| | 2025 DME Formulary | | | | | | | | |
|--------------|--|-----------------|-----------------|---|---|--|--|--|--|
| Ostomy and U | Jrological 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 | Medline | Medline | 1 per Month | Medicare LCD L33803Urological Supplies | Medicare LCD L33803Urological Supplies | | | |
| 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 | Cardinal Health | Cardinal Health | 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 | | | |
| 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 | | | |

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|----------|---|-----------|--------------|---------------------|---|--|
| 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 | | Coloplast | Coloplast | 200 per Month | Medicare LCD L33803 Urological Supplies | Medicare LCD L33803 Urological Supplies |
| A4353 | Intermittent urinary catheter, with insertion supplies | Coloplast | Coloplast | 200 per Month | Medicare LCD L33803 Urological | Medicare LCD L33803 Urological Supplies |
| A4354 | Insertion tray with drainage bag but without catheter | Coloplast | Coloplast | 1 per Month | Supplies 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 | , , | Coloplast | Coloplast | 2 per Month | Medicare LCD L33803 Urological Supplies | Medicare LCD L33803 Urological Supplies |
| A4361 | | 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 |
| 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 fcplt | 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 |

| | | | 2025 DME For | mulary | | |
|-------|--|-----------|---------------------|--------------------|---|--|
| 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 |
| 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 |
| 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 |
| 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 |

| | | | 2025 DME Form | mulary | | | |
|-------|--|-----------|---------------|--------------|---|--|--|
| 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 | |
| A4415 | • | Coloplast | Coloplast | 20 per Month | Medicare LCD L33828 Ostomy Supplies | Medicare LCD L33828 Ostomy Supplies | |
| A4416 | • • • | 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 | | 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 | | 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 | |
| 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 | |

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| 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 |
| 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 |
| 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/ Medline | N/A | Medicare LCD L33803Urological Supplies | Medicare LCD L33803Urological Supplies |

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| 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 |
| A5113 | \mathcal{E} 1 | Drive Medical/ Medline | Drive Medical/ Medline | N/A | Medicare LCD L33803Urological Supplies | Medicare LCD L33803Urological Supplies |
| A5114 | \mathcal{E} 1 | Drive Medical/ Medline | Drive Medical/ Medline | 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 1 | Equipments and Supplies (Enteral) | | | | | |
| B4035 | * | | Model Kangaroo & Infinity | Limits 30 per Month | Medicare LCD L33783 Enteral Nutrition | Medicare LCD L33783 Enteral Nutrition |
| A5200 | Percutaneous catheter anchor | Mckesson | Mckesson | N/A | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B4034 | ENTERAL FEED SPL KIT; SYRINGE DAY | Mckesson | Mckesson | 1 per day | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B4036 | ENTERAL FD SPL KIT; GRAVITY FED- DAY | Mckesson | Mckesson | 1 per day | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B4081 | NASOGASTRIC TUBING WITH STYLET | Mckesson | Mckesson | 1 per Month | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET | Mckesson | Mckesson | 1 per Month | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B4083 | STOMACH TUBE - LEVINE TYPE | Mckesson | Mckesson | 1 per Month | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each | Avanos | 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 |
| 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 |

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|----------------|--|--|---|---|---|---|
| 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 | Abbott | All brand | Base on Medical Order | Medicare LCD L33783 Enteral Nutrition | Medicare LCD L33783 Enteral Nutrition |
| 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 | Mckesson | Mckesson | Base on Medical Order | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B9000 | ENTRAL NUT INFUSION PUMP | Mckesson | Mckesson | 1 every 5 years | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| B9002 | Enteral nutrition infusion pump - with alarm | Kangaroo & Infinity | Kangaroo & Infinity | 1 every 5 years | Medicare LCD L33783 Enteral Nutrition | Medicare LCD L33783 Enteral Nutrition |
| E0776 | Iv pole | Drive Medical/ Medline | Drive Medical/ Medline | 1 every 5 years | Medicare LCD L33783Enteral Nutrition | Medicare LCD L33783Enteral Nutrition |
| | AP Supplies and Equipment | | | | | |
| HCPC Code | Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| A4604 | | 2D Madical/Dagg | 2D Madical/Daget | 1 2 | Madiagra I CD I 22710Dagiting | Madiagra I CD I 22710Dagitiva |
| | Tubing with heating element | 3B Medical/React Health | 3B Medical/React Health | 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 |
| A7030 | Full face mask used with positive airway pressure device, each | | | 1 | Airway Pressure (PAP) Devices for the Treatment of Obstructive | Airway Pressure (PAP) Devices for the Treatment of Obstructive |
| A7030 A7031 | Full face mask used with positive airway pressure device, each Replacement facemask interfa | Health 3B Medical Philips Respironics | Health 3B Medical Philips Respironics | Month 1 every 3 | 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 Medicare LCD L33718Positive Airway Pressure (PAP) Devices | Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea Medicare LCD L33718 Positive Airway Pressure (PAP) Devices for the Treatment of |
| | Full face mask used with positive airway pressure device, each Replacement facemask interfa Replacement nasal cushion | Health 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics | Health 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics | Month 1 every 3 Month | 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 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 | 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 Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |
| A7031 | Full face mask used with positive airway pressure device, each Replacement facemask interfa Replacement nasal cushion Replacement nasal pillows | Health 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics | Health 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics | Month 1 every 3 Month 1 per Month | 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 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 Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea | 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 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 Airway Pressure (PAP) Devices for the Treatment of Obstructive |
| A7031 A7032 | Full face mask used with positive airway pressure device, each Replacement facemask interfa Replacement nasal cushion Replacement nasal pillows Nasal interface (mask or cannula type) used with positive airway pressure device, with | 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed | Health 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics Resmed 3B Medical Philips Respironics | Month 1 every 3 Month 1 per Month 2 per Month | 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 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 Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea | 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 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 Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |

