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## Durable Medical Equipment (DME): Billing Codes and Reimbursement Rates

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Page updated: September 2020

This section lists the HCPCS codes and maximum allowances for Durable Medical Equipment (DME). Refer to the *Durable Medical Equipment (DME): An Overview* section in the appropriate Part 2 manual for general policy information.

**Note:** Per *California Code of Regulations (CCR)*, Title 22, Section 51321(g): Authorization for durable medical equipment shall be limited to the lowest cost item that meets the patient's medical needs.

### **Authorization**

Authorization is required for all oxygen contents, oxygen equipment and respiratory equipment except for all of the following, which require authorization only for quantities exceeding the stated billing limit:

- A7005 (administration set, with small volume non-filtered pneumatic nebulizer, non-disposable) – billing limit of one every 6 months.
- E0484 (oscillatory positive expiratory pressure device, non-electric, any type, each) – billing limit of two per 12 months.

Authorization is required for all other DME products exceeding the following threshold limits (cumulative cost of related items within a group):

- Rental: \$50
- Purchasing: \$100
- Repair or maintenance: \$250

This policy also applies to daily amounts that exceed the respective dollar limits for rental, purchase, repair or maintenance for an individual item or combination of similar group DME items.

### **Rentals and Purchases**

Reimbursement for rental or purchase of DME includes the following policies.

## **Rental Rate Includes Supplies**

DME rental rates include reimbursement for equipment-related supplies. Supplies are not separately reimbursable, except as noted.

## **Rental Period**

Unless otherwise noted, DME rental is based on a rental period of one calendar month, with the beginning date of rental as the date of service.

## **Rental Reimbursement Cap**

For information about the DME rental reimbursement cap, refer to the *Durable Medical Equipment (DME): Bill for DME* section in the appropriate Part 2 manual.

## **Guarantees**

Purchased equipment is to be guaranteed for at least six months from the date of purchase. Out-of-guarantee repairs are to be guaranteed for at least three months from the date of such repair. Reimbursement will not be allowed for parts or labor during a guarantee period if the need for repair is due to a defect in material or workmanship.

## **Billing Codes**

Refer to the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) Product Classification Lists at [www.palmettogba.com](http://www.palmettogba.com) or call the SADMERC/HPCPS help line at 1-877-735-1326 to determine proper billing codes for DME items.

## **Codes and Rates**

Reimbursement for purchased DME is subject to the Upper Billing Limit defined in California *Code of Regulations*, Title 22, Section 51008.1. Claims submitted are not to exceed an amount that is the lesser of:

- The usual charges made to the general public, or
- The net purchase price of the item, which shall be documented in provider's books and records, plus no more than a 100 percent mark-up.

For more information regarding the maximum allowable DME purchase billing amounts, refer to “Net Purchase Price” in the *Durable Medical Equipment (DME): Bill for DME* section.

The following listed rates are the maximum amounts allowed for each procedure code:

**Note:** If the net purchase price of the item, plus a 100 percent mark-up, adds up to less than the maximum amount indicated for the code on the pages that follow, the billed amount is to be the net purchase price, plus the 100 percent mark-up, i.e., not the maximum amount allowable listed.

## Ambulation Devices

### Canes and Crutches

**Table of HCPCS Codes, Descriptions and Cost for Canes and Crutches**

HCPCS Code	Description	Monthly Rental (in dollars)	Purchase (in dollars)
A4635	Underarm pad, crutch, replacement, each	N/A	4.10
A4636	Replacement handgrip, cane, crutch or walker, each	N/A	<<2.91>>
A4637	Replacement tip, cane, crutch or walker, each	N/A	<<1.54>>
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	4.75	15.99
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	7.09	37.50
E0110	Crutches, forearm, adjustable or fixed, with tips and handgrips, pair	12.79	62.07

**Table of HCPCS Codes, Descriptions and Cost for Canes and Crutches (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	7.94	53.75
E0114	Crutches, underarm, non-wood, adjustable or fixed, pair, with pads, tips and handgrips	6.86	37.75
E0117	Crutch, underarm, articulating, spring assisted, each	15.41	154.17

**Walkers****Table of HCPCS Codes, Descriptions and Cost for Walkers**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0130	Rigid (pick-up), adjustable or fixed height	<<8.61>>	<<47.27>>
E0135	Folding (pick-up), adjustable or fixed height	<<8.79>>	<<52.71>>
E0140	Walker w/trunk support, adjustable or fixed height	21.06	210.56
E0141	Rigid walker, wheeled, adjustable or fixed height	<<10.91>>	<<66.02>>
E0143	Folding walker, wheeled	<<10.60>>	<<64.69>>
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	<<23.38>>	254.76
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	28.41	279.69

**Table of HCPCS Codes, Descriptions and Cost for Walkers (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	<<8.58>>	<<85.71>>
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	9.53	95.28
E0153	Platform attachment, forearm crutch, each	6.27	55.50
E0154	Platform attachment, walker, each	<<5.49>>	<<48.88>>
E0155	Wheel attachment, rigid pick-up walker, per pair	<<2.42>>	<<21.43>>
E0156	Seat attachment, walker	<<1.82>>	<<17.20>>
E0157	Crutch attachment, walker, each	<<5.43>>	<<51.56>>
E0158	Leg extensions, per set of four	<<2.34>>	<<21.99>>
E0159	Brake attachment for wheeled walker, replacement, each	<<1.34>>	<<13.35>>

## **Bathroom Equipment**

**Table of HCPCS Codes, Descriptions and Cost for Bathroom Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0163	Commode chair with fixed arms	13.50	73.31
E0165	«Commode chair, mobile or stationary, with detachable arms»	13.02	162.36
E0167	Pail or pan for use with commode chair, replacement only	N/A	9.60
E0168	Commode chair, extra wide and/or heavy duty, stationary, or mobile, with or without arms, any type, each	11.94	119.45
+ E0170	Commode chair with integrated seat lift mechanism, electric, any type	128.58	1,542.91
+ E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	23.14	277.63
E0240	Bath/shower chair, with or without wheels, any size	N/A	By Report

**«Table of HCPCS Codes, Descriptions and Cost for Bathroom Equipment  
(continued)»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
E0241	Bathtub wall rail, each	«N/A»	14.62
E0242	Bathtub rail, floor base	«N/A»	By Report
E0243	Toilet rail, each	«N/A»	42.76
E0244	Raised toilet seat	«N/A»	46.04
E0245	Tub stool or bench	«N/A»	55.07
E0246	Transfer tub rail attachment	«N/A»	37.08
E0247	Transfer bench for tub or toilet with or without commode opening	«N/A»	81.42
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	«N/A»	By Report

