |
| DME      | L5638     | Addition to lower extremity, below knee, leather socket                                                                              | Y           |
| DME      | L5639     | Addition to lower extremity, below knee, wood socket                                                                                 | Y           |
| DME      | L5640     | Addition to lower extremity, knee disarticulation, leather socket                                                                    | Y           |
| DME      | L5642     | Addition to lower extremity, above knee, leather socket                                                                              | Y           |
| DME      | L5643     | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame                                              | Y           |
| DME      | L5644     | Addition to lower extremity, above knee, wood socket                                                                                 | Y           |
| DME      | L5645     | Addition to lower extremity, below knee, flexible inner socket, external frame                                                       | Y           |
| DME      | L5646     | Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket                                                    | Y           |
| DME      | L5647     | Addition to lower extremity, below knee suction socket                                                                               | Y           |
| DME      | L5648     | Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket                                                    | Y           |
| DME      | L5649     | Addition to lower extremity, ischial containment/narrow m-l socket                                                                   | Y           |
| DME      | L5650     | Additions to lower extremity, total contact, above knee or knee disarticulation socket                                               | Y           |
| DME      | L5651     | Addition to lower extremity, above knee, flexible inner socket, external frame                                                       | Y           |
| DME      | L5652     | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket                                           | Y           |
| DME      | L5653     | Addition to lower extremity, knee disarticulation, expandable wall socket                                                            | Y           |
| DME      | L5654     | Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)                                   | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                      | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L5655     | Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal)                                                                                                                                                                                     | Y           |
| DME      | L5656     | Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)                                                                                                                                                                           | Y           |
| DME      | L5657     | Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials                                                                                                                                       | Y           |
| DME      | L5658     | Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)                                                                                                                                                                                     | Y           |
| DME      | L5661     | Addition to lower extremity, socket insert, multi-durometer symes                                                                                                                                                                                                                          | Y           |
| DME      | L5665     | Addition to lower extremity, socket insert, multi-durometer, below knee                                                                                                                                                                                                                    | Y           |
| DME      | L5666     | Addition to lower extremity, below knee, cuff suspension                                                                                                                                                                                                                                   | Y           |
| DME      | L5668     | Addition to lower extremity, below knee, molded distal cushion                                                                                                                                                                                                                             | Y           |
| DME      | L5670     | Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar)                                                                                                                                                                                                | Y           |
| DME      | L5671     | Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert                                                                                                                                                      | Y           |
| DME      | L5672     | Addition to lower extremity, below knee, removable medial brim suspension                                                                                                                                                                                                                  | Y           |
| DME      | 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                                                                                               | Y           |
| DME      | L5676     | Additions to lower extremity, below knee, knee joints, single axis, pair                                                                                                                                                                                                                   | Y           |
| DME      | L5677     | Additions to lower extremity, below knee, knee joints, polycentric, pair                                                                                                                                                                                                                   | Y           |
| DME      | L5678     | Additions to lower extremity, below knee, joint covers, pair                                                                                                                                                                                                                               | Y           |
| DME      | 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                                                                                           | Y           |
| DME      | L5680     | Addition to lower extremity, below knee, thigh lacer, nonmolded                                                                                                                                                                                                                            | Y           |
| DME      | 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 L5673 or L5679)            | Y           |
| DME      | L5682     | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded                                                                                                                                                                                                              | Y           |
| DME      | 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 initial, use code L5673 or L5679) | Y           |
| DME      | L5684     | Addition to lower extremity, below knee, fork strap                                                                                                                                                                                                                                        | N           |
| DME      | L5685     | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each                                                                                                                                                                   | N           |
| DME      | L5686     | Addition to lower extremity, below knee, back check (extension control)                                                                                                                                                                                                                    | Y           |
| DME      | L5688     | Addition to lower extremity, below knee, waist belt, webbing                                                                                                                                                                                                                               | N           |
| DME      | L5690     | Addition to lower extremity, below knee, waist belt, padded and lined                                                                                                                                                                                                                      | N           |
