

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202106 JANUARY 26, 2021

Note: This bulletin has been updated.
See IHCP Bulletin [BT202133](#).

IHCP to update rates for certain DME and medical supply items effective February 1, 2021

As announced in *Indiana Health Coverage Bulletin (IHCP)* [BT2020128](#), the IHCP will change the reimbursement methodology for select durable medical equipment (DME) and medical supply Healthcare Common Procedure Coding System (HCPCS) procedure codes effective for dates of service (DOS) on or after February 1, 2021. These HCPCS procedure codes are subject to the *21st Century Cures Act*. For information on the rate-setting methodology, see [BT2020128](#). The HCPCS procedure codes impacted by this change, as well as their respective rates, are shown in [Table 1](#).



Capped rental period

The capped rental period for HCPCS codes subject to this change was also announced in [BT2020128](#). For DME and medical supply HCPCS codes not subject to the *21st Century Cures Act*, the capped rental period will remain 15 months. For HCPCS codes subject to the Act that are designated as capped rental items by Medicare, the capped rental period will either be 6 months or 10 months. The capped rental period will be 6 months for power wheelchairs and 10 months for all other capped rental DME and medical supplies. See the following tables:

- [Table 2](#) contains the HCPCS procedure codes subject to the 6-month capped rental period.
- [Table 3](#) contains the HCPCS procedure codes subject to the 10-month capped rental period.
- [Table 4](#) contains the HCPCS procedure codes that will continue to be subject to the 15-month capped rental period.

Maximum fee pricing

Additionally, the HCPCS codes in [Table 5](#), which are currently manually priced, will be reimbursed using maximum-fee pricing for claims with DOS on or after February 1, 2021. Pricing attachments, such as cost invoices or manufacturer's suggested retail price (MSRP) documentation, will no longer be required for these codes for claims with DOS on or after February 1, 2021.

Frequently serviced item

In addition, 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* is considered by the Centers for Medicare & Medicaid Services (CMS) to be a frequently serviced item. The IHCP will reimburse providers for rental payments only, as long as the equipment is deemed medically necessary. The IHCP will deny claims for the purchase of this item. This HCPCS procedure code will be added to the DME code table entitled *Procedure Codes for Equipment and Supplies Classified by the IHCP as Requiring Frequent and Substantial Servicing*.

Additional information

Reimbursement, prior authorization (PA), and billing information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page. Updates will also be made in the following code tables available from the [Code Sets](#) page at in.gov/medicaid/providers:

- Procedure Codes That Require Attachments
- Durable and Home Medical Equipment and Supplies Codes:
 - Procedure Codes for DME/HME Capped Rental Items
 - Procedure Codes for Equipment and Supplies Classified by the IHCP as Requiring Frequent and Substantial Servicing

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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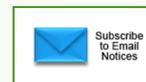


Table 1 – HCPCS procedure codes with updated rate, effective for DOS on or after February 1, 2021

HCPCS code	Description	Modifier (if applicable)*	Max fee
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		\$45.05
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	NU	\$3.92
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	NU	\$48.95
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	NU	\$130.21
		RR	\$13.03
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	NU	\$24.13
		RR	\$6.90
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	NU	\$53.72
		RR	\$10.32
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	NU	\$90.32
		RR	\$15.82
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	NU	\$61.98
		RR	\$8.34
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	NU	\$39.08
		RR	\$9.83
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	NU	\$20.92
		RR	\$5.08
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	NU	\$54.94
		RR	\$8.47
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	NU	\$27.92
		RR	\$5.36
E0130	Walker, rigid (pickup), adjustable or fixed height	NU	\$49.68
		RR	\$7.44
E0135	Walker, folding (pickup), adjustable or fixed height	NU	\$55.03
		RR	\$7.65
E0140	Walker, with trunk support, adjustable or fixed height, any type	NU	\$314.70
		RR	\$31.47
E0141	Walker, rigid, wheeled, adjustable or fixed height	NU	\$63.17
		RR	\$8.32
E0143	Walker, folding, wheeled, adjustable or fixed height	NU	\$65.49
		RR	\$8.41
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	NU	\$285.60
		RR	\$28.56
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	NU	\$449.12
		RR	\$44.92
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	NU	\$93.98
		RR	\$9.40
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	NU	\$144.30
		RR	\$14.43
E0160	Sitz type bath or equipment, portable, used with or without commode	NU	\$31.93
		RR	\$3.49
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	NU	\$26.58
		RR	\$2.94
E0163	Commode chair, mobile or stationary, with fixed arms	NU	\$71.35
		RR	\$11.03