## **Decubitus Care Equipment**

**Table of HCPCS Codes, Descriptions and Cost for Decubitus Care Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	N/A	45.18
E0181	Pressure pad, alternating with pump	<<18.63>>	250.20
E0182	Replacement pump for alternating pressure pad	N/A	251.33
E0184	Dry pressure mattress	<<18.18>>	132.40
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	<<27.94>>	<<219.62>>
E0186	Air pressure mattress	16.24	194.88
E0187	Water pressure mattress	18.57	222.82
E0188	Synthetic sheepskin pad	2.47	21.14
E0189	Lambswool sheepskin pad	4.50	41.57
E0193	Powered air flotation bed (low air loss therapy) (daily rental)	24.09	By Report



**Table of HCPCS Codes, Descriptions and Cost for Decubitus Care Equipment  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0194	Air fluidized bed (daily rental)	55.00	By Report
E0196	Gel pressure mattress	25.99	311.90
E0197	Air pressure pad for mattress, standard mattress length and width	13.50	134.96
E0198	Water pressure pad for mattress, standard mattress length and width	18.61	179.65
E0199	Dry pressure pad for mattress, standard mattress length and width	2.55	25.64
«E0202	Phototherapy (bilirubin) light with photometer (daily rental)	By Report	N/A»
E0210	Electric heat pad, standard	2.46	26.11
E0277	Powered pressure-reducing air mattress (daily rental)	18.76	By Report
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (daily rental)	10.62	By Report
E0372	Powered air overlay for mattress, standard mattress length and width (daily rental)	13.70	By Report
E0373	Nonpowered advanced pressure reducing mattress (daily rental)	14.76	By Report

**Hospital Beds and Accessories****Table of HCPCS Codes, Descriptions and Cost for Hospital Beds and Accessories**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0271	Mattress, innerspring	<<14.43>>	<<128.57>>
E0272	Mattress, foam rubber	<<14.38>>	<<140.19>>
E0273	Bed board	By Report	By Report
E0291	Hospital bed, fixed height, without side rails, without mattress	35.33	443.14
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	46.53	583.49
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	<<76.68>>	1,222.56
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	<<93.42>>	1,302.24
E0300	Pediatric crib, hospital grade, fully enclosed	<<212.60>>	2,270.90
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	<<184.80>>	2,785.63

**Table of HCPCS Codes, Descriptions and Cost for Hospital Beds and Accessories  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	<<512.23>>	7,398.43
E0305	Bed side rails, half length	<<11.66>>	170.78
E0310	Bed side rails, full length	<<13.81>>	<<123.34>>
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	155.50	1,950.43
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes, mattress	By Report	By Report
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes mattress	By Report	By Report

**Traction and Trapeze Equipment****Table of HCPCS Codes, Descriptions and Cost for Traction and Trapeze Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0840	Traction frame, attached to headboard, cervical traction	13.06	58.62
+ E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	41.22	412.25
E0850	Traction stand, freestanding, cervical traction	11.54	78.22
E0860	Traction equipment, overdoor, cervical	5.21	30.82
E0870	Traction frame, attached to footboard, extremity traction (e.g. Buck's)	11.91	58.62
E0880	Traction stand, freestanding, extremity traction	11.54	78.22
E0890	Traction frame, attached to footboard, pelvic traction	13.06	58.62
E0900	Traction stand, freestanding, pelvic traction	11.54	78.22
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	<<11.73>>	169.25
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	<<37.74>>	478.56
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, with grab bar	<<80.30>>	1,098.91

**Table of HCPCS Codes, Descriptions and Cost for Traction and Trapeze Equipment  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0920	Fracture frame, attached to bed, includes weights	31.38	376.51
E0930	Fracture frame, free standing, includes weights	32.96	395.52
E0935	Continuous passive motion exercise device for use on knee only (daily rental)	15.97	N/A
E0936	Continuous passive motion exercise device for use other than knee (daily rental)	By Report	N/A
E0940	Trapeze bar, free standing, complete with grab bar	<<22.42>>	325.25
E0942	Cervical head harness/halter	1.87	15.88
E0944	Pelvic belt/harness/boot	3.13	31.20
E0945	Extremity belt/harness	3.55	35.46
E0947	Fracture frame, attachments for complex pelvic traction	50.31	485.17
E0948	Fracture frame, attachments for complex cervical traction	46.91	469.27

**Oxygen and Related Respiratory Equipment****Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
A4556	Electrodes (e.g., apnea monitor), per pair	N/A	8.26
A4557	Lead wires (e.g., apnea monitor), per pair	N/A	<<12.66>>
A4566	Shoulder sling or vest design, abduction restrainer	N/A	By Report
+ A4604	Tubing with integrated heating element for use with positive airway pressure device	N/A	<<43.84>>
+ A4615	Cannula, nasal	N/A	0.64
+ A4619	Face tent	N/A	0.97
+ A4620	Variable concentration mask	N/A	0.56
+ A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	N/A	<<19.30>>
+ A7015	Aerosol mask, used with DME nebulizer	N/A	<<1.41>>
+ A7020	Interface for cough stimulating device, includes all components, replacement only	N/A	12.86
+ A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	N/A	<<137.87>>
+ A7028	Oral cushion for combination oral/nasal mask, replacement only, each	N/A	<<37.40>>
+ A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	N/A	<<16.00>>

**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ A7030	Full face mask used with positive airway pressure device, each	N/A	75.00
+ A7031	Face mask interface, replacement for full face mask, each	N/A	<<42.42>>
+ A7032	Cushion for use on nasal mask interface, replacement only, each	N/A	<<24.32>>
+ A7033	Pillow for use on nasal cannula type interface, replacement only, pair	N/A	<<18.02>>
+ A7034	Nasal interface used with positive airway pressure device, with or without headstrap	N/A	<<70.93>>
+ A7035	Headgear used with positive airway pressure device	N/A	<<23.79>>
+ A7036	Chinstrap used with positive airway pressure device	N/A	<<11.82>>
+ A7037	Tubing used with positive airway pressure device	N/A	<<21.48>>
+ A7038	Filter, disposable, used with positive airway pressure device	N/A	<<3.06>>
+ A7039	Filter, non-disposable, used with positive airway pressure device	N/A	<<8.73>>
+ A7044	Oral interface used with positive airway pressure device, each	N/A	<<84.03>>