| DME      | L5692     | Addition to lower extremity, above knee, pelvic control belt, light                                                                                                                                                                                                                        | Y           |
| DME      | L5694     | Addition to lower extremity, above knee, pelvic control belt, padded and lined                                                                                                                                                                                                             | N           |
| DME      | L5695     | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each                                                                                                                                                                                        | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                      | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L5696     | Addition to lower extremity, above knee or knee disarticulation, pelvic joint                                              | Y           |
| DME      | L5697     | Addition to lower extremity, above knee or knee disarticulation, pelvic band                                               | Y           |
| DME      | L5698     | Addition to lower extremity, above knee or knee disarticulation, silesian bandage                                          | N           |
| DME      | L5699     | All lower extremity prostheses, shoulder harness                                                                           | Y           |
| DME      | L5700     | Replacement, socket, below knee, molded to patient model                                                                   | Y           |
| DME      | L5701     | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model                  | Y           |
| DME      | L5702     | Replacement, socket, hip disarticulation, including hip joint, molded to patient model                                     | Y           |
| DME      | L5703     | Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only               | Y           |
| DME      | L5704     | Custom shaped protective cover, below knee                                                                                 | Y           |
| DME      | L5705     | Custom shaped protective cover, above knee                                                                                 | Y           |
| DME      | L5706     | Custom shaped protective cover, knee disarticulation                                                                       | Y           |
| DME      | L5707     | Custom shaped protective cover, hip disarticulation                                                                        | Y           |
| DME      | L5710     | Addition, exoskeletal knee-shin system, single axis, manual lock                                                           | Y           |
| DME      | L5711     | Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material                                     | Y           |
| DME      | L5712     | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)                 | Y           |
| DME      | L5714     | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control                                 | Y           |
| DME      | L5716     | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock                                          | Y           |
| DME      | L5718     | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control                               | Y           |
| DME      | L5722     | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control                        | Y           |
| DME      | L5724     | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control                                             | Y           |
| DME      | L5726     | Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control                             | Y           |
| DME      | L5728     | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control                                  | Y           |
| DME      | L5780     | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control                         | Y           |
| DME      | L5781     | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system             | Y           |
| DME      | L5782     | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | Y           |
| DME      | L5783     | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system                           | Y           |
| DME      | L5785     | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)                           | Y           |
| DME      | L5790     | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)                           | Y           |
| DME      | L5795     | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)                  | Y           |
| DME      | L5810     | Addition, endoskeletal knee-shin system, single axis, manual lock                                                          | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                  | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L5811     | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material                                                                                | Y           |
| DME      | L5812     | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)                                                            | Y           |
| DME      | L5814     | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock                                                      | Y           |
| DME      | L5816     | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock                                                                                     | Y           |
| DME      | L5818     | Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control                                                                         | Y           |
| DME      | L5822     | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control                                                                   | Y           |
| DME      | L5824     | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control                                                                                        | Y           |
| DME      | L5826     | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame                                                | Y           |
| DME      | L5827     | Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping            | Y           |
| DME      | L5828     | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control                                                                             | Y           |
| DME      | L5830     | Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control                                                                                   | Y           |
| DME      | L5840     | Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control                                                                    | Y           |
| DME      | L5841     | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control                                                                        | Y           |
| DME      | L5845     | Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable                                                                                           | Y           |
| DME      | L5848     | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability                                                    | Y           |
| DME      | L5850     | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist                                                                                | Y           |
| DME      | L5855     | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist                                                                                    | Y           |
| DME      | L5856     | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | Y           |
| DME      | L5857     | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type       | Y           |
| DME      | L5858     | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type      | Y           |
| DME      | L5859     | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)           | Y           |
| DME      | L5910     | Addition, endoskeletal system, below knee, alignable system                                                                                                            | Y           |
| DME      | L5920     | Addition, endoskeletal system, above knee or hip disarticulation, alignable system                                                                                     | Y           |
| DME      | L5925     | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock                                                                    | Y           |
| DME      | L5926     | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type                        | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                              | PA required |
