

2019 IHCS Durable Medical Equipment Formulary

Ostomy and Urological Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4310	Insert tray w/o bag/cath	MEDLINE	MEDLINE	1 per Month	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4320	Irrigation tray	COVIDIEN	COVIDIEN	1 per Month	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4321	Cath therapeutic irrig agent	Coloplast	Coloplast	Irrigating solutions such as acetic acid or hydrogen peroxide, which are used for the treatment or prevention of urinary obstruction (A4321), will be denied as not reasonable and necessary.	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4322	Irrigation syringe	COVIDIEN	COVIDIEN	1 per Month	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	Coloplast	Coloplast	N/A	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4327	Fem urinary collect dev cup	Coloplast	Coloplast	1 per week	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4328	Fem urinary collect pouch	Coloplast	Coloplast	1 per day	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4330	Stool collection pouch	Coloplast	Coloplast	N/A	N/A	N/A
A4331	Extension drainage tubing	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4332	Lubricant, individual sterile packet, each	Coloplast	Coloplast	200 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4333	Urinary cath anchor device	Coloplast	Coloplast	3 por week	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4334	Urinary cath leg strap	Coloplast	Coloplast	1 per Month	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4344	Indwelling catheter, foley type, two-way, all silicone, each	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4349	Disposable male external cat	Coloplast	Coloplast	35 per Month	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Coloplast	Coloplast	200 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Coloplast	Coloplast	200 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4353	Intermittent urinary catheter, with insertion supplies	Coloplast	Coloplast	200 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4354	Insertion tray with drainage bag but without catheter	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4355	Bladder irrigation tubing	Coloplast	Coloplast	1 per day	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4356	Ext ureth clmp or compr dvc	Coloplast	Coloplast	1 every 3 Month	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	Coloplast	Coloplast	2 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Coloplast	Coloplast	2 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A4361	Ostomy faceplate, each	Coloplast	Coloplast	3 per 6 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4363	Ostomy clamp, replacement	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4364	Adhesive, liquid or equal, any type, per oz	Coloplast	Coloplast	4 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4366	Ostomy vent	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4367	Ostomy belt, each	Coloplast	Coloplast	1 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4368	Ostomy filter	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	Coloplast	Coloplast	2 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4371	Ostomy skin barrier, powder, per oz	Coloplast	Coloplast	10 every 6 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4372	Skin barrier solid 4x4 equiv	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4373	Skin barrier with flange	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4375	Drainable plastic pch w fcpl	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4376	Drainable rubber pch w fcpl	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Coloplast	Coloplast	10 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4378	Drainable rubber pch w/o fp	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4379	Urinary plastic pouch w fcpl	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4380	Urinary rubber pouch w fcplt	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Coloplast	Coloplast	10 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4382	Urinary hvy plstc pch w/o fp	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4383	Urinary rubber pouch w/o fp	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4384	Ostomy faceplt/silicone ring	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4385	Ost skn barrier sld ext wear	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4387	Ost clsd pouch w att st barr	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4388	Drainable pch w ex wear barr	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4389	Drainable pch w st wear barr	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4390	Drainable pch ex wear convex	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4391	Urinary pouch w ex wear barr	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4392	Urinary pouch w st wear barr	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4393	Urine pch w ex wear bar conv	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4394	Ostomy pouch liq deodorant	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4395	Ostomy pouch solid deodorant	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4396	Peristomal hernia supprt blt	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4397	Irrigation supply; sleeve, each	Coloplast	Coloplast	4 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4398	Ostomy irrigation supply; bag, each	Coloplast	Coloplast	2 every 6 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	Coloplast	Coloplast	2 every 6 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4400	Ostomy irrigation set	Coloplast	Coloplast	N/A	N/A	N/A
A4402	Lubricant, per ounce	Coloplast	Coloplast	4 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4404	Ostomy ring, each	Coloplast	Coloplast	10 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Coloplast	Coloplast	4 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Coloplast	Coloplast	4 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4406	Pectin based ostomy paste	Coloplast	Coloplast	4 per Month	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4407	Ext wear ost skn barr <=4sq"	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4408	Ext wear ost skn barr >4sq"	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4409	Ost skn barr convex <=4 sq i	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4410	Ost skn barr extnd >4 sq	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4411	Ost skn barr extnd =4sq	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4412	Ost pouch drain high output	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4413	2 pc drainable ost pouch	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4420	Ost pch clsd for bar w lk fl	Coloplast	Coloplast	60 per Month	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4428	Urine ost pouch w faucet/tap	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4430	Ost urine pch w b/bltin conv	Coloplast	Coloplast	N/A	Medicare LCD L33828Ostomy Supplies	Medicare LCD L33828Ostomy Supplies
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4450	Tape, non-waterproof, per 18 square inches	Coloplast	Coloplast	40 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4452	Tape, waterproof, per 18 square inches	Coloplast	Coloplast	40 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	Coloplast	Coloplast	16 every 6 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5053	Ostomy pouch, closed; for use on faceplate, each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	Coloplast	Coloplast	60 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5055	Stoma cap	Coloplast	Coloplast	31 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5081	Stoma plug or seal, any type	Coloplast	Coloplast	31 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5082	Continent device; catheter for continent stoma	Coloplast	Coloplast	1 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5082	Continent device; catheter for continent stoma (Intern)	Coloplast	Coloplast	1 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5093	Ostomy accessory; convex insert	Coloplast	Coloplast	10 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Coloplast	Coloplast	1 every 3 Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Coloplast	Coloplast	1 every 3 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5105	Urinary suspensory	Drive Medical	Drive Medical	N/A	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	Coloplast	Coloplast	1 per Month	Medicare LCD L33803 Urological Supplies	Medicare LCD L33803 Urological Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A5113	Latex leg strap	Drive Medical	Drive Medical	N/A	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A5114	Foam/fabric leg strap	Drive Medical	Drive Medical	N/A	Medicare LCD L33803Urological Supplies	Medicare LCD L33803Urological Supplies
A5120	Skin barrier, wipes or swabs, each	Coloplast	Coloplast	150 every 6 Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5126	Adhesive or non-adhesive; disk or foam pad	Coloplast	Coloplast	20 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	Coloplast	Coloplast	1 per Month	Medicare LCD L33828 Ostomy Supplies	Medicare LCD L33828 Ostomy Supplies