**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	N/A	<<12.97>>
+ A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	N/A	<<13.53>>
§ + E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	<<107.77>>	N/A
+ E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	N/A	By Report
+ E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	N/A	By Report
§ + E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	<<19.20>>	N/A
§ + 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	<<35.46>>	N/A



**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
§ + E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing	24.34	N/A
+ E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	N/A	By Report
§ + E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	<<107.77>>	N/A
+ E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	N/A	By Report
+ E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	N/A	<<51.36>>
+ E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	N/A	<<51.36>>
+ E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (modifier NU)	N/A	<<49.35>>
+ E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (modifier SC)	N/A	16.87

**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (modifier NU)	N/A	<<49.35>>
+ E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (modifier SC)	N/A	16.87
† + E0465	Home ventilator, any type, used with invasive interface	717.56	N/A
† + § E0466	Home ventilator, any type, used with non-invasive interface	717.56	N/A
† + § 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.	912.90	N/A
§ + 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)	<<144.31>>	2,364.67
§ + 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)	<<370.71>>	6,164.88

**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
§ + 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)	428.17	6,164.88
§ + E0480	Percussor, electric or pneumatic, home model	34.55	414.62
«+ † ^ E0481»	Intrapulmonary percussive ventilation system and related accessories	By Report	N/A
§ + E0482	Cough stimulating device, alternating positive and negative airway pressure	327.73	N/A
§ + E0483	«High frequency chest wall oscillation system, includes all accessories and supplies, each»	410.96	N/A
§ E0484	Oscillatory positive expiratory pressure device, non-electric, any type	N/A	29.54
+ E0487	Spirometer, electronic, includes all accessories	By Report	By Report
§ + E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	N/A	By Report
§ + E0561	Humidifier, non-heated, used with positive airway pressure device	7.36	73.64
§ + E0562	Humidifier, heated, used with positive airway pressure device	17.90	179.12
§ + E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	46.14	585.70
§ + E0570	Nebulizer, with compressor	9.89	154.56

**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
§ + E0600	Respiratory suction pump, home model, portable or stationary, electric	36.63	439.58
§ + E0601	Continuous positive airway pressure (CPAP) device	<<59.53>>	609.55
§ + E0618	Apnea monitor, without recording feature	208.80	By Report
§ + E0619	Apnea monitor, with recording feature	208.80	By Report
+ E1353	Regulator	N/A	26.30
+ E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	By Report	By Report
+ E1355	Stand/rack	By Report	18.94

**Table of HCPCS Codes, Descriptions and Cost for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	N/A	By Report
+ E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	N/A	By Report
+ E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	N/A	By Report
§ + E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	<<107.77>>	1,085.50
§ + E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	<<107.77>>	1,085.50
§ + E1392	Portable oxygen concentrator, rental	<<35.46>>	N/A
§ + 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)	<<35.46>>	N/A

## **Wheelchairs, Modifications and Accessories**

For items included in the reimbursement for the initial wheelchair, refer to “Wheelchair Accessories Not Separately Reimbursable” in the *Durable Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories* section of the Part 2 manual.

### **Power Operated Vehicles**

«Table of HCPCS Codes, Descriptions and Cost for Power Operated Vehicles»

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
^ E1230	Three or four wheeled	«N/A»	1707.13
K0800	Group 1 standard, patient weight capacity up to and including 300 pounds	98.95	989.40
K0801	Group 1 heavy duty, patient weight capacity 301 to 450 pounds	159.49	1595.13
K0802	Group 1 very heavy duty, patient weight capacity 451 to 600 pounds	180.51	1805.18
K0806	Group 2 standard, patient weight capacity up to and including 300 pounds	119.69	1196.90
K0807	Group 2 heavy duty, patient weight capacity 301 to 450 pounds	181.62	1816.18
K0808	Group 2 very heavy duty, patient weight capacity 451 to 600 pounds	281.00	2810.01
K0812	Not otherwise classified	By Report	By Report

## Transport Chairs

**Table of HCPCS Codes, Descriptions and Cost for Transport Chairs**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E1031	Rollabout chair, any and all types with casters five inches or greater	<<51.49>>	604.56
+ E1035	Multi-positional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs.	<<663.00>>	7,726.32
+ E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	763.34	By Report
E1037	Transport chair, pediatric size	<<118.80>>	1,084.90
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	<<18.09>>	216.36
E1039	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater	<<37.01>>	410.40

## Manual Wheelchairs

**Table of HCPCS Codes, Descriptions and Cost for Manual Wheelchairs**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E1161	Manual adult size wheelchair, includes tilt in space	236.61	2,366.09
K0001	Standard wheelchair	<<42.91>>	639.24
K0002	Standard hemi (low seat) wheelchair	<<62.96>>	871.92

**Table of HCPCS Codes, Descriptions and Cost for Manual Wheelchairs (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K0003	Lightweight wheelchair	<<63.64>>	943.80
K0004	High strength, lightweight wheelchair	<<88.02>>	1,363.08
K0005	Ultralightweight wheelchair	181.78	1,817.84
K0006	Heavy-duty wheelchair	<<94.95>>	1,279.20
K0007	Extra heavy-duty wheelchair	<<144.74>>	2,034.00
+ K0008	Custom manual wheelchair/base	N/A	By Report
+ K0009	Other manual wheelchair/base	By Report	By Report

**Power Wheelchairs****Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
^ K0010	Standard-weight frame motorized/power wheelchair	N/A	N/A
^ K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (For Medi-Cal, purchase or rental of this code is restricted to an iBOT Mobility System.)	504.60	5,046.00
^ K0012	Lightweight portable motorized/power wheelchair	N/A	N/A
+ K0013	Custom motorized/power wheelchair base	N/A	By Report
+ ^ K0014	Other motorized/power wheelchair base	N/A	N/A



**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)****Group 1**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K0813	Standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	<<318.44>>	2,894.88
K0814	Standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	<<373.50>>	3,705.36
K0815	Standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	<<420.21>>	4,219.56
K0816	Standard captain's chair, patient weight capacity up to and including 300 pounds	<<397.62>>	4,040.88

**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)****Group 2**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K0820	Standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<<334.47>>	3,091.92
K0821	Standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	<<393.43>>	3,969.24
K0822	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<<455.88>>	3,997.50
K0823	Standard, captain's chair, patient weight capacity up to and including 300 pounds	<<446.84>>	4,828.44
K0824	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<<587.54>>	5,811.24

