MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity
(CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item.
Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

| MEDICAID DME AND SUPPLIES LISTING | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | Miscellaneous Durable and Expendable Supplies | | | | | |
| **Old HCPCS Code** | **Face to Face Required** | **New HCPCS Code** | **Description** | **Billing Unit** | **SA Type** | Fee | **Limit** |
| **Miscellaneous Durabable and Expendable Supplies** | | | | | | | |
| | | A4265 | Paraffin | Per Pound | N | **$4.28** | 1/2 Months |
| | | A4287 | Disposable collection and storage bag for breast milk, any size, any type, each | Each | Y | IC | IC |
| | | A4402 | Lubricant - – All Brands | Per Ounce | N | **$2.01** | 20 oz./Month |
| | | A4453 | **Rectal catheter with or without ballon, for use with any type transanal irrigation system, each** | Each | Y | IC | 30/Month |
| | | A4456 | Adhesive remover, wipes, any type, each | Each | N | **$0.31** | 20/month |
| | | A4457 | Enema tube, with or without adapter, any type, replacement only, each | Each | Y | IC | IC |
| | | A4458 | Enema bag w/tubing, reusable | Each | N | $1.29 | 15/Month |
| | | A4459 | **Manual transanal irrigation system, includes water reservoir, pump tubing, and accessories, without catheter, any type** | Each | Y | IC | 1/3 Months |
| | | A4561 | Pessary; rubber, any type | Each | N | **$25.08** | 1/3 Months |
| | | A4562 | Pessary, non rubber, any type | Each | N | **$62.48** | 1/3 Months |
| | | A4565 | Sling-Any Type | Each | N | **$9.68** | 2/12 Months |
| | | A4566 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment. | Each | Y | $I.C. | 1/12 Months |
| A4466 | | A4467 | Belt, strap, sleeve, garment, or covering any type | Each | Y | P-$ IC | 2/3months |
| | | A4600 | Sleeve for intermittent limb compression device, replacement only, each | Each | Y | P-$ IC | 1/6 Months |
| | | A4601 | Lithuim ion battery for non-prosthetic use, replacement | Each | Y | P-$ IC | 1/6 Months |
| | | A4602 | Replacement battery for external infusion pump owned by patient, lithium,1.5 volt, each | Each | Y | **$4.69** | 1/6 Months |
| | | A4611 | Battery, heavy duty; replacement for patient-owner ventilator | Each | N | $191.43 | 1/6 Months |
| | | A4611 RR | Battery, heavy duty; replacement for patient-owner ventilator | Day | N | $0.64 | 6 Months/Year |
| | | A4612 | Battery, cables; replacement for patient-owner ventilator | Each | N | $66.21 | 1/6 Months |
| | | A4612 RR | Battery, cables; replacement for patient-owner ventilator | Day | N | $0.22 | 6 Months/Year |
| | | A4613 | Battery, charger; replacement for patient-owner ventilator | Each | N | $140.53 | 1/6 Months |
| | | A4613 RR | Battery, charger; replacement for patient-owner ventilator | Day | N | $0.45 | 6 Months/Year |

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|---|---|---|---|---|---|---|---|
| | | A4638 | Replacement battery, for patient–owned ear pulse generator, each | Each | Y | P-$ IC | 1/6 Months |
| | | A4660 | Sphygmomanometer/Bp Apparatus W/Cuff And Stethoscope | Each | N | $27.80 | 1/36 Months |
| | | A4670 | Automatic Blood Pressure Monitor | Each | N | $54.29 | 1/36 Months |
| Z4928 | | A4927 | Gloves, Non-Sterile, Sm., Med., Lrg. | Per Box of 100 | N | $10.85 | 2 Boxes/Month |
| Z4927 | | A4930 | Gloves, Sterile, Sm., Med., Lrg. | Per Pair | N | $0.57 | 50 Pairs/Month |
| Y9000 | | A9901 | DME Delivery, set up, and/or dispensing service component of another HCPCS code | Each | Y | $18.15 | I.C. |
| | | E1035 | Multi-positional patient transfer system, with intefrated seat, operated by care giver, patient weight capacity up to and including 300 lbs | Each | Y | **$6,748.56** | 1/60 Months |