HCPCS code	Description	Modifier (if applicable)*	Max fee
E0165	Commode chair, mobile or stationary, with detachable arms	NU	\$137.80
		RR	\$13.78
E0167	Pail or pan for use with commode chair, replacement only	NU	\$12.01
		RR	\$1.21
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	NU	\$131.15
		RR	\$13.14
E0170	Commode chair with integrated seat lift mechanism, electric, any type	NU	\$1,697.30
		RR	\$169.73
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	NU	\$189.50
		RR	\$18.95
E0184	Dry pressure mattress	NU	\$171.32
		RR	\$18.62
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	NU	\$201.77
		RR	\$23.38
E0186	Air pressure mattress	NU	\$191.90
		RR	\$19.19
E0188	Synthetic sheepskin pad	NU	\$26.85
		RR	\$2.82
E0189	Lambswool sheepskin pad, any size	NU	\$51.18
		RR	\$5.24
E0196	Gel pressure mattress	NU	\$343.10
		RR	\$34.31
E0197	Air pressure pad for mattress, standard mattress length and width	NU	\$214.10
		RR	\$21.41
E0199	Dry pressure pad for mattress, standard mattress length and width	NU	\$29.39
		RR	\$2.93
E0202	Phototherapy (bilirubin) light with photometer	NU	\$679.40
		RR	\$67.94
E0210	Electric heat pad, standard	NU	\$32.31
		RR	\$3.04
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	NU	\$200.80
		RR	\$20.08
E0250	Hospital bed, fixed height, with any type side rails, with mattress	NU	\$687.10
		RR	\$68.71
E0251	Hospital bed, fixed height, with any type side rails, without mattress	NU	\$614.70
		RR	\$61.47
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	NU	\$709.70
		RR	\$70.97
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	NU	\$638.30
		RR	\$63.83
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	NU	\$799.50
		RR	\$79.95
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	NU	\$765.20
		RR	\$76.52
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	NU	\$1,589.30
		RR	\$158.93
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	NU	\$1,403.90
		RR	\$140.39
E0277	Powered pressure-reducing air mattress	NU	\$3,119.70
		RR	\$311.97
E0290	Hospital bed, fixed height, without side rails, with mattress	NU	\$611.50
		RR	\$61.15
E0291	Hospital bed, fixed height, without side rails, without mattress	NU	\$460.90
		RR	\$46.09

HCPSC code	Description	Modifier (if applicable)*	Max fee
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	NU	\$649.80
		RR	\$64.98
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	NU	\$575.60
		RR	\$57.56
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	NU	\$769.80
		RR	\$76.98
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	NU	\$720.30
		RR	\$72.03
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	NU	\$2,627.00
		RR	\$262.70
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	NU	\$1,865.80
		RR	\$186.58
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	NU	\$5,191.70
		RR	\$519.17
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	NU	\$1,970.40
		RR	\$197.04
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	NU	\$5,518.80
		RR	\$551.88
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	NU	\$2,470.10
		RR	\$247.01
E0372	Powered air overlay for mattress, standard mattress length and width	NU	\$2,708.00
		RR	\$270.80
E0373	Nonpowered advanced pressure reducing mattress	NU	\$2,896.50
		RR	\$289.65
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	RR	\$103.41
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	RR	\$19.98
		RR QB	\$51.71
		RR QF	\$51.71
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	RR	\$38.25
		RR QB	\$51.71
		RR QF	\$51.71
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	RR	\$38.25
		RR QB	\$51.71
		RR QF	\$51.71
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	RR	\$103.41
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		\$56.39
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		\$56.39
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit		\$52.52
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit		\$52.52
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	RR	\$944.46
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	RR	\$944.46