|----------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L5930     | Addition, endoskeletal system, high activity knee control frame                                                                                                                                                                                                    | Y           |
| DME      | L5940     | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)                                                                                                                                                                  | Y           |
| DME      | L5950     | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)                                                                                                                                                                  | Y           |
| DME      | L5960     | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)                                                                                                                                                         | Y           |
| DME      | L5961     | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control                                                                                                           | Y           |
| DME      | L5962     | Addition, endoskeletal system, below knee, flexible protective outer surface covering system                                                                                                                                                                       | Y           |
| DME      | L5964     | Addition, endoskeletal system, above knee, flexible protective outer surface covering system                                                                                                                                                                       | Y           |
| DME      | L5966     | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system                                                                                                                                                              | Y           |
| DME      | L5968     | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature                                                                                                                                                                   | Y           |
| DME      | L5969     | Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)                                                                                                                                                                        | Y           |
| DME      | L5970     | All lower extremity prostheses, foot, external keel, sach foot                                                                                                                                                                                                     | Y           |
| DME      | L5971     | All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only                                                                                                                                                                             | Y           |
| DME      | L5972     | All lower extremity prostheses, foot, flexible keel                                                                                                                                                                                                                | Y           |
| DME      | L5973     | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source                                                                                                                              | Y           |
| DME      | L5974     | All lower extremity prostheses, foot, single axis ankle/foot                                                                                                                                                                                                       | Y           |
| DME      | L5975     | All lower extremity prosthesis, combination single axis ankle and flexible keel foot                                                                                                                                                                               | Y           |
| DME      | L5976     | All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)                                                                                                                                                                              | Y           |
| DME      | L5978     | All lower extremity prostheses, foot, multiaxial ankle/foot                                                                                                                                                                                                        | Y           |
| DME      | L5979     | All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system                                                                                                                                                                         | Y           |
| DME      | L5980     | All lower extremity prostheses, flex foot system                                                                                                                                                                                                                   | Y           |
| DME      | L5981     | All lower extremity prostheses, flex-walk system or equal                                                                                                                                                                                                          | Y           |
| DME      | L5982     | All exoskeletal lower extremity prostheses, axial rotation unit                                                                                                                                                                                                    | Y           |
| DME      | L5984     | All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability                                                                                                                                                                    | Y           |
| DME      | L5985     | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon                                                                                                                                                                                              | Y           |
| DME      | L5986     | All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)                                                                                                                                                                                         | Y           |
| DME      | L5987     | All lower extremity prosthesis, shank foot system with vertical loading pylon                                                                                                                                                                                      | Y           |
| DME      | L5988     | Addition to lower limb prosthesis, vertical shock reducing pylon feature                                                                                                                                                                                           | Y           |
| DME      | L5990     | Addition to lower extremity prosthesis, user adjustable heel height                                                                                                                                                                                                | Y           |
| DME      | L5991     | Addition to lower extremity prostheses, osseointegrated external prosthetic connector                                                                                                                                                                              | Y           |
| DME      | L5992     | All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only                                                                                                                                                   | Y           |
| DME      | L5999     | Lower extremity prosthesis, not otherwise specified                                                                                                                                                                                                                | Y           |
| DME      | 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(s) | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                    | PA required |
|----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L6028     | Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by l6692                                                                                                               | Y           |
| DME      | L6029     | Upper extremity addition, test socket/interface, partial hand including fingers                                                                                                                                                                                                                          | Y           |