**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)****Group 2 (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K0825	Heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	<<540.40>>	4,433.20
K0826	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<<851.15>>	7,523.16
K0827	Very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	<<732.74>>	6,397.08
K0828	Extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	<<990.72>>	8,289.84
K0829	Extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	<<935.40>>	7,612.44
K0830	Standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	391.41	4,696.92
K0831	Standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	391.41	4,696.92
K0835	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<<477.44>>	4,057.40
K0836	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	<<495.15>>	5,049.00
K0837	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<<585.46>>	5,811.24

**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)****Group 2 (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K0838	Heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	<<521.89>>	4,332.20
K0839	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	<<765.55>>	7,523.16
K0840	Extra heavy duty, single power option, sling/solid seat and back, patient weight capacity 601 pounds or more	<<1,165.87>>	11,397.96
K0841	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	<<519.15>>	5,182.32
K0842	Standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	<<518.87>>	5,182.32
K0843	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	<<621.37>>	6,239.52

«Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)»

**Group 3**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
K0848	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	528.44	5,284.40
K0849	Standard, captain's chair, patient weight capacity up to and including 300 pounds	508.07	6,096.84
K0850	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	612.98	6,129.80
K0851	Heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	589.37	5,893.70
K0852	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	708.26	8,499.12
K0853	Very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	727.56	8,730.72
K0854	Extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	963.86	11,566.32
K0855	Heavy duty, captain's chair, patient weight capacity 601 pounds or more	910.51	10,926.12
K0856	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	567.23	6,806.76
K0857	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	578.60	6,943.20
K0858	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	703.76	8,445.12

«Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)»

Group 3 (continued)

HCPCS Code	Description	Monthly Rental «(in dollars)»	Purchase «(in dollars)»
K0859	Heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	671.17	6,711.70
K0860	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	1,005.41	12,064.92
K0861	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	568.14	6,817.68
K0862	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	703.76	8,445.12
K0863	Very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	1,005.41	12,064.92
K0864	Extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	1,196.45	11,964.50

«Table of HCPCS Codes, Descriptions and Cost of Power Wheelchairs (continued)»

Group 4

HCPCS Code	Description	Monthly Rental «(in dollars)»	Purchase «(in dollars)»
K0868	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	By Report	By Report
K0869	Standard, captain's chair, patient weight capacity up to and including 300 pounds	By Report	By Report

«Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)»

Group 4 (continued)

HCPCS Code	Description	Monthly Rental «(in dollars)»	Purchase «(in dollars)»
K0870	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	By Report	By Report
K0871	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	By Report	By Report
K0877	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	By Report	By Report
K0878	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	By Report	By Report
K0879	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	By Report	By Report
K0880	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	By Report	By Report
K0884	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	By Report	By Report
K0885	Standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	By Report	By Report
K0886	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	By Report	By Report

**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchairs (continued)****Group 5**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat and back, patient weight capacity up to and including 125 pounds	By Report	By Report
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	By Report	By Report
K0898	Power wheelchair, not otherwise classified	By Report	By Report

**Arm of Chair****Table of HCPCS Codes, Descriptions and Cost for Arm of Chair**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0973	Adjustable height, detachable armrest, complete assembly, each	<<7.49>>	<<76.54>>
E2209	Arm trough, with or without hand support, each	<<9.58>>	<<95.89>>
E2626	Shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (modifier RB, RR or NU and RT or LT)	66.70	667.16
E2627	Shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (modifier RB, RR or NU and RT or LT)	106.49	1,064.58

«Table of HCPCS Codes, Descriptions and Cost for Arm of Chair (continued)»

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
E2628	Shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (modifier RB, RR or NU and RT or LT)	80.20	801.99
E2629	Shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (modifier RB, RR or NU and RT or LT)	101.48	1,014.90
E2630	Shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (modifier RB, RR or NU and RT or LT)	70.97	709.72
E2631	Addition to mobile arm support, elevating proximal arm (modifier RB, RR or NU and RT or LT)	28.39	283.90
E2632	Addition to mobile arm support, offset or lateral rocker arm with elastic balance control (modifier RB, RR or NU and RT or LT)	18.05	180.52
E2633	Addition to mobile arm support, supinator (modifier RB, RR or NU and RT or LT)	15.24	152.60
K0015	Detachable, nonadjustable height armrest, replacement only, each	«N/A»	107.68
K0017	Detachable, adjustable height armrest, base, replacement only, each	«N/A»	38.46



**Table of HCPCS Codes, Descriptions and Cost for Arm of Chair (continued)**

HCPCS Code	Description	Monthly Rental (in dollars)	Purchase (in dollars)
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	N/A	21.50
^ K0019	Arm pad, replacement only, each	N/A	<<15.51>>
K0020	Fixed, adjustable height armrest, pair	4.37	43.70

**Back of Chair****Table of HCPCS Codes, Descriptions and Cost for Back of Chair**

HCPCS Code	Description	Monthly Rental (in dollars)	Purchase (in dollars)
E0955	Headrest, cushioned, any type, including fixed mounting hardware, each	<<17.66>>	133.70
E0956	Lateral trunk or hip support, any type, including fixed mounting hardware, each	<<8.91>>	<<89.07>>
E0960	Shoulder harness/straps for chest strap, including hardware	<<8.33>>	<<83.22>>
E0966	Headrest extension, each	7.04	71.37
E0978	Positioning belt/safety belt/pelvic strap, each	<<3.09>>	<<30.86>>
E0982	Back upholstery, replacement only, each	N/A	41.90
E1225	Manual semi-reclining back	<<41.94>>	373.73
E1226	Manual fully reclining back	38.70	376.02
E1228	Special back height	19.44	233.27
E2398	Dynamic positioning hardware	By Report	By Report
E2611	General use wheelchair back cushion, width less than 22", any height, including mounting hardware	<<23.67>>	<<236.80>>
E2612	General use wheelchair back cushion, width greater than or equal to 22", any height, including mounting hardware	<<36.93>>	<<369.34>>

**Table of HCPCS Codes, Descriptions and Cost for Back of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2613	Positioning wheelchair back cushion, width less than 22", any height, including mounting hardware	<<35.67>>	<<356.61>>
E2614	Positioning wheelchair back cushion, width greater than or equal to 22", any height, including mounting hardware	<<50.83>>	<<508.32>>
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22", any height, including mounting hardware	<<40.88>>	<<408.76>>
E2616	Positioning wheelchair back cushion, posterior-lateral, width greater than or equal to 22", any height, including mounting hardware	<<55.02>>	<<550.23>>
+ E2617	Custom fabricated wheelchair back cushion, any size, including mounting hardware	By Report	By Report
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	4.91	49.09
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	<<46.94>>	<<469.33>>
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	<<51.92>>	<<519.21>>
K0669	Wheelchair seat or back cushion, not otherwise classified	By Report	By Report