| | | E0160 | Sitz bath or equipment, portable, used with or without commode | Each | N | $29.10 | 1/12 Months |
| | | E0160 RR | Sitz bath or equipment, portable, used with or without commode | Day | N | $0.11 | 3 Months |
| | | E0161 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment's) | Each | N | $27.23 | 1/12 Months |
| | | E0161 RR | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment's | Day | N | $0.09 | 3 Months/Year |
| | | E0162 | Sitz bath chair | Each | N | **$155.74** | 1/12 Months |
| | | E0162 RR | Sitz bath chair | Day | N | **$0.57** | 3 Months/Year |
| | | E0163 | Commode chair, mobile or stationary, with fixed arms | Each | N | $75.28 | 1/36 Months |
| | | E0163 RR | Commode chair, mobile or stationary, with fixed arms | Day | N | $0.38 | 3 Months/Year |
| | | E0165 | Commode chair, mobile or stationary, with detachable arms | Each | N | $160.02 | 1/36 Months |
| | | E0165 RR | Commode chair, mobile or stationary, with detachable arms | Day | N | $0.51 | 3 Months/Year |
| | | E0167 | Pail or pan for use with commode chair, replacement only | Each | N | $11.03 | 1/36 Months |
| | | E0167 RR | Pail or pan for use with commode chair, replacement only | Day | N | $0.04 | 3 Months/Year |
| | | E0168 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | Each | N | $138.40 | 1/36 Months |
| | | E0168 RR | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | Day | N | $0.46 | 3 Months/Year |
| | | E0175 | Foot rest, for use with commode chair, each | Each | N | **$83.29** | 2/36 Months |
| | | E0175 RR | Foot rest, for use with commode chair, each | Day | N | **$0.28** | 3 Months/Year |
| | | E0202 RR | Phototherapy (bilirubin) light with photometer | Day | N | **$78.75** | 3 Days |
| | | E0235 | Paraffin bath unit, portable | Each | N | **$227.77** | 1/2 Months |
| | | E0235 RR | Paraffin bath unit, portable | Day | N | **$0.72** | 3 Months/Year |
| | | E0236 | Pump for water circulating pad | Each | Y | **$584.22** | 1/12 Months |
| | | E0236 RR | Pump for water circulating pad | Day | Y | **$1.85** | 3 Months/Year |
| | | E0239 | Hydrocollator unit, portable | Each | Y | **$565.65** | 2 Months/Year |
| | | E0239 RR | Hydrocollator unit, portable | Day | Y | **$1.89** | 3 Months/Year |
| | | E0240 | Bath/Shower chair, with or without wheels, any size | Each | N | $323.89 | 1/36 Months |
| | | E0244 | Raised Toilet Seat | Each | N | $20.36 | 1/36 Months |
| | | E0245 | Tub stool or bench | Each | N | $29.49 | 1/36 Months |
| | | E0246 | Transfer tub rail attachment | Each | N | $65.52 | 1/36 Months |
| | | E0247 | Transfer bench for tub or toilet with or without commode opening | Each | N | $157.16 | 1/60 Months |
| | | E0248 | Transfer bench, heavy duty, for tub or toilet with or without commode opening | Each | N | $158.13 | 1/60 Months |
| | | E0249 | Pad for water circulating heat unit | Each | N | **$106.46** | 1/Month |
| | | E0249 RR | Pad for water circulating heat unit | Day | N | **$0.39** | 3 Months/Year |
| | | E0602 | Breast pump , manual, any type | Each | N | **$37.12** | 1 per year |
| | | E0603 | Breast pump, electric (AC and/or DC), any type | Each | Y | $173.47 | 1/36 Months |
| | | E0604 | Breast pump, hospital grade, electric (AC and/or DC), any type | Day | Y | $1.29 | 6 months |
| | | E0610 | Pacemaker monitor, self contained, checks battery depletion, includes audible and visible check systems | Each | Y | **$299.09** | 1/60 Months |
| | | E0610 RR | Pacemaker monitor, self contained, checks battery depletion, includes audible and visible check systems | Day | Y | **$1.05** | 6 Months/Year |
| | | E0621 | Sling or seat, patient lift, canvas or nylon | Each | Y | $90.53 | 1/24 Months |