| | | 20 | 25 DME Formu | lary | | |
|-------------------------|--|---|---|--------------------|---|---|
| A7036 | | 3B Medical Philips Respironics Resmed | 3B Medical Philips Respironics Resmed | 1 every 6 Month | | Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |
| A7037 | The state of the s | 3B Medical Philips Respironics Resmed | 3B Medical Philips Respironics Resmed | 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 |
| A7038 | | 3B Medical Philips Respironics Resmed | 3B Medical Philips Respironics Resmed | 2 per Month | 1 | Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |
| A7039 | | 3B Medical Philips Respironics Resmed | 3B Medical Philips Respironics Resmed | 1 every 6 Month | | Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |
| A7044 | PAP oral interface | Philips Respironics | Philips Respironics | N/A | ` ' | Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |
| A7045 | 1 | Drive Medical/ Medline | Drive Medical/ Medline | 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 |
| A7046 | , | 3B Medical Philips Respironics Resmed | 3B Medical Philips Respironics Resmed | 1 every 6 Month | | Medicare LCD L33718Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea |
| E0470 | 1 1 | 3B Medical/React Health | 3B Medical/React Health | 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 | 1 2 | 3B Medical/React Health | 3B Medical/React Health | 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 | 1 | 3B Medical/React Health | 3B Medical/React Health | N/A | N/A | N/A |
| E0550 | Humidif extens supple w ippb | 3B Medical/React Health | 3B Medical/React Health | N/A | N/A | N/A |
| E0560 | Humidifier supplemental w/ i | 3B Medical/React Health | 3B Medical/React Health | N/A | N/A | N/A |
| E0561 | Humidifier, non-heated, used with positive | 3B Medical/React Health | 3B Medical/React Health | 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 | , , , | 3B Medical/React Health | 3B Medical/React Health | 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 | 3B Medical/React Health | 3B Medical/React Health | 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 |

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|-----------------------|--|--|--|--------------------------|---|--|
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) | Due to recent discontinuation of Philips Respironics we will provide best option available in the market. | Due to recent discontinuation of Philips Respironics we will provide best option available in the market. | 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) | Due to recent discontinuation of Philips Respironics we will provide best option available in the market. | Due to recent discontinuation of Philips Respironics we will provide best option available in the market. | Base on Medical Order | | National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1) |
| A4618 | Breathing circuits | Due to recent discontinuation of Philips Respironics we will provide best option available in the market. | Due to recent discontinuation of Philips Respironics we will provide best option available in the market. | N/A | N/A | N/A |
| Tracheostom HCPC Code | · | 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 | Avanos | 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 | Mckesson/Medline | Mckesson/Medline | 62 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A4483 | Moisture exchanger | Mckesson/Medline | Mckesson/Medline | N/A | N/A | N/A |
| A4608 | Transtracheal oxygen cath | Mckesson/Medline | Mckesson/Medline | N/A | Medicare LCD L33797Oxygen and Oxygen Equipment | Medicare LCD L33797Oxygen and Oxygen Equipment |
| A4623 | Tracheostomy inner cannula | Mckesson/Medline | Mckesson/Medline | 62 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A4625 | Trach care kit for new trach | Mckesson/Medline | Mckesson/Medline | 31 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A4626 | Tracheostomy cleaning brush | Mckesson/Medline | Mckesson/Medline | 2 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A4629 | Tracheostomy care kit | Mckesson/Medline | Mckesson/Medline | 31 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7501 | Tracheostoma valve w diaphra | Mckesson/Medline | Mckesson/Medline | 1 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7502 | Replacement diaphragm/fplate | Mckesson/Medline | Mckesson/Medline | 1 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7503 | HMES filter holder or cap | Mckesson/Medline | Mckesson/Medline | 1 every 6 Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7504 | Tracheostoma HMES filter | Mckesson/Medline | Mckesson/Medline | 62 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7505 | HMES or trach valve housing | Mckesson/Medline | Mckesson/Medline | 2 every 3 Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7506 | HMES/trachvalve adhesivedisk | Mckesson/Medline | Mckesson/Medline | 62 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7507 | Integrated filter & holder | Mckesson/Medline | Mckesson/Medline | 62 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7521 | Trach/laryn tube cuffed | Mckesson/Medline | Mckesson/Medline | 1 every 3 Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7522 | Trach/laryn tube stainless | Mckesson/Medline | Mckesson/Medline | 1 every 12 Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7524 | Tracheostoma stent/stud/bttn | Mckesson/Medline | Mckesson/Medline | 1 every 3 Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7525 | Tracheostomy mask | Mckesson/Medline | Mckesson/Medline | 1 per Month | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |

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|--------------------|--|-----------------------------|---------------------------|--------------------|---|---|
| A7526 | Tracheostomy tube collar | Mckesson/Medline | Mckesson/Medline | 31 per Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| A7527 | Trach/laryn tube plug/stop | Mckesson/Medline | Mckesson/Medline | 2 every 3 Month | Medicare LCD L33832Tracheostomy Care Supplies | Medicare LCD L33832Tracheostomy Care Supplies |
| | xers, Crutches and Accesories | | | | | |
| HCPC Code E0143 | 1 | Manufacturer Medline/ Drive | Model Medline/ Drive | Limits | IHCS Guidelines | Update IHCS Guidelines Medicare LCD L33791 |
| | Walker, folding, wheeled, adjustable or fixed height | Medical | Medical | 1 every 5 years | Walkers | Walkers |
| E0156 | Seat attachment, walker | Medline/ Drive Medical | Medline/ Drive Medical | | Medicare LCD L33791 Walkers | Medicare LCD L33791 Walkers |
| E0135 | Walker, folding (pickup), adjustable or fixed height | Medline/ Drive Medical | Medline/ Drive Medical | | Medicare LCD L33791 Walkers | Medicare LCD L33791 Walkers |
| E0143 | Walker, folding, wheeled, adjustable or fixed height | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791 Walkers | Medicare LCD L33791 Walkers |
| E0147 | Walker, heavy duty, multiple braking system, variable wheel resistance | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791 Walkers | Medicare LCD L33791 Walkers |
| E0149 | Walker, heavy duty, wheeled, rigid or folding, any type | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791 Walkers | Medicare LCD L33791 Walkers |
| A4635 | Underarm crutch pad | Medline/ Drive Medical | Medline/ Drive Medical | N/A | Medicare LCD L33733Canes and | Medicare LCD L33733Canes and Crutches |
| A 4626 | Handada Canasana | Madia / Dia | Madina/Drive | NT/A | Crutches Medicare LCD L33733Canes | M. F I OD I 22722C |
| A4636 | Handgrip for cane etc | Medline/ Drive Medical | Medline/ Drive Medical | N/A | and Crutches | Medicare LCD L33733Canes and Crutches |
| A4637 | Repl tip cane/crutch/walker | Medline/ Drive Medical | Medline/ Drive Medical | N/A | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0100 | Cane adjust/fixed with tip | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0105 | Cane adjust/fixed quad/3 pro | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0110 | Crutch forearm pair | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0111 | Crutch forearm each | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0112 | Crutch underarm pair wood | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0113 | Crutch underarm each wood | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0114 | Crutch underarm pair no wood | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | | Medicare LCD L33733Canes and Crutches |
| E0116 | Crutch underarm each no wood | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0117 | Underarm springassist crutch | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0130 | Walker rigid adjust/fixed ht | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0140 | Walker w trunk support | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0141 | Rigid wheeled walker adj/fix | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0144 | Enclosed walker w rear seat | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0153 | Forearm crutch platform atta | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33733Canes and Crutches | Medicare LCD L33733Canes and Crutches |
| E0154 | Walker platform attachment | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0155 | Walker wheel attachment,pair | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0157 | Walker crutch attachment | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| E0158 | Walker leg extenders set of4 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |

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|----------------------------|--|---------------------------------------|---------------------------|-----------------|--|--|
| E0159 | Brake for wheeled walker | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33791Walkers | Medicare LCD L33791Walkers |
| Beds and Hosp 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33820 Hospital Beds And Accessories | Medicare LCD L33820 Hospital Beds And Accessories |
| E0271 | Mattress, innerspring | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33820 Hospital Beds And Accessories | Medicare LCD L33820 Hospital Beds And Accessories |
| E0272 | Mattress, foam rubber | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1 | Medicare LCD L33830 Pressure Reducing Support Surfaces - Group 1 |
| E0277 | Powered pressure-reducing air mattress | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33820Hospital Beds And Accessories | Medicare LCD L33820Hospital Beds And Accessories |
| E0255 | Hospital bed var ht w/ mattr | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33820Hospital Beds And Accessories | Medicare LCD L33820Hospital Beds And Accessories |
| E0292 | Hosp bed var ht w/o rail w/o | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33820Hospital Beds And Accessories | Medicare LCD L33820Hospital Beds And Accessories |

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|-----------|---|-----------------------------|---------------------------|-----------------|---|---|
| E0293 | Hosp bed var ht w/o rail w/ | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33820Hospital Beds | Medicare LCD L33820Hospital Beds And |
| E0295 | Hosp bed semi-elect w/o matt | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | And Accessories Medicare LCD L33820Hospital Beds | Accessories Medicare LCD L33820Hospital Beds And |
| E0305 | Rails bed side half length | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | And Accessories Medicare LCD L33820Hospital Beds | Accessories Medicare LCD L33820Hospital Beds And |
| E0310 | Rails bed side full length | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | And Accessories Medicare LCD L33820Hospital Beds | Accessories Medicare LCD L33820Hospital Beds And |
| E0316 | Bed safety enclosure | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | And Accessories Medicare LCD L33820Hospital Beds | Accessories Medicare LCD L33820Hospital Beds And |
| | | Medical | Wedicai | | And Accessories | Accessories |
| A4640 | Alternating pressure pad | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ 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 | Medline/ Drive Medical | Medline/ Drive Medical | 1 every 5 years | Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1 | Medicare LCD L33830Pressure Reducing Support Surfaces - Group 1 |
| E0187 | Water pressure mattress | Medline/ Drive Medical | Medline/ 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 Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 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 mattr | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2 | Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2 |
| E0372 | Powered air mattress overlay | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2 | Medicare LCD L33642Pressure Reducing Support Surfaces - Group 2 |
| _ | ed and Motorized Vehicles and | | | | | |
| HCPC Code | Description of DME Item Power operated vehicle (three or four | Manufacturer Drive Medical/ | Model Drive Medical/ | Limits | IHCS Guidelines | Update IHCS Guidelines Not Found in LCD List |
| E1230 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number | Drive Medical/ Merits | Merits | r every 5 years | Not Found in LCD List | INOU FOUND IN LCD LIST |