**Seat of Chair****Table of HCPCS Codes, Descriptions and Cost for Seat of Chair**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0981	Replacement seat upholstery	3.58	35.89
E0985	Seat lift mechanism	<<23.00>>	194.40
E0992	Solid seat insert	7.50	77.14
E1296	Special wheelchair seat height from floor	37.50	374.93
E1297	Special wheelchair seat depth, by upholstery	9.42	72.09
E1298	Special wheelchair seat depth and/or width, by construction	32.56	325.53
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20" and less than 24"	37.31	373.10
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24" – 27"	47.40	473.98
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20" to less than 22"	47.89	479.05
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22" to 25"	81.35	813.40
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	<<16.09>>	<<160.91>>
E2340	Power wheelchair accessory, nonstandard seat frame width, 20" thru 23"	35.85	358.36
E2341	Power wheelchair accessory, nonstandard seat frame width, 24" thru 27"	53.76	537.58

**Table of HCPCS Codes, Descriptions and Cost for Seat of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20" or 21"	44.80	447.98
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22" thru 25"	71.67	716.78
E2601	General use wheelchair seat cushion, width less than 22", any depth	<<5.08>>	<<50.70>>
E2602	General use wheelchair seat cushion, width greater than or equal to 22", any depth	<<10.32>>	<<103.14>>
E2603	Skin protection wheelchair seat cushion, width less than 22", any depth	<<12.91>>	<<129.02>>
E2604	Skin protection wheelchair seat cushion, width greater than or equal to 22", any depth	<<16.97>>	<<169.68>>
E2605	Positioning wheelchair seat cushion, width less than 22", any depth	<<24.34>>	<<243.36>>
E2606	Positioning wheelchair seat cushion, width greater than or equal to 22", any depth	<<38.45>>	<<384.42>>
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22", any depth	<<25.01>>	<<250.12>>
E2608	Skin protection and positioning wheelchair seat cushion, width greater than or equal to 22", any depth	<<30.66>>	<<306.64>>
E2609	Custom fabricated wheelchair cushion, any size	By Report	By Report

**Table of HCPCS Codes, Descriptions and Cost for Seat of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2610	Wheelchair seat cushion, powered	By Report	By Report
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	29.97	299.68
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	38.14	381.33
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	30.22	302.14
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	38.24	382.49
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	9.36	93.51

**Footrests and Legrests****Table of HCPCS Codes, Descriptions and Cost for Footrests and Legrests**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0951	Heel/loop holder, any type, with or without ankle strap, each	<<1.66>>	<<16.31>>
E0952	Toe loop/holder, any type, each	1.59	15.32
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	By Report	By Report

**Table of HCPCS Codes, Descriptions and Cost for Footrests and Legrests (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	By Report	By Report
E0957	Medial-thigh support, any type, including fixed mounting hardware, each	<<13.16>>	<<131.62>>
E0970	No. 2 Footplates, except for elevating leg rest	4.10	39.63
E0990	Elevating leg rest, complete assembly, each	<<10.25>>	<<91.17>>
^ E0995	Calf rest/pad, replacement only, each	N/A	24.94
E1020	Residual limb support system for wheelchair	<<21.50>>	168.60
K0037	High mount flip-up footrest, each	4.17	42.12
K0038	Leg strap, each	2.27	22.82
K0039	Leg strap, H style, each	5.10	50.69
K0040	Adjustable angle footplate, each	<<6.39>>	<<63.88>>
K0041	Large size footplate, each	<<4.94>>	<<49.46>>
^ K0042	Standard size footplate, replacement only, each	N/A	29.03
^ K0043	Footrest, lower extension tube, replacement only, each	N/A	17.92
^ K0044	Footrest, upper hanger bracket, replacement only, each	N/A	15.59
^ K0045	Footrest, complete assembly, replacement only, each	N/A	51.28
^ K0046	Elevating legrest, lower extension tube, replacement only, each	N/A	18.04

**Table of HCPCS Codes, Descriptions and Cost for Footrests and Legrests (continued)**

HCPCS Code	Description	Monthly Rental (in dollars)	Purchase (in dollars)
^ K0047	Elevating legrest, upper hanger bracket, replacement only, each	N/A	63.74
^ K0050	Ratchet assembly, replacement only	N/A	29.57
^ K0051	Cam release assembly, footrest or legrest, replacement only, each	N/A	46.78
^ K0052	Swing-Away, detachable footrests, replacement only, each	N/A	65.40
K0053	Elevating footrests, articulating (telescoping) each	<<9.40>>	<<94.02>>
K0195	Elevating legrest, pair	<<15.92>>	246.60

**Wheel Equipment and Accessories****Table of HCPCS Codes, Descriptions and Cost for Wheel Equipment and Accessories**

HCPCS Code	Description	Monthly Rental (in dollars)	Purchase (in dollars)
E0958	Manual wheelchair accessory, one-arm drive attachment, each	<<45.03>>	392.19
E0959	Manual wheelchair accessory, adapter for amputee, each	4.45	44.21
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	2.52	24.11
^ E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	N/A	65.23
E0974	Manual wheelchair accessory, anti-rollback device, each	7.93	75.36
E0986	Manual wheelchair accessory, push activated power assist, each	486.43	4,864.24
E0988	Manual wheelchair accessory, lever-activated wheel drive, pair (modifier RB, RR or NU)	321.54	By Report

**Table of HCPCS Codes, Descriptions and Cost for Wheel Equipment and Accessories  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E1015	Shock absorber for manual wheelchair, each	11.46	114.70
E1016	Shock absorber for power wheelchair, each	<<12.40>>	<<123.87>>
+ E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	By Report	By Report
+ E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	By Report	By Report
E2205	Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	3.19	32.10
^ E2206	Wheel lock assembly, complete, replacement only, each	N/A	35.26
E2210	Bearings, any type, replacement only, each	N/A	<<6.03>>