| DME      | L6030     | Upper extremity addition, external frame, partial hand including fingers                                                                                                                                                                                                                                 | Y           |
| DME      | L6031     | Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power                                                                                                                                                                            | Y           |
| DME      | L6032     | Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)                                                                                                                                                                            | Y           |
| DME      | L6033     | Addition to upper extremity prosthesis, partial hand including fingers, acrylic material                                                                                                                                                                                                                 | Y           |
| DME      | L6034     | Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692 | Y           |
| DME      | L6035     | Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement             | Y           |
| DME      | L6036     | Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement                                                                   | Y           |
| DME      | L6037     | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers                                                                                                           | Y           |
| DME      | L6038     | Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material                                                                                                          | Y           |
| DME      | L6039     | Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb                                                                                               | Y           |
| DME      | L6050     | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad                                                                                                                                                                                                                                 | N           |
| DME      | L6055     | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad                                                                                                                                                                                                       | N           |
| DME      | L6100     | Below elbow, molded socket, flexible elbow hinge, triceps pad                                                                                                                                                                                                                                            | N           |
| DME      | L6110     | Below elbow, molded socket, (muenster or northwestern suspension types)                                                                                                                                                                                                                                  | N           |
| DME      | L6120     | Below elbow, molded double wall split socket, step-up hinges, half cuff                                                                                                                                                                                                                                  | N           |
| DME      | L6130     | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff                                                                                                                                                                                                                   | N           |
| DME      | L6200     | Elbow disarticulation, molded socket, outside locking hinge, forearm                                                                                                                                                                                                                                     | N           |
| DME      | L6205     | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm                                                                                                                                                                                                          | N           |
| DME      | L6250     | Above elbow, molded double wall socket, internal locking elbow, forearm                                                                                                                                                                                                                                  | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                     | PA required |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L6300     | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm                                                                                                                              | N           |
| DME      | L6310     | Shoulder disarticulation, passive restoration (complete prosthesis)                                                                                                                                                                       | N           |
| DME      | L6320     | Shoulder disarticulation, passive restoration (shoulder cap only)                                                                                                                                                                         | N           |
| DME      | L6350     | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm                                                                                                                                | N           |
| DME      | L6360     | Interscapular thoracic, passive restoration (complete prosthesis)                                                                                                                                                                         | N           |
| DME      | L6370     | Interscapular thoracic, passive restoration (shoulder cap only)                                                                                                                                                                           | N           |
| DME      | 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                                      | N           |
| DME      | 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                                       | N           |
| DME      | 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                         | N           |
| DME      | L6386     | Immediate post surgical or early fitting, each additional cast change and realignment                                                                                                                                                     | N           |
| DME      | L6388     | Immediate post surgical or early fitting, application of rigid dressing only                                                                                                                                                              | N           |
| DME      | L6400     | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                                 | N           |
| DME      | L6450     | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                       | N           |
| DME      | L6500     | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                                 | N           |
| DME      | L6550     | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                    | N           |
| DME      | L6570     | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping                                                                                                                                      | N           |
| DME      | 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 | N           |
| DME      | 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                   | N           |
| DME      | 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                    | N           |
| DME      | 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                                      | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                    | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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 | N           |
| DME      | 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                   | N           |
| DME      | L6600     | Upper extremity additions, polycentric hinge, pair                                                                                                                                                                                       | N           |
| DME      | L6605     | Upper extremity additions, single pivot hinge, pair                                                                                                                                                                                      | N           |