| | | | 2025 DME Form | | | |
|------------------|--|--------------------------|--------------------------|----------------------|---------------------------|---|
| E2360 | 22nf nonsealed leadacid | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2361 | 22nf sealed leadacid battery | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2362 | Gr24 nonsealed leadacid | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2363 | Gr24 sealed leadacid battery | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2364 | U1nonsealed leadacid battery | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2365 | U1 sealed leadacid battery | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2366 | Battery charger, single mode | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2367 | Battery charger, dual mode | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Merits | Merits | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0010 | Standard - weight frame motorized/power | Drive Medical/ | Drive Medical/ | 1 every 5 years | Not Found in LCD List | Not Found in LCD List |
| | wheelchair | Merits | Merits | | | |
| K0011 | Standard - weight frame motorized/power | Drive Medical/ | Drive Medical/ | 1 every 5 years | Not Found in LCD List | Not Found in LCD List |
| | wheelchair with programmable control | Merits | Merits | | | |
| | parameters for speed adjustment, tremor | | | | | |
| | dampening, acceleration control and | | | | | |
| | braking | | | | | |
| K0800 | Power operated vehicle, group 1 standard, | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD L33789 Power | Medicare LCD L33789 Power |
| | patient weight capacity up to and including | Merits | Merits | | Mobility Devices | Mobility Devices |
| | 300 pounds | | | | | |
| K0801 - | Power operated vehicle, group 1 heavy | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD L33789 Power | Medicare LCD L33789 Power |
| K0802 | duty, patient weight capacity 301 to 450 | Merits | Merits | | Mobility Devices | Mobility Devices |
| K0807 | pounds | | | | | |
| K0825 - | | | | | | |
| K0829 | | | | | | |
| K0837 - | | | | | | |
| K0840 | | | | | | |
| K0843 | | | | | | |
| K0850 - | | | | | | |
| K0855 | | | | | | |
| K0858 - | | | | | | |
| K0860 K0862 - | | | | | | |
| K0864 | | | | | | |
| KU0U4 | | | | | | |
| K0808 | Bariatric Scooter 451 - 600 lbs | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD L33789Power | Medicare LCD L33789Power |
| Koooo | POWER OPERATED VEHICLE, | Merits | Merits | 1 every 5 years | Mobility Devices | Mobility Devices |
| | GROUP 2 | | 1,101165 | | | |
| | VERY HEAVY DUTY, PATIENT | | | | | |
| | WEIGHT CAPACITY 451 TO 600 | | | | | |
| | POUNDS | | | | | |
| K0824 | Dower wheelsheir group 2 heavy duty | Drive Medical/ | Drive Medical/ | 1 avany 5 vaces | Medicare LCD L33789 Power | Madigara I CD I 22780 Dawer |
| NU024 | Power wheelchair, group 2 heavy duty, | Merits | Merits | 1 every 5 years | Mobility Devices | Mobility Devices |
| | sling/solid seat/back, patient weight capacity | Wients | Ments | | Widdinty Devices | Mobility Devices |
| | 301 to 450 pounds | | | | | |
| 170020 | | D: M 1: 1/ | D' 1/ 1/ | 1 7 | M 1' LCD L22700D | M 1: 1 CD 1 22700D |
| K0830 | Power wheelchair, group 2 standard, seat | Drive Medical/ | Drive Medical/ | 1 every 5 years | Medicare LCD L33789Power | Medicare LCD L33789Power |
| | elevator, sling/solid seat/back, patient | Merits | Merits | | Mobility Devices | Mobility Devices |
| | weight capacity up to and including 300 pounds | | | | | |
| VV I1-1 | _ | | | | | |
| | ccessories and cushion | Marrie | B.4 1 . 1 | T : '4 | HICC C-11 P | Undet: HICC C +1 11 |
| HCPC Code | Description of DME Item | Manufacturer | Model Drive Medical | Limits | IHCS Guidelines | Update IHCS Guidelines |
| E0948 | Fracture frame attachmnts ce | Drive Medical | Drive Medical | N/A | N/A | N/A |
| E0070 | In the second se | Medline | Medline | 1 7 | M. F. T.CD | M 1' LOD |
| E0950 | Tray | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| E0044 | | D : 3.5 % | D 1 3 2 2 2 | 1 - | Options/Accessories | Options/Accessories |
| E0966 | Wheelchair head rest extensi | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33312Wheelchair | L33312Wheelchair Seating |
| | • | 1 | 1 | | Seating | |
| | | | | | | |
| E0967 | Manual we hand rim w project | Drive Medical | Drive Medical | 1 every 5 years | | Medicare LCD |
| E0967 | Manual we hand rim w project | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| E0967 | Manual we hand rim w project | | | | | L33792Wheelchair Options/Accessories |
| E0967 E0968 | Manual wc hand rim w project Wheelchair commode seat | | | 1 every 5 years N/A | L33792Wheelchair | L33792Wheelchair |

| | | | 2025 DME Form | nulary | | |
|-------|--|-------------------------------|-------------------------------|-----------------|---|---|
| E0969 | Wheelchair narrowing device | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| E0971 | Wheelchair anti-tipping devi | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E0973 | W/Ch access det adj armrest | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E0974 | W/Ch access anti-rollback | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E0982 | Back upholstery, replacement | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E0983 | Add pwr joystick | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33789Power Mobility Devices | Medicare LCD L33789Power Mobility Devices |
| E0984 | Add pwr tiller | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33789Power Mobility Devices | Medicare LCD L33789Power Mobility Devices |
| E0985 | W/c seat lift mechanism | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E0986 | Man w/c push-rim pow assist | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33789Power Mobility Devices | Medicare LCD L33789Power Mobility Devices |
| E0990 | Wheelchair elevating leg res | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E0992 | Wheelchair solid seat insert | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E0994 | Wheelchair arm rest | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| E0995 | Wheelchair calf rest | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E1226 | Manual fully reclining back | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| E1227 | Wheelchair spec sz spec ht a | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| E1228 | Wheelchair spec sz spec ht b | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| E1231 | Rigid ped w/c tilt-in-space | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| E1232 | Folding ped wc tilt-in-space | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| E1233 | Rig ped wc tltnspc w/o seat | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| E1234 | Fld ped wc tltnspc w/o seat | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788 Manual Wheelchair Bases | Medicare LCD L33788 Manual Wheelchair Bases |
| E1236 | Folding ped wc adjustable | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| E1237 | Rgd ped wc adjstabl w/o seat | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| E1295 | Wheelchair heavy duty fixed | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| E1296 | Wheelchair special seat heig | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| E1297 | Wheelchair special seat dept | Drive Medical | Drive Medical | N/A | N/A | N/A |
| E1298 | Wheelchair spec seat depth/w | Medline Drive Medical Medline | Medline Drive Medical Medline | N/A | N/A | N/A |
| E2201 | Man w/ch acc seat w>=20"<24" | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |

| | | | 2025 DME Form | <i>U</i> | | |
|-------------------------|--|---|--|-----------------|--|--|
| E2202 | Seat width 24-27 in | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| 70005 |) | D' M 1' 1 | D' M 1' 1 | 1 5 | Options/Accessories | Options/Accessories |
| E2205 | Manual wc accessory, handrim | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair | Medicare LCD L33792Wheelchair |
| | | Mediffic | Wiedillie | | Options/Accessories | Options/Accessories |
| 2206 | Complete wheel lock assembly | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| 2200 | complete wheel lock assembly | Medline | Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2207 | Crutch and cane holder | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2208 | Cylinder tank carrier | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2209 | Arm trough each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2210 | Wheelchair bearings | Drive Medical | Drive Medical | 1 every 5 years | | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair Options/Accessories | L33792Wheelchair Options/Accessories |
| 2211 | Draymatic propulsion tire | Drive Medical | Drive Medical | 1 avany 5 vacan | Medicare LCD | Medicare LCD |
| 2211 | Pneumatic propulsion tire | Medline | Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| | | Wiedinie | Wiedinie | | Options/Accessories | Options/Accessories |
| 2212 | Pneumatic prop tire tube | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | The same prop are table | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2213 | Pneumatic prop tire insert | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2214 | Pneumatic caster tire each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2215 | Pneumatic caster tire tube | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2216 | Foam filled propulsion tire | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | 5.1.35.11.1 | 5 | | Options/Accessories | Options/Accessories |
| E2217 | Foam filled caster tire each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair Options/Accessories | L33792Wheelchair Options/Accessories |
| 2218 | Foam propulsion tire each | Drive Medical | Drive Medical | 1 avary 5 years | Medicare LCD | Medicare LCD |
| 22210 | Toam propulsion the each | Medline | Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| E2219 | Foam caster tire any size ea | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2220 | Solid propulsion tire each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2221 | Solid caster tire each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| 2222 | Solid caster integrated whl | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| 10004 | D 1: 11 1 1 : | D: 1/ !! ! | D: 16 1: 1 | 1 5 | Options/Accessories | Options/Accessories |
| 2224 | Propulsion whl excludes tire | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair | Medicare LCD L33792Wheelchair |
| | | ivicume | ivicuille | | Options/Accessories | Options/Accessories |
| 32225 | Caster wheel excludes tire | Drive Medical | Drive Medical | 1 20200 5 12200 | Medicare LCD | Medicare LCD |
| E2225 | Casici which excludes the | Medline | Medline | 1 every 3 years | L33792Wheelchair | L33792Wheelchair |
| | | | .== | | Options/Accessories | Options/Accessories |
| | | | | 1 5 | 1 | Medicare LCD |
| | Caster fork replacement only | Drive Medical | Drive Medical | 1 every 5 years | Medicale LCD | · · · · · · · · · · · · · · · · · · · |
| | Caster fork replacement only | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| | Caster fork replacement only | | | 1 every 5 years | | L33792Wheelchair Options/Accessories |
| E2226 | Caster fork replacement only Mult mech switches | | | N/A | L33792Wheelchair | |
| E2226 | | Medline | Medline | | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair | Options/Accessories |
| E2226 | | Medline Drive Medical | Medline Drive Medical | | L33792Wheelchair Options/Accessories Medicare LCD | Options/Accessories Medicare LCD |
| E2226 E2322 | | Medline Drive Medical Medline Drive Medical | Medline Drive Medical Medline Drive Medical | | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair | Options/Accessories Medicare LCD L33792Wheelchair |
| E2226 E2322 E2340 | Mult mech switches W/c wdth 20-23 in seat frame | Medline Drive Medical Medline Drive Medical Medline | Medline Drive Medical Medline Drive Medical Medline | N/A N/A | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A | Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A |
| E2226 E2322 E2340 E2341 | Mult mech switches | Medline Drive Medical Medline Drive Medical Medline Drive Medical | Medline Drive Medical Medline Drive Medical Medline Drive Medical | N/A | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories | Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories |
| E2226 E2322 E2340 | Mult mech switches W/c wdth 20-23 in seat frame W/c wdth 24-27 in seat frame | Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline | Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline Medline | N/A N/A N/A | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A N/A | Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A N/A |
| E2226 E2322 E2340 | Mult mech switches W/c wdth 20-23 in seat frame | Drive Medical Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline Drive Medical | Medline Drive Medical | N/A N/A | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A | Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A |
| E2226 E2322 E2340 | Mult mech switches W/c wdth 20-23 in seat frame W/c wdth 24-27 in seat frame | Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline | Medline Drive Medical Medline Drive Medical Medline Drive Medical Medline Medline | N/A N/A N/A | L33792Wheelchair Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A N/A | Options/Accessories Medicare LCD L33792Wheelchair Options/Accessories N/A N/A |