**Wheels, Casters and Tires – Manual Wheelchair****Table of HCPCS Codes, Descriptions and Cost: Wheels, Casters and Tires – Manual Wheelchair**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2211	Pneumatic tire, any size, each	4.01	40.91
E2212	Pneumatic tire tube, any size, each	0.61	5.78
E2213	Pneumatic tire insert, any type, any size, each	3.01	29.91
E2214	Pneumatic caster tire, any size, each	3.96	36.00
E2215	Pneumatic caster tire tube, any size, each	0.94	9.45
E2218	Foam propulsion tire, any size, each	By Report	By Report
E2219	Foam caster tire, any size, each	4.72	41.85
^ E2220	Solid propulsion tire, any size, replacement only, each	N/A	26.61
^ E2221	Solid caster tire, any size, replacement only, each	N/A	23.84
^ E2222	Solid caster tire with integrated wheel, any size, replacement only, each	N/A	19.86
^ E2224	Propulsion wheel, excludes tire, any size, replacement only, each	N/A	81.48
E2225	Caster wheel, excludes tire, any size, each	1.74	17.40
E2226	Caster fork, any size, replacement only, each	3.79	37.94
E2227	Gear reduction drive wheel, each	156.93	1,569.13
E2228	Wheel braking system and lock, complete, each	«103.48»	865.90
^ K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	N/A	98.23

**Table of HCPCS Codes, Descriptions and Cost: Wheels, Casters and Tires – Manual Wheelchair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
^ K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each	N/A	146.10
^ K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	N/A	98.30
^ K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	N/A	61.00
K0073	Caster pin lock, each	3.16	31.60
^ K0077	Front caster assembly, complete, with solid tire, replacement only, each	N/A	50.40

**Wheels, Casters and Tires – Power Wheelchair****Table of HCPCS Codes, Descriptions and Cost: Wheels, Casters and Tires – Power Wheelchair**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2381	Pneumatic drive wheel tire, any size, replacement only, each	N/A	57.32
E2382	Tube for pneumatic drive wheel tire, any size, replacement only, each	N/A	<<19.02>>
E2383	Insert for pneumatic drive wheel tire, any type, any size, replacement only, each	N/A	<<140.87>>
E2384	Pneumatic caster tire, any size, replacement only, each	N/A	<<71.58>>
E2385	Tube for pneumatic caster tire, any size, replacement only, each	N/A	<<45.51>>
E2386	Foam-filled drive wheel tire, any size, replacement only, each	N/A	<<126.97>>

**Table of HCPCS Codes, Descriptions and Cost: Wheels, Casters and Tires – Power Wheelchair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2387	Foam-filled caster tire, any size, replacement only, each	N/A	<<57.37>>
E2388	Foam drive wheel tire, any size, replacement only, each	N/A	48.19
E2389	Foam caster tire, any size, replacement only, each	N/A	26.18
E2390	Solid (rubber/plastic) drive wheel tire, any size, replacement only, each	N/A	40.93
E2391	Solid (rubber/plastic) caster tire (removable), any size, replacement only, each	N/A	<<19.39>>
E2392	Solid caster tire with integrated wheel, any size, replacement only, each	N/A	<<48.78>>
E2394	Drive wheel, excludes tire, any size, replacement only, each	N/A	<<68.50>>
E2395	Caster wheel, excludes tire, any size, replacement only, each	N/A	<<49.83>>
E2396	Caster fork, any size, replacement only, each	N/A	<<60.38>>

**Batteries and Chargers****Table of HCPCS Codes, Descriptions and Cost: Batteries and Chargers (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2358	Group 34 non-sealed lead acid battery, each (modifier RR or NU)	By Report	By Report
E2359	Group 34 sealed lead acid battery, each, (modifier RR or NU)	18.71	187.04
E2360	22 NF non-sealed lead acid battery, each	10.65	106.53
E2361	22 NF sealed lead acid battery, each	<<12.83>>	<<128.24>>
E2362	Group 24 non-sealed lead acid battery, each	9.04	90.44
E2363	Group 24 sealed lead acid battery, each	<<16.69>>	<<166.83>>
E2364	U-1 non-sealed lead acid battery, each	10.65	106.53
E2365	U-1 sealed lead acid battery, each	<<9.48>>	<<94.85>>
E2366	Battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	<<21.30>>	<<212.64>>
E2367	Battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	26.43	263.62
E2371	Group 27 sealed lead acid battery, each	14.43	144.21
E2372	Group 27 non-sealed lead acid battery, each	By Report	By Report
E2397	Lithium-based battery, each	41.41	414.13
K0733	12-24 hour sealed lead acid battery, each	2.91	28.90

**Power Drive Units and Accessories****Table of HCPCS Codes, Descriptions and Cost for Power Drive Units and Accessories**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0983	Power add-on to convert manual wheelchair to motorized wheelchair, joystick control	238.58	2,862.96
E0984	Power add-on to convert manual wheelchair to motorized wheelchair, tiller control	144.19	1,623.99
E1028	Manual Swing-Away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	«17.31»	127.10
E2368	Power wheelchair component, motor, replacement only	N/A	379.50
E2369	Power wheelchair component, gear box, replacement only	N/A	358.60
E2370	Power wheelchair component, motor and gear box combination, replacement only	N/A	493.20
^ K0098	Drive belt for power wheelchair, replacement only	N/A	16.92

**Power Wheelchair Interfaces and Controllers****Table of HCPCS Codes, Descriptions and Cost for Power Wheelchair Interfaces and Controllers**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2312	Hand or chin control interface, remote joystick, mini-proportional remote joystick, proportional, including fixed mounting hardware	223.84	1,764.30
E2313	Harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	32.03	320.26
E2321	Hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	<<150.85>>	1,198.22
E2322	Hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	<<137.99>>	1,063.45
E2323	Specialty joystick handle for hand control interface, prefabricated	6.61	66.17
E2324	Chin cup for chin control interface	4.17	41.92
E2325	Sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	<<131.84>>	1,346.83

**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchair Interfaces and Controllers (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2326	Breath tube kit for sip and puff interface	<<34.28>>	347.14
E2327	Head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch and fixed mounting hardware	<<256.78>>	1,969.80
E2328	Head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	<<485.88>>	4,955.32
E2329	Head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, head array, and fixed mounting hardware	<<174.31>>	N/A
E2330	Head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	<<336.20>>	N/A
E2331	Attendant control, proportional, including all related electronics and fixed mounting hardware	By Report	By Report
E2351	Electronic interface to operate speech generating device using power wheelchair control interface	<<69.15>>	<<691.51>>
#E2373	Hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	70.29	702.98

**Table of HCPCS Codes, Descriptions and Cost for Power Wheelchair Interfaces and Controllers (continued)**

HCPCS Code	Description	Monthly Rental (in dollars)	Purchase (in dollars)
^ E2373	Hand or chin control interface, mini-proportional, compact, or short throw remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware	N/A	614.99
E2374	Hand or chin control interface, standard remote joystick, proportional, including all related electronics and fixed mounting hardware, replacement only	<<50.92>>	534.02
E2375	Non-expandable controller, including all related electronics and fixed mounting hardware, replacement only	N/A	602.20
E2376	Expandable controller, including all related electronics and fixed mounting hardware, replacement only	<<127.26>>	1,342.27
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	<<46.57>>	485.71
E2378	Power wheelchair component, actuator, replacement only	N/A	447.62

**Note:** The maximum reimbursement rates listed for codes E2312, E2321, E2322, E2327 and E2373 are for the initial purchase or rental of these items. For additional information about reimbursement for these codes, please refer to section *Durable Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories* in the Part 2 provider manual.