HCPCS code	Description	Modifier (if applicable)*	Max fee
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	RR	\$1,117.66
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)	NU	\$1,450.20
		RR	\$145.02
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)	NU	\$3,398.90
		RR	\$339.89
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)	NU	\$4,518.00
		RR	\$451.80
E0482	Cough stimulating device, alternating positive and negative airway pressure	NU	\$5,005.90
		RR	\$500.59
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	NU	\$12,375.60
		RR	\$1,237.56
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	RR	\$121.73
E0570	Nebulizer, with compressor	NU	\$92.30
		RR	\$9.23
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	NU	\$343.20
		RR	\$34.32
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	NU	\$468.60
		RR	\$46.86
E0575	Nebulizer, ultrasonic, large volume	NU	\$1,196.50
		RR	\$119.65
E0585	Nebulizer, with compressor and heater	NU	\$328.90
		RR	\$32.89
E0600	Respiratory suction pump, home model, portable or stationary, electric	NU	\$453.10
		RR	\$45.31
E0601	Continuous positive airway pressure (CPAP) device	NU	\$591.00
		RR	\$59.10
E0607	Home blood glucose monitor		\$77.78
		U1	\$77.78
		RR	\$7.77
		RR U1	\$7.77
E0627	Seat lift mechanism, electric, any type	NU	\$291.97
		RR	\$29.20
E0629	Seat lift mechanism, non-electric, any type	NU	\$289.62
		RR	\$28.96
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	NU	\$731.50
		RR	\$73.15
E0635	Patient lift, electric with seat or sling	NU	\$1,206.80
		RR	\$120.68
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	NU	\$10,416.00
		RR	\$1,041.60
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	NU	\$1,298.60
		RR	\$129.86
E0640	Patient lift, fixed system, includes all components/accessories	NU	\$1,298.60
		RR	\$129.86

HCPSC code	Description	Modifier (if applicable)*	Max fee
E0650	Pneumatic compressor, non-segmental home model	NU	\$838.36
		RR	\$103.46
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	NU	\$936.73
		RR	\$109.22
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	NU	\$6,160.09
		RR	\$609.90
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	NU	\$1,046.01
		RR	\$104.60
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	NU	\$1,313.51
		RR	\$131.33
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	NU	\$1,619.18
		RR	\$161.92
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	NU	\$5,153.72
		RR	\$515.37
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	NU	\$148.80
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	NU	\$159.23
E0740	Non-implanted pelvic floor electrical stimulator, complete system	NU	\$608.70
		RR	\$60.87
E0745	Neuromuscular stimulator, electronic shock unit	NU	\$1,042.10
		RR	\$104.21
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	NU	\$4,424.08
		RR	\$442.38
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	NU	\$4,529.04
		RR	\$452.87
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	NU	\$3,763.54
		RR	\$376.36
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	NU	\$191.90
		RR	\$19.19
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	NU	\$12.07
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	NU	\$2,629.70
		RR	\$262.97
E0784	External ambulatory infusion pump, insulin	NU	\$4,567.00
		RR	\$456.70
E0791	Parenteral infusion pump, stationary, single or multi-channel	NU	\$3,128.60
		RR	\$312.86
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	NU	\$599.90
		RR	\$59.99
E0855	Cervical traction equipment not requiring additional stand or frame	NU	\$585.10
		RR	\$58.51
E0860	Traction equipment, overdoor, cervical	NU	\$44.86
		RR	\$7.59
E0870	Traction frame, attached to footboard, extremity traction, (e.g., buck's)	NU	\$135.40
		RR	\$15.61
E0900	Traction stand, free standing, pelvic traction, (e.g., buck's)	NU	\$138.94
		RR	\$32.16
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	NU	\$135.00
		RR	\$13.50
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	NU	\$433.30
		RR	\$43.33

HCPSC code	Description	Modifier (if applicable)*	Max fee
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	NU	\$893.90
		RR	\$89.39
E0920	Fracture frame, attached to bed, includes weights	NU	\$499.70
		RR	\$49.97
E0935	Continuous passive motion exercise device for use on knee only	RR	\$26.48
E0940	Trapeze bar, free standing, complete with grab bar	NU	\$234.50
		RR	\$23.45
E0941	Gravity assisted traction device, any type	NU	\$495.90
		RR	\$49.59
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)	NU	\$585.40
		RR	\$58.54
E1031	Rollabout chair, any and all types with casters 5" or greater	NU	\$457.40
		RR	\$45.74
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	NU	\$6,096.60
		RR	\$609.66
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	NU	\$8,839.20
		RR	\$883.92
E1037	Transport chair, pediatric size	NU	\$1,129.70
		RR	\$112.97
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	NU	\$157.90
		RR	\$15.79
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	NU	\$341.80
		RR	\$34.18
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	NU	\$1,491.80
		RR	\$149.18
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	NU	\$1,286.60
		RR	\$128.66
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	NU	\$853.70
		RR	\$85.37
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	NU	\$706.20
		RR	\$70.62
E1161	Manual adult size wheelchair, includes tilt in space	NU	\$2,754.20
		RR	\$275.42
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	NU	\$2,489.50
		RR	\$248.95
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	NU	\$2,579.20
		RR	\$257.92
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	NU	\$2,245.50
		RR	\$224.55
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	NU	\$2,162.30
		RR	\$216.23
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	NU	\$1,907.60
		RR	\$190.76
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	NU	\$1,924.20
		RR	\$192.42
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	NU	\$1,907.60
		RR	\$190.76
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	RR	\$103.41