| | | , | 2025 DME Form | ulary | | |
|-------|--|--------------------------|--------------------------|-----------------|--|---|
| E2601 | General use wheelchair seat cushion, width less than 22 inches, any depth | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312 Wheelchair Seating | Medicare LCD L33312 Wheelchair Seating |
| E2606 | Position we cush wdth>=22 in | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2607 | Skin pro/pos wc cus wd <22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair | Medicare LCD L33312Wheelchair Seating |
| E2608 | Skin pro/pos wc cus wd>=22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Seating 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2611 | Gen use back cush wdth <22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2612 | Gen use back cush wdth>=22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2613 | Position back cush wd <22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2614 | Position back cush wd>=22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2615 | Pos back post/lat wdth <22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| E2616 | Pos back post/lat wdth>=22in | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33312Wheelchair Seating | Medicare LCD L33312Wheelchair Seating |
| K0001 | Standard wheelchair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788 Manual Wheelchair Bases | Medicare LCD L33788 Manual Wheelchair Bases |
| K0002 | Stnd hemi (low seat) whlchr | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| K0003 | Lightweight wheelchair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788 Manual Wheelchair Bases | Medicare LCD L33788 Manual Wheelchair Bases |
| K0004 | High strength, lightweight wheelchair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788 Manual Wheelchair Bases | Medicare LCD L33788 Manual Wheelchair Bases |
| K0005 | Ultralightweight wheelchair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788Manual Wheelchair Bases | Medicare LCD L33788Manual Wheelchair Bases |
| K0006 | Heavy duty wheelchair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788 Manual Wheelchair Bases | Medicare LCD L33788 Manual Wheelchair Bases |
| K0007 | Extra heavy duty wheelchair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33788 Manual Wheelchair Bases | Medicare LCD L33788 Manual Wheelchair Bases |
| K0012 | Ltwt portbl power whlchr | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |

| **** | la de la companya de | | 2025 DME Form | | | |
|---|--|--------------------------|--------------------------|------------------|---|--------------------------------------|
| K0015 | Detach non-adjus hght armrst | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair Options/Accessories | L33792Wheelchair Options/Accessories |
| K0017 | Detach adjust armrest base | Drive Medical | Drive Medical | 1 every 5 years | 1 | Medicare LCD |
| K 0017 | Detach adjust armiest base | Medline | Medline | l every 3 years | L33792Wheelchair | L33792Wheelchair |
| | | TVIO GITTIE | | | Options/Accessories | Options/Accessories |
| K0018 | Detach adjust armrst upper | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | J 11 | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0019 | Arm pad each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| *************************************** | | 5: 36 1: 1 | 5: 16 11 1 | | Options/Accessories | Options/Accessories |
| K0020 | Fixed adjust armrest pair | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair | Medicare LCD L33792Wheelchair |
| | | Mediffie | Mediffie | | Options/Accessories | Options/Accessories |
| K0037 | High mount flip-up footrest | Drive Medical | Drive Medical | 1 every 5 years | - | Medicare LCD |
| 10037 | riigii mount riip up rootiest | Medline | Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0038 | Leg strap each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0039 | Leg strap h style each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| 120040 | Adiantalla anala fa stalata | D.: M. 1:1 | Duine Madical | 1 5 | Options/Accessories | Options/Accessories |
| K0040 | Adjustable angle footplate | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair | Medicare LCD L33792Wheelchair |
| | | Wiedinie | Wiedinie | | Options/Accessories | Options/Accessories |
| K0041 | Large size footplate each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| 110011 | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0042 | Standard size footplate each | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0043 | Ftrst lower extension tube | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| 170044 | Tr. 1 1 1 1 | D: M 1: 1 | D ' M 1' 1 | DT/A | Options/Accessories | Options/Accessories |
| K0044 | Ftrst upper hanger bracket | Drive Medical Medline | Drive Medical Medline | N/A | Medicare LCD L33792Wheelchair | Medicare LCD L33792Wheelchair |
| | | Wiedinie | Wicdinic | | Options/Accessories | Options/Accessories |
| K0045 | Footrest complete assembly | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| 110012 | Toolest complete ussemory | Medline | Medline | l'évery a yeurs | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0046 | Elevat legrst low extension | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0047 | Elevat legrst up hangr brack | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair Options/Accessories | L33792Wheelchair Options/Accessories |
| K0052 | Cyvin covyov datach footmast | Drive Medical | Drive Medical | 1 222242 5 22224 | Medicare LCD | Medicare LCD |
| K0032 | Swingaway detach footrest | Medline | Medline | 1 every 5 years | L33792Wheelchair | L33792Wheelchair |
| | | Wiedinie | Wiedillie | | Options/Accessories | Options/Accessories |
| K0053 | Elevate footrest articulate | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0056 | Seat ht <17 or >=21 ltwt wc | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| *** | | | | | Options/Accessories | Options/Accessories |
| K0069 | Rear whl complete solid tire | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair Options/Accessories | L33792Wheelchair Options/Accessories |
| K0070 | Rear whl compl pneum tire | Drive Medical | Drive Medical | 1 Avery 5 years | Medicare LCD | Medicare LCD |
| K 0070 | Real will complete pheun the | Medline | Medline | l every 3 years | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0071 | Front castr compl pneum tire | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| | | | | | Options/Accessories | Options/Accessories |
| K0072 | Frnt cstr cmpl sem-pneum tir | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair | L33792Wheelchair |
| 170077 | The state of the s | <u> </u> | D | | Options/Accessories | Options/Accessories |
| K0077 | Front caster assem complete | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| | | Medline | Medline | | L33792Wheelchair Options/Accessories | L33792Wheelchair Options/Accessories |
| K0098 | Drive belt power wheelchair | Drive Medical | Drive Medical | 1 every 5 voors | Medicare LCD | Medicare LCD |
| 120070 | Drive ben power wheelchair | Medline | Medline | 1 every 3 years | L33792Wheelchair | L33792Wheelchair |
| | | 12.20011110 | | i | | |