**Power Seating Systems****Table of HCPCS Codes, Descriptions and Cost for Power Seating Systems**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E1002	Power seating system, tilt only	<<382.06>>	4,053.21
E1003	Power seating system, recline only, without shear reduction	<<429.69>>	4,391.30
E1004	Power seating system, recline only, with mechanical shear reduction	<<474.38>>	4,869.05
E1005	Power seating system, recline, with power shear reduction	<<516.17>>	5,270.36
E1006	Power seating system, tilt & recline, without shear reduction	<<634.30>>	6,455.70
E1007	Power seating system, tilt & recline, with mechanical shear reduction	<<823.49>>	8,741.27
E1008	Power seating system, tilt & recline, with power shear reduction	<<833.55>>	8,742.05
E1009	Addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	By Report	By Report
E1010	Addition to power seating system, power leg elevation system, including leg rest, pair	<<111.09>>	1,143.79
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	N/A	By Report
E2300	Power seat elevation system	By Report	By Report

**Table of HCPCS Codes, Descriptions and Cost for Power Seating Systems  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E2301	Power standing system	By Report	By Report
E2310	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	<<111.04>>	1,170.24
E2311	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	<<224.48>>	2,369.20

### **Pediatric Size Wheelchairs, Modifications and Accessories**

**Table of HCPCS Codes, Descriptions and Cost for Pediatric Size Wheelchairs,  
Modifications and Accessories**

See also "Power Wheelchairs Group 5" on a previous page

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ E1011	Width adjustment package (not to be dispensed with initial chair)	By Report	By Report
E1014	Reclining back	36.52	365.14
+ E1229	Wheelchair, pediatric size, not otherwise specified	By Report	By Report
+ E1231	Wheelchair, tilt-in-space, rigid, adjustable, with seating system	By Report	By Report
E1232	Wheelchair, tilt-in-space, folding, adjustable, with seating system	213.85	2,138.41
E1233	Wheelchair, tilt-in-space, rigid, adjustable, without seating system	221.57	2,215.73

**«Table of HCPCS Codes, Descriptions and Cost for Pediatric Size Wheelchairs, Modifications and Accessories (continued)»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
E1234	Wheelchair, tilt-in-space, folding, adjustable, without seating system	192.91	1,928.95
E1235	Rigid, adjustable, with seating system	185.75	1,857.43
E1236	Folding, adjustable, with seating system	163.87	1,638.73
E1237	Rigid, adjustable, without seating system	165.30	1,653.05
E1238	Folding, adjustable, without seating system	163.87	1,638.73
+ ^ E1239	Power wheelchair, pediatric size, not otherwise specified	«N/A»	«N/A»
+ E2291	Back, planar, including fixed attaching hardware	By Report	By Report
+ E2292	Seat, planar, including fixed attaching hardware	By Report	By Report
+ E2293	Back, contoured, including fixed attaching hardware	By Report	By Report
+ E2294	Seat, contoured, including fixed attaching hardware	By Report	By Report
+ E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	By Report	By Report

**Miscellaneous Wheelchair Accessories****Table of HCPCS Codes, Descriptions and Cost for Miscellaneous Wheelchair Accessories**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0950	Tray, each	8.61	86.16
E0971	Anti-tipping device (each)	4.09	40.85
E1029	Ventilator tray, fixed	36.63	369.54
E1030	Ventilator tray, gimbaled	114.99	1,165.27
E2207	Crutch and cane holder, each	4.27	42.62
E2208	Cylinder tank carrier, each	9.79	97.90
K0105	IV hanger, each	9.76	97.76
+ K0108	Other accessories	By Report	By Report

**Infusion Equipment and Supplies****Table of HCPCS Codes, Descriptions and Cost for Infusion Equipment and Supplies**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	By Report	By Report

**Table of HCPCS Codes, Descriptions and Cost for Infusion Equipment and Supplies  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	By Report	By Report
B9002	Enteral nutrition infusion pump, any type	87.89	907.45
E0776	I.V. pole	<<14.34>>	75.46
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	12.82	153.88
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	N/A	8.30
+ E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (daily rental)	7.06	By Report
+ E0784	External ambulatory infusion pump, insulin	265.90	By Report

**«Table of HCPCS Codes, Descriptions and Cost for Infusion Equipment and Supplies  
(continued)»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	By Report	By Report
E0791	Parenteral infusion pump, stationary, single or multi-channel	252.96	2,529.60
+ K0455	Infusion pump used for uninterrupted parenteral administration of medication, (eg, epoprostenol or treprostinol)	211.90	«N/A»
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	«N/A»	2.09
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	«N/A»	0.88
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	«N/A»	5.09
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	«N/A»	4.87
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	«N/A»	«N/A»
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	«N/A»	11.68

## **Augmentative or Alternative Communication and Speech Generating Devices**

«Table of HCPCS Codes, Descriptions and Cost for Augmentative or Alternative  
Communication and Speech Generating Devices»

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
+ E1902	Communication board, non-electronic augmentative or alternative communication device	By Report	By Report
+ E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	34.73	391.06
+ E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	106.18	1,195.80
+ E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	140.09	1,577.42
+ E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	205.37	2,312.96
+ E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	317.58	3,576.61

**Table of HCPCS Codes, Descriptions and Cost for Augmentative or Alternative Communication and Speech Generating Devices (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	600.99	6,768.25
+ E2511	Speech generating software program, for personal computer or personal digital assistant	By Report	By Report
+ E2512	Accessory for speech generating device, mounting system	By Report	By Report
+E2599	Accessory for speech generating device, not otherwise classified	By Report	By Report