HCPSC code	Description	Modifier (if applicable)*	Max fee
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	RR	\$103.41
E1392	Portable oxygen concentrator, rental	RR	\$38.25
		RR QB	\$51.71
		RR QF	\$51.71
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	NU	\$1,426.00
		RR	\$142.60
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$1,501.80
		RR	\$150.18
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	NU	\$3,804.30
		RR	\$380.43
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	NU	\$1,470.80
		RR	\$147.08
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,233.10
		RR	\$123.31
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	NU	\$1,450.30
		RR	\$145.03
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$1,561.20
		RR	\$156.12
E1812	Dynamic knee, extension/flexion device with active resistance control	NU	\$1,001.00
		RR	\$100.10
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	NU	\$1,470.80
		RR	\$147.08
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	NU	\$1,586.00
		RR	\$158.60
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	NU	\$1,619.00
		RR	\$161.90
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	NU	\$94.28
		RR	\$9.43
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	NU	\$122.50
		RR	\$12.22
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	NU	\$1,470.80
		RR	\$147.08
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	NU	\$1,470.80
		RR	\$147.08
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	NU	\$769.10
		RR	\$76.91
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	NU	\$4,455.10
		RR	\$445.51
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	NU	\$5,273.10
		RR	\$527.31
E2000	Gastric suction pump, home model, portable or stationary, electric	NU	\$603.30
		RR	\$60.33
E2100	Blood glucose monitor with integrated voice synthesizer	NU	\$636.40
		RR	\$63.66
E2101	Blood glucose monitor with integrated lancing/blood sample	NU	\$219.49
		RR	\$21.95

HCPSC code	Description	Modifier (if applicable)*	Max fee
E2402	Negative pressure wound therapy electrical pump, stationary or portable	NU	\$9,149.10
		RR	\$914.91
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	NU	\$455.20
		RR	\$45.53
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	NU	\$1,391.97
		RR	\$139.21
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	NU	\$2,692.43
		RR	\$269.23
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	NU	\$4,163.40
		RR	\$416.34
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	NU	\$7,878.69
		RR	\$787.87
K0730	Controlled dose inhalation drug delivery system	NU	\$2,006.80
		RR	\$200.68
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	RR	\$38.25
		RR QB	\$51.71
		RR QF	\$51.71
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	NU	\$926.01
		RR	\$92.61
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	NU	\$1,615.15
		RR	\$161.51
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	NU	\$2,091.80
		RR	\$209.18
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,051.40
		RR	\$307.71
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	NU	\$2,292.87
		RR	\$343.93
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,180.20
		RR	\$327.03
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$1,948.47
		RR	\$292.27
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,178.53
		RR	\$326.78
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,427.20
		RR	\$364.08
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,359.67
		RR	\$353.95
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,248.87
		RR	\$487.33
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$2,968.60
		RR	\$445.29
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$5,337.27
		RR	\$800.59
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	NU	\$4,582.27
		RR	\$687.34

HCPSC code	Description	Modifier (if applicable)*	Max fee
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$6,340.87
		RR	\$951.13
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	NU	\$5,945.80
		RR	\$891.87
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$2,810.93
		RR	\$421.64
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$2,915.40
		RR	\$437.31
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,514.73
		RR	\$527.21
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	NU	\$3,125.27
		RR	\$468.79
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$4,627.80
		RR	\$694.17
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$7,073.20
		RR	\$1,060.98
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$3,104.07
		RR	\$465.61
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$3,101.20
		RR	\$465.18
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$3,699.73
		RR	\$554.96
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$5,302.00
		RR	\$795.30
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	NU	\$5,097.47
		RR	\$764.62
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$6,149.93
		RR	\$922.49
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	NU	\$5,913.27
		RR	\$886.99
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	NU	\$9,135.13
		RR	\$1,370.27
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$5,690.93
		RR	\$853.64
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	NU	\$5,805.07
		RR	\$870.76
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	NU	\$7,060.87
		RR	\$1,059.13
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	NU	\$6,733.93
		RR	\$1,010.09
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$10,087.40
		RR	\$1,513.11
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	NU	\$5,700.07
		RR	\$855.01