Nutritional Equipments and Supplies (Enteral)

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Amsino	Alcor	30 per Month	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
A5200	Percutaneous catheter anchor	MSD	MSD	N/A	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
B4034	ENTERAL FEED SPL KIT; SYRINGE DAY	MSD	MSD	1 per day	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B4036	ENTERAL FD SPL KIT; GRAVITY FED- DAY	MSD	MSD	1 per day	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B4081	NASOGASTRIC TUBING WITH STYLET	MSD	MSD	1 per Month	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B4082	NASOGASTRIC TUBING WITHOUT STYLET	MSD	MSD	1 per Month	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B4083	STOMACH TUBE - LEVINE TYPE	MSD	MSD	1 per Month	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Kimberly Clark	MIC	1 every 3 Month	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Abbott	Abbott	Base on Medical Order	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Abbott	Abbott	Base on Medical Order	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Abbott	Abbott	Base on Medical Order	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Abbott	Abbott	Base on Medical Order	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Ross/Abbott	All brand	Base on Medical Order	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Abbott	Abbott	Base on Medical Order	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
B4157	ENTRAL NUTRITN COMPLETE	MSD	MSD	Base on Medical Order	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B9000	ENTRAL NUT INFUSION PUMP	MSD	MSD	1 every 5 years	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition
B9002	Enteral nutrition infusion pump - with alarm	Amsino	Sentinel	1 every 5 years	Medicare LCD L33783 Enteral Nutrition	Medicare LCD L33783 Enteral Nutrition
E0776	Iv pole	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33783Enteral Nutrition	Medicare LCD L33783Enteral Nutrition

CPAP & BIPAP Supplies and Equipment

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4604	Tubing with heating element	Respironics	Dream Station	1 every 3 Month	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7030	Full face mask used with positive airway pressure device, each	Respironics	Respironics	1 every 3 Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7031	Replacement facemask interfa	Respironics	Respironics	1 per Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7032	Replacement nasal cushion	Respironics	Respironics	2 per Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7033	Replacement nasal pillows	Respironics	Respironics	2 per Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Respironics	Wisp, Nuance, Dream wear, Pico	1 every 3 Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7035	Pos airway press headgear	Respironics	Respironics	1 every 6 Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7036	Pos airway press chinstrap	Respironics	Respironics	1 every 6 Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7037	Pos airway pressure tubing	Drive Medical	Drive Medical	1 every 3 Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7038	Pos airway pressure filter	Respironics	Dream station	2 per Month	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7039	Filter, non disposable w pap	Respironics	Dream Station	1 every 6 Month	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7044	PAP oral interface	Respironics	Respironics	N/A	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
A7045	Repl exhalation port for PAP	Drive Medical	Drive Medical	N/A	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7046	Repl water chamber, PAP dev	Respironics	Respironics	1 every 6 Month	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
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)	Respironics	DreamStation BPAP Pro	1 every 5 years	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
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)	Respironics	Dream Station	1 every 5 years	Guia aplica según diagnóstico: Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea -o- Medicare LCD L33800 Respiratory Assist Devices	Guia aplica según diagnóstico: Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea -o- Medicare LCD L33800 Respiratory Assist Devices
E0472	RAD w backup invasive intrfc	Respironics	Trilogy	N/A	N/A	N/A
E0550	Humidif extens supple w ippb	Respironics	Respironics	N/A	N/A	N/A
E0560	Humidifier supplemental w/ i	Respironics	Respironics	N/A	N/A	N/A