| DME      | L6610     | Upper extremity additions, flexible metal hinge, pair                                                                                                                                                                                    | N           |
| DME      | L6611     | Addition to upper extremity prosthesis, external powered, additional switch, any type                                                                                                                                                    | N           |
| DME      | L6615     | Upper extremity addition, disconnect locking wrist unit                                                                                                                                                                                  | N           |
| DME      | L6616     | Upper extremity addition, additional disconnect insert for locking wrist unit, each                                                                                                                                                      | N           |
| DME      | L6620     | Upper extremity addition, flexion/extension wrist unit, with or without friction                                                                                                                                                         | N           |
| DME      | L6621     | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device                                                                                                     | N           |
| DME      | L6623     | Upper extremity addition, spring assisted rotational wrist unit with latch release                                                                                                                                                       | N           |
| DME      | L6624     | Upper extremity addition, flexion/extension and rotation wrist unit                                                                                                                                                                      | N           |
| DME      | L6625     | Upper extremity addition, rotation wrist unit with cable lock                                                                                                                                                                            | N           |
| DME      | L6628     | Upper extremity addition, quick disconnect hook adapter, otto bock or equal                                                                                                                                                              | N           |
| DME      | L6629     | Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal                                                                                                                                     | N           |
| DME      | L6630     | Upper extremity addition, stainless steel, any wrist                                                                                                                                                                                     | N           |
| DME      | L6632     | Upper extremity addition, latex suspension sleeve, each                                                                                                                                                                                  | N           |
| DME      | L6635     | Upper extremity addition, lift assist for elbow                                                                                                                                                                                          | N           |
| DME      | L6637     | Upper extremity addition, nudge control elbow lock                                                                                                                                                                                       | N           |
| DME      | L6638     | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow                                                                                                                               | N           |
| DME      | L6640     | Upper extremity additions, shoulder abduction joint, pair                                                                                                                                                                                | N           |
| DME      | L6641     | Upper extremity addition, excursion amplifier, pulley type                                                                                                                                                                               | N           |
| DME      | L6642     | Upper extremity addition, excursion amplifier, lever type                                                                                                                                                                                | N           |
| DME      | L6645     | Upper extremity addition, shoulder flexion-abduction joint, each                                                                                                                                                                         | N           |
| DME      | L6646     | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system                                                                  | N           |
| DME      | L6647     | Upper extremity addition, shoulder lock mechanism, body powered actuator                                                                                                                                                                 | N           |
| DME      | L6648     | Upper extremity addition, shoulder lock mechanism, external powered actuator                                                                                                                                                             | N           |
| DME      | L6650     | Upper extremity addition, shoulder universal joint, each                                                                                                                                                                                 | N           |
| DME      | L6655     | Upper extremity addition, standard control cable, extra                                                                                                                                                                                  | N           |
| DME      | L6660     | Upper extremity addition, heavy duty control cable                                                                                                                                                                                       | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                                                   | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L6665     | Upper extremity addition, teflon, or equal, cable lining                                                                                                                                                                                                                                                | N           |
| DME      | L6670     | Upper extremity addition, hook to hand, cable adapter                                                                                                                                                                                                                                                   | N           |
| DME      | L6672     | Upper extremity addition, harness, chest or shoulder, saddle type                                                                                                                                                                                                                                       | N           |
| DME      | L6675     | Upper extremity addition, harness, (e.g., figure of eight type), single cable design                                                                                                                                                                                                                    | N           |
| DME      | L6676     | Upper extremity addition, harness, (e.g., figure of eight type), dual cable design                                                                                                                                                                                                                      | N           |
| DME      | L6677     | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow                                                                                                                                                                                                  | N           |
| DME      | L6680     | Upper extremity addition, test socket, wrist disarticulation or below elbow                                                                                                                                                                                                                             | N           |
| DME      | L6682     | Upper extremity addition, test socket, elbow disarticulation or above elbow                                                                                                                                                                                                                             | N           |