HCPCS code	Description	Modifier (if applicable)*	Max fee
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	NU	\$7,060.87
		RR	\$1,059.13
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	NU	\$10,087.40
		RR	\$1,513.11
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	NU	\$12,004.00
		RR	\$1,800.60

*Descriptions for the modifiers in Table 1 include the following:

- NU=New durable medical equipment purchase
- RR=Rental of durable medical equipment
- QB=Prescribed amounts of stationary oxygen for daytime use while at rest and night-time use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
- QF=Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
- U1=Nonpreferred blood glucose monitor or diabetic test strip

Table 2 – HCPCS procedure codes subject to a 6-month capped rental period, effective for DOS on or after February 1, 2021

HCPCS code	Description
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds

HCPCS code	Description
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more

Table 3 – HCPCS procedure codes subject to a 10-month capped rental period, effective for DOS on or after February 1, 2021

HCPCS code	Description
E0140	Walker, with trunk support, adjustable or fixed height, any type
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat
E0149	Walker, heavy duty, wheeled, rigid or folding, any type
E0165	Commode chair, mobile or stationary, with detachable arms
E0170	Commode chair with integrated seat lift mechanism, electric, any type

HCPSC code	Description
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0186	Air pressure mattress
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0202	Phototherapy (bilirubin) light with photometer
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
E0277	Powered pressure-reducing air mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
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)
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)
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)
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
E0570	Nebulizer, with compressor

HCPSC code	Description
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575	Nebulizer, ultrasonic, large volume
E0585	Nebulizer, with compressor and heater
E0600	Respiratory suction pump, home model, portable or stationary, electric
E0601	Continuous positive airway pressure (CPAP) device
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635	Patient lift, electric with seat or sling
E0636	Multi-positional patient support system, with integrated lift, patient accessible controls
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories
E0740	Non-implanted pelvic floor electrical stimulator, complete system
E0745	Neuromuscular stimulator, electronic shock unit
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0784	External ambulatory infusion pump, insulin
E0791	Parenteral infusion pump, stationary, single or multi-channel
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0855	Cervical traction equipment not requiring additional stand or frame
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0920	Fracture frame, attached to bed, includes weights
E0940	Trapeze bar, free standing, complete with grab bar
E0941	Gravity assisted traction device, any type
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)
E1031	Rollabout chair, any and all types with casters 5" or greater
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system

HCPSC code	Description
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1812	Dynamic knee, extension/flexion device with active resistance control
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E2000	Gastric suction pump, home model, portable or stationary, electric
E2402	Negative pressure wound therapy electrical pump, stationary or portable
K0730	Controlled dose inhalation drug delivery system

Table 4 – HCPCS procedure codes that continue to be subject to a 15-month capped rental period

HCPSC code	Description
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
E0117	Crutch, underarm, articulating, spring assisted, each
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0182	Pump for alternating pressure pad, for replacement only
E0187	Water pressure mattress
E0198	Water pressure pad for mattress, standard mattress length and width
E0236	Pump for water circulating pad
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
E0305	Bed side rails, half length

HCPCS code	Description
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0462	Rocking bed with or without side rails
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0606	Postural drainage board
E0617	External defibrillator with integrated electrocardiogram analysis
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature
E0620	Skin piercing device for collection of capillary blood, laser, each
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0744	Neuromuscular stimulator for scoliosis
E0856	Cervical traction device, with inflatable air bladder(s)
E0930	Fracture frame, free standing, includes weights
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0968	Commode seat, wheelchair
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985	Wheelchair accessory, seat lift mechanism
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1014	Reclining back, addition to pediatric size wheelchair
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1030	Wheelchair accessory, ventilator tray, gimbaleed
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest

HCPCS code	Description
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
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
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
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2378	Power wheelchair component, actuator, replacement only
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0607	Replacement battery for automated external defibrillator, garment type only, each
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more

Table 5 – HCPCS codes changing from manual pricing to maximum-fee pricing, effective for DOS on or after February 1, 2021

HCPCS code	Description
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	Patient lift, fixed system, includes all components/accessories