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0561	Humidifier, non-heated, used with positive airway pressure device	Respironics	Dreamstation	1 every 5 years	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
E0562	Humidifier, heated, used with positive airway pressure device	Respironics	Dreamstation	1 every 5 years	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
E0601	Continuous positive airway pressure (cpap) device	Respironics	DreamStation CPAP	1 every 5 years	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea	Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

Ventilator

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Respironics	Trilogy	Base on Medical Order		National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)
E0466	Home ventilator, any type, used with non- invasive interface, (e.g., mask, chest shell)	Respironics	Trilogy	Base on Medical Order		National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4618	Breathing circuits	Respironics	Respironics	N/A	N/A	N/A
Tracheostomy Supplies						
HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	Medtronic	SHILEY	1 every 3 Month	Medicare LCD L33832 Tracheostomy Care Supplies	Medicare LCD L33832 Tracheostomy Care Supplies
A4605	Tracheal suction catheter, closed system, each	Kimberly Clark	KIM VENT(BALLARD)	Base on Medical Order	Medicare LCD L33612 Suction Pumps	Medicare LCD L33612 Suction Pumps
A4481	Tracheostoma filter, any type, any size, each	MSD/MEDLINE	MSD/MELINE	62 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A4483	Moisture exchanger	MSD/MEDLINE	MSD/MELINE	N/A	N/A	N/A
A4608	Transtracheal oxygen cath	MSD/MEDLINE	MSD/MELINE	N/A	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
A4623	Tracheostomy inner cannula	MSD/MEDLINE	MSD/MELINE	62 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A4625	Trach care kit for new trach	MSD/MEDLINE	MSD/MELINE	31 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A4626	Tracheostomy cleaning brush	MSD/MEDLINE	MSD/MELINE	2 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A4629	Tracheostomy care kit	MSD/MEDLINE	MSD/MELINE	31 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7501	Tracheostoma valve w diaphra	MSD/MEDLINE	MSD/MELINE	1 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7502	Replacement diaphragm/fplate	MSD/MEDLINE	MSD/MELINE	1 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7503	HMES filter holder or cap	MSD/MEDLINE	MSD/MELINE	1 every 6 Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7504	Tracheostoma HMES filter	MSD/MEDLINE	MSD/MELINE	62 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7505	HMES or trach valve housing	MSD/MEDLINE	MSD/MELINE	2 every 3 Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7506	HMES/trachvalve adhesivedisk	MSD/MEDLINE	MSD/MELINE	62 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7507	Integrated filter & holder	MSD/MEDLINE	MSD/MELINE	62 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7521	Trach/laryn tube cuffed	MSD/MEDLINE	MSD/MELINE	1 every 3 Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7522	Trach/laryn tube stainless	MSD/MEDLINE	MSD/MELINE	1 every 12 Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7524	Tracheostoma stent/stud/bttn	MSD/MEDLINE	MSD/MELINE	1 every 3 Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7525	Tracheostomy mask	MSD/MEDLINE	MSD/MELINE	1 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7526	Tracheostomy tube collar	MSD/MEDLINE	MSD/MELINE	31 per Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies
A7527	Trach/laryn tube plug/stop	MSD/MEDLINE	MSD/MELINE	2 every 3 Month	Medicare LCD L33832Tracheostomy Care Supplies	Medicare LCD L33832Tracheostomy Care Supplies

Canes, Walkers, Crutches and Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0143	Walker, folding, wheeled, adjustable or fixed height	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
E0156	Seat attachment, walker	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
E0135	Walker, folding (pickup), adjustable or fixed height	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
E0143	Walker, folding, wheeled, adjustable or fixed height	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791 Walkers	Medicare LCD L33791 Walkers
A4635	Underarm crutch pad	Drive Medical	Drive Medical	N/A	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
A4636	Handgrip for cane etc	Drive Medical	Drive Medical	N/A	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
A4637	Repl tip cane/crutch/walker	Drive Medical	Drive Medical	N/A	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0100	Cane adjust/fixed with tip	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0105	Cane adjust/fixed quad/3 pro	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0110	Crutch forearm pair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0111	Crutch forearm each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0112	Crutch underarm pair wood	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0113	Crutch underarm each wood	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0114	Crutch underarm pair no wood	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0116	Crutch underarm each no wood	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0117	Underarm springassist crutch	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0130	Walker rigid adjust/fixed ht	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0140	Walker w trunk support	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0141	Rigid wheeled walker adj/fix	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0144	Enclosed walker w rear seat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0153	Forearm crutch platform atta	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33733Canes and Crutches	Medicare LCD L33733Canes and Crutches
E0154	Walker platform attachment	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0155	Walker wheel attachment,pair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0157	Walker crutch attachment	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0158	Walker leg extenders set of4	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers
E0159	Brake for wheeled walker	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33791Walkers	Medicare LCD L33791Walkers