| | | 20 | 25 DME Formu | lary | | |
|--------------------|--|-----------------------------|-----------------------------|---|---|--|
| K0105 | Iv hanger | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33792Wheelchair Options/Accessories | Medicare LCD L33792Wheelchair Options/Accessories |
| K0195 | Elevating whlchair leg rests | Drive Medical Medline | Drive Medical Medline | N/A | Medicare LCD L33792 Wheelchair Options/Accessories | Medicare LCD L33792 Wheelchair Options/Accessories |
| Commodes HCPC Code | Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| E0163 | Commode chair, mobile or stationary, with | | Drive Medical | | Medicare LCD L33736 | Medicare LCD L33736 |
| | fixed arms | Medline | Medline | | Commodes | Commodes |
| E0165 | Commode chair, mobile or stationary, with detachable arms | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33736 Commodes | Medicare LCD L33736 Commodes |
| E0167 | Commode chair pail or pan | Drive Medical Medline | Drive Medical Medline | 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 | Medicare LCD |
| Oxygen | | Medline | Medline | | L33736Commodes | L33736Commodes |
| Equipment | | | | | | |
| 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 | Caire | Helios | 1 every 5 years | Medicare LCD L33797 Oxygen and Oxygen Equipment | Medicare LCD L33797 Oxygen and Oxygen Equipment |
| E1392 | Portable oxygen concentrator, rental | Rhythm Health O2 Concept | Rhythm Health O2 Concept | 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 | Medline / Rhythm Health | Medline / Rhythm Health | 1 every 5 years | | Medicare LCD L33797 Oxygen and Oxygen Equipment |
| E0424 | Stationary compressed gas 02 | #N/A | #N/A | 1 every 5 years | Medicare LCD L33797Oxygen and Oxygen Equipment | Medicare LCD L33797Oxygen and Oxygen Equipment |
| E0431 | Portable gaseous 02 | Caire | Helios | 1 every 5 years | Medicare LCD L33797Oxygen and Oxygen Equipment | Medicare LCD L33797Oxygen and Oxygen Equipment |
| E0439 | Stationary liquid 02 | Caire | 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 |
| E0443 | Portable 02 contents, gas | Airgas | Airgas | According to medical order | Medicare LCD L33797Oxygen and Oxygen Equipment | Medicare LCD L33797Oxygen and Oxygen Equipment |
| E0444 | Portable 02 contents, liquid | Airgas | Airgas | According to medical order | Medicare LCD L33797Oxygen and Oxygen Equipment | Medicare LCD L33797Oxygen and Oxygen Equipment |
| E1391 | Oxygen concentrator, dual | N/A | N/A | 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 |
| | oments 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 | Medline / Drive Medical | Medline / Drive Medical | 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 | Mckesson/Medline | Mckesson/Medline | 90 per Month | Medicare LCD L33612 Suction Pumps | Medicare LCD L33612 Suction Pumps |
| A4628 | Oropharyngeal suction cath | Mckesson/Medline | Mckesson/Medline | Three catheters per week (12 per Month) | Medicare LCD L33612Suction Pumps | Medicare LCD L33612Suction Pumps |

| | | 2 | 2025 DME Form | ularv | | |
|---------------------|---|-------------------------------------|-------------------------------------|---------------------------|---|---|
| A7000 | Disposable canister for pump | Medline | Medline | N/A | Medicare LCD L33612Suction | Medicare LCD L33612Suction |
| A7001 | Nondisposable pump canister | Medline | Medline | N/A | Medicare LCD L33612Suction | Pumps Medicare LCD L33612Suction |
| A7002 | Tubing used w suction pump | Medline | Medline | N/A | Pumps Medicare LCD L33612Suction | Pumps Medicare LCD L33612Suction |
| Patient Lifters | | Medille | Wednie | 14/11 | | Pumps |
| 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) | Medline / Drive Medical | Medline / Drive Medical | 1 every 5 years | | Medicare LCD L33799 Patient Lifts |
| E0635 | Patient lift, electric with seat or sling | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / 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 | Medline / Drive Medical | Medline / Drive Medical | N/A | Medicare LCD L33801 Seat Lift Mechanisms | Medicare LCD L33801 Seat Lift Mechanisms |
| Cough Stimulator | | | | | | |
| HCPC Code | Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| E0482 | Cough stimulating device, alternating positive and negative airway pressure | N/A | N/A | 1 every 5 years | Medicare LCD L33795 Mechanical In-exsufflation Devices | Medicare LCD L33795 Mechanical In-exsufflation Devices |
| Nebulizer | | | | | | |
| HCPC Code E0570 | Description of DME Item Nebulizer, with compressor | Manufacturer Drive Medical Medline | Model Drive Medical Medline | Limits 1 every 5 years | Medicare LCD L33370 Nebulizers | Medicare LCD L33370 Nebulizers |
| A7003 | Nebulizer administration set | Drive Medical Medline | Drive Medical Medline | 2 per Month | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| A7004 | Disposable nebulizer sml vol | Drive Medical Medline | Drive Medical Medline | 2 per Month | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| A7005 | Nondisposable nebulizer set | Drive Medical Medline | Drive Medical Medline | 1 every 6 Month | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| A7006 A7007 | Filtered nebulizer admin set Lg vol nebulizer disposable | Drive Medical Medline Drive Medical | Drive Medical Medline Drive Medical | 1 per Month 2 per Month | Medicare LCD L33370Nebulizers Medicare LCD | Medicare LCD L33370Nebulizers Medicare LCD |
| A7007 | Disposable nebulizer prefill | Medline Drive Medical | Medline Drive Medical | N/A | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| A7009 | Nebulizer reservoir bottle | Medline Drive Medical | Medline Drive Medical | N/A | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| A7010 | Disposable corrugated tubing | Medline Drive Medical | Medline Drive Medical | One unit (100 | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| A7012 | Nebulizer water collec devic | Medline Drive Medical | Medline Drive Medical | ft.)/2 months 2 per Month | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| A7013 | Disposable compressor filter | Medline Drive Medical | Medline Drive Medical | 2 per Month | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| A7014 | Compressor nondispos filter | Medline Drive Medical | Medline Drive Medical | 1 every 3 | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| | | Medline | Medline | Month | L33370Nebulizers | L33370Nebulizers |
| A7015 A7016 | Aerosol mask used w nebulize Nebulizer dome & mouthpiece | Drive Medical Medline Drive Medical | Drive Medical Medline Drive Medical | 1 per Month | Medicare LCD L33370Nebulizers Medicare LCD | Medicare LCD L33370Nebulizers Medicare LCD |
| A/010 | rveounzer dome & mountpiece | Medline | Medline | 2 per year | L33370Nebulizers | L33370Nebulizers |