| DME      | L6684     | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic                                                                                                                                                                                                               | N           |
| DME      | L6686     | Upper extremity addition, suction socket                                                                                                                                                                                                                                                                | N           |
| DME      | L6687     | Upper extremity addition, frame type socket, below elbow or wrist disarticulation                                                                                                                                                                                                                       | N           |
| DME      | L6688     | Upper extremity addition, frame type socket, above elbow or elbow disarticulation                                                                                                                                                                                                                       | N           |
| DME      | L6689     | Upper extremity addition, frame type socket, shoulder disarticulation                                                                                                                                                                                                                                   | N           |
| DME      | L6690     | Upper extremity addition, frame type socket, interscapular-thoracic                                                                                                                                                                                                                                     | N           |
| DME      | L6691     | Upper extremity addition, removable insert, each                                                                                                                                                                                                                                                        | N           |
| DME      | L6692     | Upper extremity addition, silicone gel insert or equal, with or without locking mechanism, each                                                                                                                                                                                                         | N           |
| DME      | L6693     | Upper extremity addition, locking elbow, forearm counterbalance                                                                                                                                                                                                                                         | N           |
| DME      | 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                                                                                               | N           |
| DME      | 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                                                                                           | N           |
| DME      | 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 initial, use code l6694 or l6695)            | N           |
| DME      | 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 other than initial, use code l6694 or l6695) | N           |
| DME      | L6698     | Addition to upper extremity prosthesis, lock mechanism, excludes socket insert                                                                                                                                                                                                                          | N           |
| DME      | L6700     | Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement                                                                                                                                                   | Y           |
| DME      | L6703     | Terminal device, passive hand/mitt, any material, any size                                                                                                                                                                                                                                              | N           |
| DME      | L6704     | Terminal device, sport/recreational/work attachment, any material, any size                                                                                                                                                                                                                             | N           |
| DME      | L6706     | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined                                                                                                                                                                                                          | N           |
| DME      | L6707     | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined                                                                                                                                                                                                          | N           |
| DME      | L6708     | Terminal device, hand, mechanical, voluntary opening, any material, any size                                                                                                                                                                                                                            | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                             | PA required |
|----------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L6709     | Terminal device, hand, mechanical, voluntary closing, any material, any size                                                                                                                      | N           |
| DME      | L6711     | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric                                                                                         | N           |
| DME      | L6712     | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric                                                                                         | N           |
| DME      | L6713     | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric                                                                                                           | N           |
| DME      | L6714     | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric                                                                                                           | N           |
| DME      | L6715     | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement                                                                                                     | N           |
| DME      | L6721     | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined                                                                                | N           |
| DME      | L6722     | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined                                                                                | N           |
| DME      | L6805     | Addition to terminal device, modifier wrist unit                                                                                                                                                  | N           |
| DME      | L6810     | Addition to terminal device, precision pinch device                                                                                                                                               | N           |
| DME      | L6880     | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)                                         | Y           |
| DME      | L6881     | Automatic grasp feature, addition to upper limb electric prosthetic terminal device                                                                                                               | Y           |
| DME      | L6882     | Microprocessor control feature, addition to upper limb prosthetic terminal device                                                                                                                 | Y           |
| DME      | L6883     | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power                                                                            | N           |
| DME      | L6884     | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power                                                                            | N           |
| DME      | L6885     | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power                                                              | N           |
| DME      | L6890     | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment                                                                   | N           |
| DME      | L6895     | Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated                                                                                                | N           |
| DME      | L6900     | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining                                                                              | N           |