Beds and Hospital Mattress

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0271	Mattress, innerspring	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0272	Mattress, foam rubber	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
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	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
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	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1
E0184	Dry pressure mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0277	Powered pressure-reducing air mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33642 Pressure Reducing Support Surfaces - Group 2	Medicare LCD L33642 Pressure Reducing Support Surfaces - Group 2
E0250	Hosp bed fixed ht w/ mattres	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0251	Hosp bed fixd ht w/o mattres	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0255	Hospital bed var ht w/ matt	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0256	Hospital bed var ht w/o matt	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0265	Hosp bed total electr w/ mat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0266	Hosp bed total elec w/o matt	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0290	Hosp bed fx ht w/o rails w/m	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0291	Hosp bed fx ht w/o rail w/o	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0292	Hosp bed var ht w/o rail w/o	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0293	Hosp bed var ht w/o rail w/	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0294	Hosp bed semi-elect w/ mattr	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0295	Hosp bed semi-elect w/o matt	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0305	Rails bed side half length	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0310	Rails bed side full length	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
E0316	Bed safety enclosure	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories
A4640	Alternating pressure pad	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0182	Replace pump, alt press pad	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0186	Air pressure mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0187	Water pressure mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0188	Synthetic sheepskin pad	Performance Health	Performance Health	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0189	Lambswool sheepskin pad	Comfort Select	Comfort Select	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0191	Protector heel or elbow	Drive Medical	Drive Medical	N/A	N/A	N/A
E0196	Gel pressure mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0197	Air pressure pad for mattres	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0198	Water pressure pad for mattrr	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0199	Dry pressure pad for mattres	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1	Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1
E0371	Nonpower mattress overlay	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2	Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0372	Powered air mattress overlay	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2	Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2
E0373	Nonpowered pressure mattress	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2	Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2

Power Operated and Motorized Vehicles and

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	Drive Medical	Drive Medical	1 every 5 years	Not Found in LCD List	Not Found in LCD List
E2360	22nf nonsealed leadacid	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2361	22nf sealed leadacid battery	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2362	Gr24 nonsealed leadacid	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2363	Gr24 sealed leadacid battery	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2364	U1nonsealed leadacid battery	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2365	U1 sealed leadacid battery	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E2366	Battery charger, single mode	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2367	Battery charger, dual mode	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0010	Standard - weight frame motorized/power wheelchair	Drive Medical	Drive Medical	1 every 5 years	Not Found in LCD List	Not Found in LCD List
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Drive Medical	Drive Medical	1 every 5 years	Not Found in LCD List	Not Found in LCD List
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789 Power Mobility Devices	Medicare LCD L33789 Power Mobility Devices
K0801 - K0802 K0807 K0825 - K0829 K0837 - K0840 K0843 K0850 - K0855 K0858 - K0860 K0862 - K0864	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789 Power Mobility Devices	Medicare LCD L33789 Power Mobility Devices

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
K0808	Bariatric Scooter 451 - 600 lbs POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789Power Mobility Devices	Medicare LCD L33789Power Mobility Devices
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789 Power Mobility Devices	Medicare LCD L33789 Power Mobility Devices
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789Power Mobility Devices	Medicare LCD L33789Power Mobility Devices

Wheelchair, accessories and cushion

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0948	Fracture frame attachmnts ce	Drive Medical	Drive Medical	N/A	N/A	N/A
E0950	Tray	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0966	Wheelchair head rest extensi	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E0967	Manual wc hand rim w project	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0968	Wheelchair commode seat	Drive Medical	Drive Medical	N/A	N/A	N/A
E0969	Wheelchair narrowing device	Drive Medical	Drive Medical	N/A	N/A	N/A
E0971	Wheelchair anti-tipping devi	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0973	W/Ch access det adj armrest	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0974	W/Ch access anti-rollback	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0982	Back upholstery, replacement	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0983	Add pwr joystick	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789Power Mobility Devices	Medicare LCD L33789Power Mobility Devices
E0984	Add pwr tiller	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789Power Mobility Devices	Medicare LCD L33789Power Mobility Devices
E0985	W/c seat lift mechanism	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0986	Man w/c push-rim pow assist	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33789Power Mobility Devices	Medicare LCD L33789Power Mobility Devices
E0990	Wheelchair elevating leg res	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E0992	Wheelchair solid seat insert	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E0994	Wheelchair arm rest	Drive Medical	Drive Medical	N/A	N/A	N/A
E0995	Wheelchair calf rest	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E1226	Manual fully reclining back	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E1227	Wheelchair spec sz spec ht a	Drive Medical	Drive Medical	N/A	N/A	N/A
E1228	Wheelchair spec sz spec ht b	Drive Medical	Drive Medical	N/A	N/A	N/A
E1231	Rigid ped w/c tilt-in-space	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
E1232	Folding ped wc tilt-in-space	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
E1233	Rig ped wc tltnspc w/o seat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
E1234	Fld ped wc tltnspc w/o seat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788 Manual Wheelchair Bases	Medicare LCD L33788 Manual Wheelchair Bases
E1236	Folding ped wc adjustable	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
E1237	Rgd ped wc adjstabl w/o seat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
E1295	Wheelchair heavy duty fixed	Drive Medical	Drive Medical	N/A	N/A	N/A
E1296	Wheelchair special seat heig	Drive Medical	Drive Medical	N/A	N/A	N/A
E1297	Wheelchair special seat dept	Drive Medical	Drive Medical	N/A	N/A	N/A