**Patient Lifts and Standing Frames****Table of HCPCS Codes, Descriptions and Cost for Patient Lifts and Standing Frames**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
E0621	Sling or seat, patient lift, canvas or nylon	N/A	71.86
E0625	Patient lift, bathroom or toilet, not otherwise specified	N/A	By Report
E0630	Patient lift, hydraulic, with seat or sling	<<65.99>>	852.38
<<E0635>>	<<Patient lift, electric with seat>>	<<97.89>>	<<1,174.66>>
+ E0637	Combination sit to stand system, any size, with seat lift, with or without wheels	By Report	By Report
+ E0638	Standing frame system, any size with or without wheels	By Report	By Report
+ E0641	Standing frame system, multi-position, any size including pediatric, with or without wheels	By Report	By Report
+ E0642	Standing frame system, mobile, any size including pediatric	By Report	By Report



**Pneumatic Compressors and Appliances**

«Table of HCPCS Codes, Descriptions and Cost for Pneumatic Compressors and Appliances»

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
+ E0650	Pneumatic compressor, nonsegmental, home model	71.10	576.18
+ E0651	Pneumatic compressor, segmental, home model	63.80	624.53
+ E0655	Pneumatic appliance, half arm	8.66	86.34
+ E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	51.31	505.39
+ E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	48.20	474.81
+ E0660	Pneumatic appliance, full leg	11.31	108.63
+ E0665	Pneumatic appliance, full arm	9.81	98.23
+ E0666	Pneumatic appliance, half leg	9.68	93.90
+ E0667	Segmental pneumatic appliance, full leg	29.25	259.02
+ E0668	Segmental pneumatic appliance, full arm	34.89	353.50
+ E0669	Segmental pneumatic appliance, half leg	14.67	146.65
+ E0670	Segmental pneumatic appliance, 2 full legs and trunk	108.88	1088.82
+ E0671	Pressure pneumatic appliance, full leg	33.23	332.28
+ E0672	Pressure pneumatic appliance, full arm	25.82	258.18
+ E0673	Pressure pneumatic appliance, half leg	21.46	214.54

**Miscellaneous****Table of HCPCS Codes, Descriptions and Cost for Miscellaneous**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
A4281	Tubing for breast pump, replacement	N/A	By Report
A4282	Adapter for breast pump, replacement	N/A	By Report
A4283	Cap for breast pump bottle, replacement	N/A	By Report
A4284	Breast shield and splash protector for use with breast pump, replacement	N/A	By Report
A4285	Polycarbonate bottle for use with breast pump, replacement	N/A	By Report
A4286	Locking ring for breast pump, replacement	N/A	By Report
A4556	Electrodes (e.g., apnea monitor), per pair	N/A	8.26
A4557	Lead wires (e.g., apnea monitor), per pair	N/A	14.35
A4595	TENS supplies, 2 lead, per month	N/A	«17.44»
A4660	Blood pressure apparatus with cuff and stethoscope	N/A	By Report
A4663	Blood pressure cuff only	N/A	By Report
A4670	Automatic blood pressure monitor	N/A	By Report
+ A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	N/A	21.00
A7000	Canister, disposable, used with suction pump, each	N/A	7.30
A7001	Canister, non-disposable, used with suction pump, each	N/A	26.46
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	N/A	36.66

**Table of HCPCS Codes, Descriptions and cost for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
A9281	Reaching/grabbing device, any type, any length, each	N/A	By Report
A9284	Spirometer, nonelectronic, includes all accessories	N/A	By Report
+ A9900	Miscellaneous DME supply, accessory and/or service component of another HCPCS code	N/A	By Report
E0210	Electric heat pad, standard	2.46	26.11
E0350	Control unit for electronic bowel irrigation/evacuation system	544.28	5,442.80
E0352	Disposable pack for use with the electronic bowel irrigation/evacuation system	N/A	36.43
E0602	Breast pump, manual, any type	N/A	23.62
E0603	Breast pump, electric, (AC or DC), any type. This is also known as a personal grade (single-user) electric breast pump.	N/A	93.15
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type. This is also known as a hospital grade (multi-user) electric breast pump.	2.72 (daily rental)	N/A
E0605	Vaporizer, room type	N/A	21.14
E0607	Home blood glucose monitor	N/A	53.46
E0705	Transfer board or device, any type, each	4.06	40.54
E0710	Restraints for the body, chest, wrist or ankle	<<N/A>>	By Report
E0720	TENS device, two lead, localized stimulation	24.99	<<172.44>>
E0730	TENS device, four or more leads, for multiple nerve stimulation	25.20	<<173.90>>
+ E0747	Osteogenesis stimulator; electrical, non-invasive, other than spinal applications	N/A	2,398.50

**Table of HCPCS Codes, Descriptions and Cost for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
+ E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	N/A	3,030.73
+ E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	N/A	2,329.64
† E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	By Report	N/A
+ E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	By Report	By Report
+ E1399	Miscellaneous	By Report	By Report
E1639	Scale, each	N/A	By Report
§ E2000	Gastric suction pump, home model, portable or stationary, electric	39.49	473.86
E2100	Blood glucose monitor with integrated voice synthesizer	43.74	437.37
E2101	Blood glucose monitor with integrated lancing/blood sample	15.09	150.85
+ E2402	Negative pressure wound therapy electrical pump, stationary or portable (daily rental)	45.77	N/A
+ E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	By Report	By Report
+ E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	By Report	By Report

«Table of HCPCS Codes, Descriptions and Cost for Miscellaneous (continued)»

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental «(in dollars)»</b>	<b>Purchase «(in dollars)»</b>
+ E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	By Report	By Report
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	1814.56	«N/A»
K0739	Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	«N/A»	16.47
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	«N/A»	16.47
+ K0743	Suction pump, home model, portable, for use on wounds (modifier RR)	By Report	By Report
+ K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less (modifier NU)	By Report	By Report
+ 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 (modifier NU)	By Report	By Report
+ K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches (modifier NU)	By Report	By Report

**Table of HCPCS Codes, Descriptions and Cost for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Monthly Rental (in dollars)</b>	<b>Purchase (in dollars)</b>
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	<<N/A>>	By Report
S8130	Interferential current stimulator, 2 channel (modifier RR)	By Report	By Report
S8131	Interferential current stimulator, 4 channel (modifier RR)	By Report	By Report
S8265	Haberman feeder for cleft lip/palate	N/A	18.52
T5001	Positioning seat for persons with special orthotic needs	By Report	By Report

**«Legend»**

«Symbols used in the document above are explained in the following table.»

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
†	Rental price when billed with modifier RR
+	Authorization is required for this procedure
#	Rental and purchase price when billed with modifiers RR and NU
^	This code is reimbursable only for repairs to patient-owned equipment
*	Bill as a disposable medical supply. Refer to the <i>Medical Supplies Billing Codes, Units and Quantity Limits</i> spreadsheet section of this manual
§	Rental rate includes supplies