| DME      | L6905     | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining                                                                                 | N           |
| DME      | L6910     | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining                                                                                       | N           |
| DME      | L6915     | Hand restoration (shading, and measurements included), replacement glove for above                                                                                                                | N           |
| DME      | 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 | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                                                                                                  | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | 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                                                            | Y           |
| DME      | 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                                                                                 | N           |
| DME      | 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                                                                      | Y           |
| DME      | 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                                              | N           |
| DME      | 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                                   | Y           |
| DME      | 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                                                        | N           |
| DME      | 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                                             | Y           |
| DME      | 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            | N           |
| DME      | 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 device | Y           |
| DME      | 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              | N           |
| DME      | 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 device   | Y           |
| DME      | L7007     | Electric hand, switch or myoelectric controlled, adult                                                                                                                                                                                                                 | Y           |
| DME      | L7008     | Electric hand, switch or myoelectric, controlled, pediatric                                                                                                                                                                                                            | Y           |
| DME      | L7009     | Electric hook, switch or myoelectric controlled, adult                                                                                                                                                                                                                 | Y           |
| DME      | L7040     | Prehensile actuator, switch controlled                                                                                                                                                                                                                                 | Y           |
| DME      | L7045     | Electric hook, switch or myoelectric controlled, pediatric                                                                                                                                                                                                             | Y           |
| DME      | L7170     | Electronic elbow, hosmer or equal, switch controlled                                                                                                                                                                                                                   | Y           |
| DME      | L7180     | Electronic elbow, microprocessor sequential control of elbow and terminal device                                                                                                                                                                                       | Y           |

| Category | CPT® Code | CPT® Code Description                                                                                                                          | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L7181     | Electronic elbow, microprocessor simultaneous control of elbow and terminal device                                                             | Y           |
| DME      | L7185     | Electronic elbow, adolescent, variety village or equal, switch controlled                                                                      | Y           |
| DME      | L7186     | Electronic elbow, child, variety village or equal, switch controlled                                                                           | Y           |
| DME      | L7190     | Electronic elbow, adolescent, variety village or equal, myoelectronically controlled                                                           | Y           |
| DME      | L7191     | Electronic elbow, child, variety village or equal, myoelectronically controlled                                                                | Y           |
| DME      | L7259     | Electronic wrist rotator, any type                                                                                                             | Y           |
| DME      | L7360     | Six volt battery, each                                                                                                                         | Y           |
| DME      | L7362     | Battery charger, six volt, each                                                                                                                | N           |
| DME      | L7364     | Twelve volt battery, each                                                                                                                      | Y           |
| DME      | L7366     | Battery charger, twelve volt, each                                                                                                             | Y           |
| DME      | L7367     | Lithium ion battery, rechargeable, replacement                                                                                                 | Y           |
| DME      | L7368     | Lithium ion battery charger, replacement only                                                                                                  | Y           |
| DME      | L7400     | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)               | N           |
| DME      | L7401     | Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)                     | N           |
| DME      | L7402     | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal) | N           |
| DME      | L7403     | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material                                                    | N           |
| DME      | L7404     | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material                                                          | Y           |
| DME      | L7405     | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material                                      | N           |
| DME      | L7406     | Addition to upper extremity, user adjustable, mechanical, residual limb volume management system                                               | Y           |
| DME      | L7499     | Upper extremity prosthesis, not otherwise specified                                                                                            | Y           |
| DME      | L7510     | Repair of prosthetic device, repair or replace minor parts                                                                                     | N           |
| DME      | L7520     | Repair prosthetic device, labor component, per 15 minutes                                                                                      | N           |
| DME      | L7600     | Prosthetic donning sleeve, any material, each                                                                                                  | Y           |
| DME      | L7700     | Gasket or seal, for use with prosthetic socket insert, any type, each                                                                          | Y           |
| DME      | L7900     | Male vacuum erection system                                                                                                                    | Y           |
| DME      | L7902     | Tension ring, for vacuum erection device, any type, replacement only, each                                                                     | Y           |
| DME      | L8000     | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type                                               | N           |
| DME      | L8001     | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type                                      | N           |
| DME      | L8002     | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type                                       | N           |