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E1298	Wheelchair spec seat depth/w	Drive Medical	Drive Medical	N/A	N/A	N/A
E2201	Man w/ch acc seat w>=20"<24"	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2202	Seat width 24-27 in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2205	Manual wc accessory, handrim	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2206	Complete wheel lock assembly	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2207	Crutch and cane holder	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2208	Cylinder tank carrier	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2209	Arm trough each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2210	Wheelchair bearings	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2211	Pneumatic propulsion tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2212	Pneumatic prop tire tube	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E2213	Pneumatic prop tire insert	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2214	Pneumatic caster tire each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2215	Pneumatic caster tire tube	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2216	Foam filled propulsion tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2217	Foam filled caster tire each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2218	Foam propulsion tire each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2219	Foam caster tire any size ea	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2220	Solid propulsion tire each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2221	Solid caster tire each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2222	Solid caster integrated whl	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2224	Propulsion whl excludes tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E2225	Caster wheel excludes tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2226	Caster fork replacement only	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2322	Mult mech switches	Drive Medical	Drive Medical	N/A	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
E2340	W/c width 20-23 in seat frame	Drive Medical	Drive Medical	N/A	N/A	N/A
E2341	W/c width 24-27 in seat frame	Drive Medical	Drive Medical	N/A	N/A	N/A
E2342	W/c dpth 20-21 in seat frame	Drive Medical	Drive Medical	N/A	N/A	N/A
E2343	W/c dpth 22-25 in seat frame	Drive Medical	Drive Medical	N/A	N/A	N/A
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312 Wheelchair Seating	Medicare LCD L33312 Wheelchair Seating
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312 Wheelchair Seating	Medicare LCD L33312 Wheelchair Seating
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312 Wheelchair Seating	Medicare LCD L33312 Wheelchair Seating
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312 Wheelchair Seating	Medicare LCD L33312 Wheelchair Seating
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312 Wheelchair Seating	Medicare LCD L33312 Wheelchair Seating

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E2606	Position wc cush wdth>=22 in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2606	Bariatric Wheelchair Cushion *AIR* >22" POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2607	Skin pro/pos wc cus wd <22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2608	Skin pro/pos wc cus wd>=22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2608	Bariatric Wheelchair Cushion >22" SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2611	Gen use back cush wdth <22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2612	Gen use back cush wdth>=22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2613	Position back cush wd <22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2614	Position back cush wd>=22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E2615	Pos back post/lat width <22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
E2616	Pos back post/lat width >=22in	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33312Wheelchair Seating	Medicare LCD L33312Wheelchair Seating
K0001	Standard wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788 Manual Wheelchair Bases	Medicare LCD L33788 Manual Wheelchair Bases
K0002	Stnd hemi (low seat) whlchr	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
K0003	Lightweight wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788 Manual Wheelchair Bases	Medicare LCD L33788 Manual Wheelchair Bases
K0004	High strength, lightweight wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788 Manual Wheelchair Bases	Medicare LCD L33788 Manual Wheelchair Bases
K0005	Ultralightweight wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788Manual Wheelchair Bases	Medicare LCD L33788Manual Wheelchair Bases
K0006	Heavy duty wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788 Manual Wheelchair Bases	Medicare LCD L33788 Manual Wheelchair Bases
K0007	Extra heavy duty wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33788 Manual Wheelchair Bases	Medicare LCD L33788 Manual Wheelchair Bases
K0012	Ltwt portbl power whlchr	Drive Medical	Drive Medical	N/A	N/A	N/A
K0015	Detach non-adjus hght armrst	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
K0017	Detach adjust armrest base	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0018	Detach adjust armrst upper	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0019	Arm pad each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0020	Fixed adjust armrest pair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0037	High mount flip-up footrest	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0038	Leg strap each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0039	Leg strap h style each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0040	Adjustable angle footplate	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0041	Large size footplate each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0042	Standard size footplate each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0043	Ftrst lower extension tube	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
K0044	Ftrst upper hanger bracket	Drive Medical	Drive Medical	N/A	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0045	Footrest complete assembly	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0046	Elevat legrst low extension	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0047	Elevat legrst up hangr brack	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0052	Swingaway detach footrest	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0053	Elevate footrest articulate	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0056	Seat ht <17 or >=21 ltwt wc	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0069	Rear whl complete solid tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0070	Rear whl compl pneum tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0071	Front castr compl pneum tire	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0072	Frnt cstr cmpl sem-pneum tir	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
K0077	Front caster assem complete	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0098	Drive belt power wheelchair	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0105	Iv hanger	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33792Wheelchair Options/Accessories	Medicare LCD L33792Wheelchair Options/Accessories
K0195	Elevating whlchair leg rests	Drive Medical	Drive Medical	N/A	Medicare LCD L33792 Wheelchair Options/Accessories	Medicare LCD L33792 Wheelchair Options/Accessories