| | | 2.0 | 025 DME Formul | 9rv | | |
|--------------------|--|-------------------------------|--|--------------------------|--|--|
| A7017 | Nebulizer not used w oxygen | Drive Medical | Drive Medical | | Medicare LCD | Medicare LCD |
| D0565 | | Medline | Medline | 1 6 | L33370Nebulizers | L33370Nebulizers |
| E0565 | Compressor air power source | Philips Respironics | Philips Respironics | | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| E0572 | Aerosol compressor adjust pr | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| E0574 | Ultrasonic generator w svneb | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| E0575 | Nebulizer ultrasonic | Drive Medical Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33370Nebulizers | Medicare LCD L33370Nebulizers |
| E0580 | Nebulizer for use w/ regulat | Drive Medical | Drive Medical | 1 every 5 years | Medicare LCD | Medicare LCD |
| E0585 | Nebulizer w/ compressor & he | Medline Drive Medical | Medline Drive Medical | 1 every 5 years | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| E1372 | Oxy suppl heater for nebuliz | Medline Drive Medical | Medline Drive Medical | 1 por 3 años | L33370Nebulizers Medicare LCD | L33370Nebulizers Medicare LCD |
| Chest | ony supprisoner for necessing | Medline | Medline | por e unos | L33370Nebulizers | L33370Nebulizers |
| Compressor | | | | | | |
| HCPC Code | Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| E0480 | Percussor, electric or pneumatic, home model | Philips Respirtech | INCOURAGESYST EM - CHEST COMPRESSION | 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 | Philips Respirtech | INCOURAGESYST EM - CHEST COMPRESSION | 1 every 5 years | Medicare LCD L33785 High Frequency Chest Wall Oscillation Devices | Medicare LCD L33785 High Frequency Chest Wall Oscillation Devices |
| Lynphodema 1 | | | | | | |
| HCPC Code E0669 | Description of DME Item Segmental pneumatic appliance for use | Manufacturer Huntlieh Medical | Model Huntlieh Medical | Limits | IHCS Guidelines Medicare LCD L33829 | Update IHCS Guidelines Medicare LCD L33829 |
| 2000) | with pneumatic compressor, half leg | Transfer Wedicar | | 1 every 5 years | Pneumatic Compression Devices | 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 |
| 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 | | 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 |

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|-----------------------|---|--------------------------|--------------------------|---------------------|--|--|
| E0673 | Pressure pneum appl half leg | Huntlieh Medical | Huntlieh Medical | | Medicare LCD L33829Pneumatic | Medicare LCD L33829Pneumatic Compression |
| | | | | | Compression Devices | Devices |
| CPM's | | | | | | |
| HCPC Code | Description of DME Item | Manufacturer Vinetae USA | 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 | National Coverage Determination (NCD) for Durable Medical Equipment |
| Osteogenesis S | timulatar | | | | Reference List (280.1) | Reference List (280.1) |
| | 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 |
| Vacumm Erect | | | | | Osteogenesis Stimulators | Osteogenesis Stimulators |
| | 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 S | timulator | | | | | |
| 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 S | timulator | | | | | |
| HCPC Code | Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| A4556 | Electrodes, pair | Drive Medical Medline | Drive Medical Medline | N/A | N/A | N/A |
| A4557 | Lead wires, pair | Drive Medical Medline | Drive Medical Medline | 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 Medline | Drive Medical Medline | N/A | N/A | N/A |
| A4595 | TENS suppl 2 lead per month | Drive Medical | Drive Medical | 2 leads per | L34821 | L34821 |
| E0720 | Tens two lead | Medline Drive Medical | Medline Drive Medical | month N/A | Medicare LCD L33802 | Medicare LCD L33802 |
| | | Medline | Medline | | Transcutaneous Electrical Nerve Stimulators (TENS) | Transcutaneous Electrical Nerve Stimulators (TENS) |
| E0730 | Tens four lead | Drive Medical Medline | Drive Medical Medline | N/A | Medicare LCD L33802 Transcutaneous Electrical Nerve | Medicare LCD L33802 Transcutaneous Electrical |
| | | Medine | Wedmie | | Stimulators (TENS) | Nerve Stimulators (TENS) |
| Urinary Incont | tinence Supplies | | | | | |
| | Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| E0326 | Urinal female jug-type | Mckesson/Medline | Mckesson/Medline | N/A | N/A | N/A |
| | nd heating lamps Description of DME Item | Manufacturer | Model | Limits | IHCS Guidelines | Update IHCS Guidelines |
| A4639 | - | 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 |
| 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 |
| E0225 | Hydrocollator unit | Drive Medical | Drive Medical | N/A | Medicare LCD L33784 Heating Pads and Heat Lamps | 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 |

| | | 20 | 025 DME Formu | ılary | | |
|-----------|------------------------------|--------------------------|--------------------------|-----------------|--|--|
| 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 |
| 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 Medline | Drive Medical Medline | 1 every 5 years | Medicare LCD L33820Hospital Beds And Accessories | Medicare LCD L33820Hospital Beds And Accessories |