| DME      | L8015     | External breast prosthesis garment, with mastectomy form, post mastectomy                                                                      | N           |
| DME      | L8020     | Breast prosthesis, mastectomy form                                                                                                             | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                  | PA required |
|----------|-----------|------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L8030     | Breast prosthesis, silicone or equal, without integral adhesive                                                        | N           |
| DME      | L8031     | Breast prosthesis, silicone or equal, with integral adhesive                                                           | N           |
| DME      | L8032     | Nipple prosthesis, prefabricated, reusable, any type, each                                                             | N           |
| DME      | L8033     | Nipple prosthesis, custom fabricated, reusable, any material, any type, each                                           | Y           |
| DME      | L8035     | Custom breast prosthesis, post mastectomy, molded to patient model                                                     | Y           |
| DME      | L8039     | Breast prosthesis, not otherwise specified                                                                             | Y           |
| DME      | L8040     | Nasal prosthesis, provided by a non-physician                                                                          | Y           |
| DME      | L8041     | Midfacial prosthesis, provided by a non-physician                                                                      | Y           |
| DME      | L8042     | Orbital prosthesis, provided by a non-physician                                                                        | Y           |
| DME      | L8043     | Upper facial prosthesis, provided by a non-physician                                                                   | Y           |
| DME      | L8044     | Hemi-facial prosthesis, provided by a non-physician                                                                    | Y           |
| DME      | L8045     | Auricular prosthesis, provided by a non-physician                                                                      | Y           |
| DME      | L8046     | Partial facial prosthesis, provided by a non-physician                                                                 | Y           |
| DME      | L8047     | Nasal septal prosthesis, provided by a non-physician                                                                   | Y           |
| DME      | L8048     | Unspecified maxillofacial prosthesis, by report, provided by a non-physician                                           | Y           |
| DME      | L8049     | Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician | N           |
| DME      | L8300     | Truss, single with standard pad                                                                                        | N           |
| DME      | L8310     | Truss, double with standard pads                                                                                       | N           |
| DME      | L8320     | Truss, addition to standard pad, water pad                                                                             | N           |
| DME      | L8330     | Truss, addition to standard pad, scrotal pad                                                                           | N           |
| DME      | L8400     | Prosthetic sheath, below knee, each                                                                                    | N           |
| DME      | L8410     | Prosthetic sheath, above knee, each                                                                                    | N           |
| DME      | L8415     | Prosthetic sheath, upper limb, each                                                                                    | N           |
| DME      | L8417     | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each                                  | N           |
| DME      | L8420     | Prosthetic sock, multiple ply, below knee, each                                                                        | N           |
| DME      | L8430     | Prosthetic sock, multiple ply, above knee, each                                                                        | N           |
| DME      | L8435     | Prosthetic sock, multiple ply, upper limb, each                                                                        | N           |
| DME      | L8440     | Prosthetic shrinker, below knee, each                                                                                  | N           |
| DME      | L8460     | Prosthetic shrinker, above knee, each                                                                                  | N           |
| DME      | L8465     | Prosthetic shrinker, upper limb, each                                                                                  | N           |
| DME      | L8470     | Prosthetic sock, single ply, fitting, below knee, each                                                                 | N           |
| DME      | L8480     | Prosthetic sock, single ply, fitting, above knee, each                                                                 | N           |
| DME      | L8485     | Prosthetic sock, single ply, fitting, upper limb, each                                                                 | N           |
| DME      | L8499     | Unlisted procedure for miscellaneous prosthetic services                                                               | Y           |
| DME      | L8500     | Artificial larynx, any type                                                                                            | Y           |
| DME      | L8501     | Tracheostomy speaking valve                                                                                            | N           |
| DME      | L8505     | Artificial larynx replacement battery / accessory, any type                                                            | N           |

| Category | CPT® Code | CPT® Code Description                                                                                                                                                                               | PA required |
|----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| DME      | L8507     | Tracheo-esophageal voice prosthesis, patient inserted, any type, each                                                                                                                               | N           |
| DME      | L8509     | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type                                                                                                          | N           |
| DME      | L8510     | Voice amplifier                                                                                                                                                                                     | N           |
| DME      | L8511     | Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each                                                                                                   | N           |
| DME      | L8512     | Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10                                                                                           | N           |
| DME      | L8513     | Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each                                                                                        | N           |
| DME      | L8514     | Tracheoesophageal puncture dilator, replacement only, each                                                                                                                                          | N           |
| DME      | L8515     | Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each                                                                                                           | N           |
| DME      | L8658     | Interphalangeal joint spacer, silicone or equal, each                                                                                                                                               | N           |
| DME      | L8695     | External recharging system for battery (external) for use with implantable neurostimulator, replacement only                                                                                        | N           |
| DME      | 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     | Y           |
| DME      | 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 | Y           |
| DME      | L8720     | External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg                                                                        | Y           |
| DME      | L8721     | Receptor sole for use with l8720, replacement, each                                                                                                                                                 | Y           |
| DME      | L9900     | Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "l" code                                                                                                       | Y           |

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