Commode

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0163	Commode chair, mobile or stationary, with fixed arms	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33736 Commodes	Medicare LCD L33736 Commodes
E0165	Commode chair, mobile or stationary, with detachable arms	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33736 Commodes	Medicare LCD L33736 Commodes
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33736 Commodes	Medicare LCD L33736 Commodes
E0167	Commode chair pail or pan	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33736Commodes	Medicare LCD L33736Commodes
E0175	Commode chair foot rest	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33736Commodes	Medicare LCD L33736Commodes

Oxygen Equipmen

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
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HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	Chart Industries	Helios	1 every 5 years	Medicare LCD L33797 Oxygen and Oxygen Equipment	Medicare LCD L33797 Oxygen and Oxygen Equipment
E1392	Portable oxygen concentrator, rental	Respironics	SIMPLY GO	1 every 5 years	Medicare LCD L33797 Oxygen and Oxygen Equipment	Medicare LCD L33797 Oxygen and Oxygen Equipment
E1392	Portable oxygen concentrator, rental	Respironics	SIMPLY GO-Mini	1 every 5 years	Medicare LCD L33797 Oxygen and Oxygen Equipment	Medicare LCD L33797 Oxygen and Oxygen Equipment
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Respironics	EVERFLO	1 every 5 years	Medicare LCD L33797 Oxygen and Oxygen Equipment	Medicare LCD L33797 Oxygen and Oxygen Equipment
E0424	Stationary compressed gas O2	#N/A	#N/A	1 every 5 years	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E0431	Portable gaseous O2	Chart Industries	Helios	1 every 5 years	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E0439	Stationary liquid O2	Chart Industries	Helios	1 every 5 years	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E0441	Stationary O2 contents, gas	Airgas	Airgas	According to medical order	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E0442	Stationary O2 contents, liq	Airgas	Airgas	According to medical order	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0443	Portable O2 contents, gas	Airgas	Airgas	According to medical order	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E0444	Portable O2 contents, liquid	Airgas	Airgas	According to medical order	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E1391	Oxygen concentrator, dual	Respironics	Respironics	N/A	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E1405	O2/water vapor enrich w/heat	Drive Medical	Drive Medical	N/A	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment
E1406	O2/water vapor enrich w/o he	Drive Medical	Drive Medical	N/A	Medicare LCD L33797Oxygen and Oxygen Equipment	Medicare LCD L33797Oxygen and Oxygen Equipment

Suction Equipments and Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0600	Respiratory suction pump, home model, portable or stationary, electric	Drive Medical	DRIVE Stationary Unit	1 every 5 years	Medicare LCD L33612 Suction Pumps	Medicare LCD L33612 Suction Pumps
A4624	Tracheal suction catheter, any type other than closed system, each	GLOBAL HEALTH CARE	MSD	90 per Month	Medicare LCD L33612 Suction Pumps	Medicare LCD L33612 Suction Pumps
A4628	Oropharyngeal suction cath	Drive Medical	Drive Medical	Three catheters per week (12 per Month)	Medicare LCD L33612Suction Pumps	Medicare LCD L33612Suction Pumps
A7000	Disposable canister for pump	Drive Medical	Drive Medical	N/A	Medicare LCD L33612Suction Pumps	Medicare LCD L33612Suction Pumps
A7001	Nondisposable pump canister	Drive Medical	Drive Medical	N/A	Medicare LCD L33612Suction Pumps	Medicare LCD L33612Suction Pumps

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7002	Tubing used w suction pump	Drive Medical	Drive Medical	N/A	Medicare LCD L33612Suction Pumps	Medicare LCD L33612Suction Pumps

Patient Lifters

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33799 Patient Lifts	Medicare LCD L33799 Patient Lifts
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33799 Patient Lifts	Medicare LCD L33799 Patient Lifts
E0635	Patient lift, electric with seat or sling	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33799 Patient Lifts	Medicare LCD L33799 Patient Lifts
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820 Hospital Beds And Accessories	Medicare LCD L33820 Hospital Beds And Accessories
E0621	Patient lift sling or seat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33799Patient Lifts	Medicare LCD L33799Patient Lifts
E0627	Bariatric Patient Lift SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	Drive Medical	Drive Medical	N/A	Medicare LCD L33801 Seat Lift Mechanisms	Medicare LCD L33801 Seat Lift Mechanisms

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0627	Bariatric Patient Lift	Drive Medical	Drive Medical	N/A	Medicare LCD L33801 Seat Lift Mechanisms	Medicare LCD L33801 Seat Lift Mechanisms
E0628	Bariatric Patient Lift SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE- ELECTRIC	Drive Medical	Drive Medical	N/A	Medicare LCD L33801 Seat Lift Mechanisms	Medicare LCD L33801 Seat Lift Mechanisms
E0628	Bariatric Patient Lift	Drive Medical	Drive Medical	N/A	Medicare LCD L33801 Seat Lift Mechanisms	Medicare LCD L33801 Seat Lift Mechanisms
E0629	Bariatric Patient Lift SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE- NON-ELECTRIC	Drive Medical	Drive Medical	N/A	Medicare LCD L33801 Seat Lift Mechanisms	Medicare LCD L33801 Seat Lift Mechanisms

Cough Stimulato

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0482	Cough stimulating device, alternating positive and negative airway pressure	Respironics	Cough Assist	1 every 5 years	Medicare LCD L33795 Mechanical In- exsufflation Devices	Medicare LCD L33795 Mechanical In- exsufflation Devices

Nebulizer

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0570	Nebulizer, with compressor	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33370 Nebulizers	Medicare LCD L33370 Nebulizers
A7003	Nebulizer administration set	Drive Medical	Drive Medical	2 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7004	Disposable nebulizer sml vol	Drive Medical	Drive Medical	2 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A7005	Nondisposable nebulizer set	Drive Medical	Drive Medical	1 every 6 Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7006	Filtered nebulizer admin set	Drive Medical	Drive Medical	1 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7007	Lg vol nebulizer disposable	Drive Medical	Drive Medical	2 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7008	Disposable nebulizer prefill	Drive Medical	Drive Medical	N/A	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7009	Nebulizer reservoir bottle	Drive Medical	Drive Medical	N/A	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7010	Disposable corrugated tubing	Drive Medical	Drive Medical	One unit (100 ft.)/2 months	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7012	Nebulizer water collec devic	Drive Medical	Drive Medical	2 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7013	Disposable compressor filter	Drive Medical	Drive Medical	2 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7014	Compressor nondispos filter	Drive Medical	Drive Medical	1 every 3 Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7015	Aerosol mask used w nebulize	Drive Medical	Drive Medical	1 per Month	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7016	Nebulizer dome & mouthpiece	Drive Medical	Drive Medical	2 per year	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
A7017	Nebulizer not used w oxygen	Drive Medical	Drive Medical	1 every 3 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
E0565	Compressor air power source	Respironics	Respironics	1 every 5 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
E0572	Aerosol compressor adjust pr	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
E0574	Ultrasonic generator w svneb	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
E0575	Nebulizer ultrasonic	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0580	Nebulizer for use w/ regulat	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
E0585	Nebulizer w/ compressor & he	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers
E1372	Oxy suppl heater for nebuliz	Drive Medical	Drive Medical	1 por 3 años	Medicare LCD L33370Nebulizers	Medicare LCD L33370Nebulizers

Chest Compressor

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0480	Percussor, electric or pneumatic, home model	RESPIRTECH	INCOURAGE SYSTEM - CHEST COMPRESSI ON	Base on Medical Order	National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)	National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	RESPIRTECH	INCOURAGE SYSTEM - CHEST COMPRESSI ON	1 every 5 years	Medicare LCD L33785 High Frequency Chest Wall Oscillation Devices	Medicare LCD L33785 High Frequency Chest Wall Oscillation Devices

Lymphodema Equipment

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829 Pneumatic Compression Devices	Medicare LCD L33829 Pneumatic Compression Devices
E0650	Pneuma compresor non-segment	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0651	Pneum compressor segmental	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0652	Pneum compres w/cal pressure	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0655	Pneumatic appliance half arm	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0660	Pneumatic appliance full leg	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0665	Pneumatic appliance full arm	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0666	Pneumatic appliance half leg	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0667	Seg pneumatic appl full leg	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0668	Seg pneumatic appl full arm	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0671	Pressure pneum appl full leg	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0672	Pressure pneum appl full arm	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices
E0673	Pressure pneum appl half leg	Huntlieh Medical	Huntlieh Medical	1 every 5 years	Medicare LCD L33829Pneumatic Compression Devices	Medicare LCD L33829Pneumatic Compression Devices

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
CPM's						
HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0935	Continuous passive motion exercise device for use on knee only	Kinetec USA	USA CPM KINETEC	1 for 21 days	National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)	National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1)
Osteogenesis Stimulator						
HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Orthofix	Orthofix	1 every 5 years	Medicare LCD L33796 Osteogenesis Stimulators	Medicare LCD L33796 Osteogenesis Stimulators
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Orthofix	Orthofix	1 every 5 years	Medicare LCD L33796 Osteogenesis Stimulators	Medicare LCD L33796 Osteogenesis Stimulators
Vacuum Erection Pump						
HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
L7900	Male Vacuum Erection Device	HomeAid	HOME AIDE	N/A	Medicare LCD L34824 Vacuum Erection Devices (VED)	Medicare LCD L34824 Vacuum Erection Devices (VED)
Osteogenesis Stimulator						
Código HCPCS	Descripción de DME	Fabricante	Marca	Limites	IHCS Guidelines	Update IHCS Guidelines
E0760	Osteogen ultrasound stimltor	Orthofix	Orthofix	1 every 5 years	Medicare LCD L33796Osteogenesis Stimulators	Medicare LCD L33796Osteogenesis Stimulators
Osteogenesis Stimulator						
HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4556	Electrodes, pair	Drive Medical	Drive Medical	N/A	N/A	N/A
A4557	Lead wires, pair	Drive Medical	Drive Medical	1 every 12 Month	Medicare LCD L33802 Transcutaneous Electrical Nerve Stimulators (TENS)	Medicare LCD L33802 Transcutaneous Electrical Nerve Stimulators (TENS)
A4558	Conductive gel or paste	Drive Medical	Drive Medical	N/A	N/A	N/A
A4595	TENS suppl 2 lead per month	Drive Medical	Drive Medical	2 leads per month	L34821	L34821
E0720	Tens two lead	Drive Medical	Drive Medical	N/A	Medicare LCD L33802 Transcutaneous Electrical Nerve Stimulators (TENS)	Medicare LCD L33802 Transcutaneous Electrical Nerve Stimulators (TENS)
E0730	Tens four lead	Drive Medical	Drive Medical	N/A	Medicare LCD L33802 Transcutaneous Electrical Nerve Stimulators (TENS)	Medicare LCD L33802 Transcutaneous Electrical Nerve Stimulators (TENS)

Urinary Incontinence Supplies

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0326	Urinal female jug-type	Cardinal	Cardinal	N/A	N/A	N/A

Pad systems and heating lamps

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
A4639	Infrared ht sys replcmnt pad	Drive Medical	Drive Medical	N/A	Medicare LCD L33825 Infrared Heating Pad Systems	Medicare LCD L33825 Infrared Heating Pad Systems
E0200	Heat lamp without stand	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0202	Phototherapy light w/ photom	Drive Medical	Drive Medical	N/A	N/A	N/A
E0205	Heat lamp with stand	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps
E0210	Electric heat pad standard	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps
E0215	Electric heat pad moist	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps
E0217	Water circ heat pad w pump	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps
E0225	Hydrocollator unit	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps
E0239	Hydrocollator unit portable	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps
E0249	Pad water circulating heat u	Drive Medical	Drive Medical	N/A	Medicare LCD L33784 Heating Pads and Heat Lamps	Medicare LCD L33784 Heating Pads and Heat Lamps

Traction systems

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0860	Tract equip cervical tract	Patterson Medical	Patterson Medical	1 every 5 years	Medicare LCD L33823Cervical Traction Devices	Medicare LCD L33823Cervical Traction Devices
E0870	Tract frame attach footboard	Patterson Medical	Patterson Medical	N/A	N/A	N/A

HCPC Code	Description of DME Item	Manufacturer	Model	Limits	IHCS Guidelines	Update IHCS Guidelines
E0880	Trac stand free stand extrem	Patterson Medical	Patterson Medical	N/A	N/A	N/A
E0890	Traction frame attach pelvic	Patterson Medical	Patterson Medical	N/A	N/A	N/A
E0900	Trac stand free stand pelvic	Patterson Medical	Patterson Medical	N/A	N/A	N/A
E0930	Fracture frame free standing	Patterson Medical	Patterson Medical	N/A	N/A	N/A
E0940	Trapeze bar free standing	Drive Medical	Drive Medical	1 every 5 years	Medicare LCD L33820Hospital Beds And Accessories	Medicare LCD L33820Hospital Beds And Accessories

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