| | | E0621 RR | Sling or seat, patient lift, canvas or nylon | Day | N | $0.30 | 3 Months/Year |
| | | E0630 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap (s) or pad(s) | Each | Y | $798.26 | 1/60 Months |
| | | E0630 RR | Patient lift, hydraulic or mechanical, includes any seat, sling, strap (s) or pad(s) | Day | N | $2.53 | 3 Months/Year |
| | | E0635 | Patient lift, electric with seat or sling | Each | Y | **$1,333.37** | 1/60 months |
| | | E0635 RR | Patient lift, electric with seat or sling | Day | Y | **$4.23** | 3 Months/Year |

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|---|---|---|---|---|---|---|---|
| | | E0637 | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels | Each | Y | IC | I.C. |
| | | E0638 | Standing frame /Table system, One Position (E.G. Upright, Supine or Prone Stander), any Size Including Pediatric, With or Without Wheels | Each | Y | $810.89 | 1/36 Month |
| | | E0638 RR | Standing frame /Table system, One Position (E.G. Upright, Supine or Prone Stander), any Size Including Pediatric, With or Without Wheels | Day | N | $2.61 | 3 Months/Year |
| | | E0641 | Standing Frame/Table System, Multi-Postion (E.G. Three-Way Stander), Any Size Including Pediatric, With or Without Wheels | Each | Y | $IC | 1/60 Months |
| | | E0641 RR | Standing Frame/Table System, Multi-Postion (E.G. Three-Way Stander), Any Size Including Pediatric, With or Without Wheels | Day | N | $IC | 3 Months/Year |
| | | E0642 | Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric | Each | Y | $IC | 1/60 Months |
| | | E0642 RR | Standing Frame/Table System, Mobile (Dynamic Stander), Any Size Including Pediatric | Day | N | $IC | 3 Months/Year |
| | | E0650 | Pneumatic compressor, nonsegmental home model | Each | Y | **$809.04** | 1/36 Months |
| | Yes | E0650 RR | Pneumatic compressor, nonsegmental home model | Day | N | **$3.73** | 3 Months/Year |
| | Yes | E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | Each | Y | **$981.64** | 1/36 Months |
| | Yes | E0651 RR | Pneumatic compressor, segmental home model without calibrated gradient pressure | Day | N | **$3.65** | 6 Months/Year |
| | Yes | E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | Each | Y | **$5,666.48** | 1/36 Months |
| | Yes | E0652 RR | Pneumatic compressor, segmental home model with calibrated gradient pressure | Day | N | **$18.67** | 6 Months/Year |
| | Yes | E0655 | Nonsegmetal Pneumatic appliance for use with pneumatic compressor, half arm | Each | Y | **$135.72** | 1/36 Months |
| | Yes | E0655 RR | Nonsegmetal Pneumatic appliance for use with pneumatic compressor, half arm | Day | N | **$0.53** | 6 Months |
| | Yes | E0656 | Segmnetal pneumatic appliance for use with pneumatic compressor, trunk | Each | Y | **$763.01** | 1/36 Months |
| | Yes | E0656 RR | Segmnetal pneumatic appliance for use with pneumatic compressor, trunk | Day | N | **$2.42** | 6M/Year |
| | Yes | E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest | Each | Y | **$716.81** | 1/36 Months |
| | Yes | E0657 RR | Segmental pneumatic appliance for use with pneumatic compressor, chest | Day | N | **$2.28** | 6M/Year |
| | Yes | E0660 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg | Each | Y | **$170.75** | 1/36 Months |
| | Yes | E0660 RR | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg | Day | N | **$0.70** | 6 Months/Year |
| | Yes | E0665 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm | Each | Y | **$148.24** | 1/36 Months |
| | Yes | E0665 RR | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm | Day | N | **$0.59** | 3 Months/Year |
| | Yes | E0666 | Nonsegmetal Pneumatic appliance for use with pneumatic compressor, half leg | Each | Y | **$147.60** | 1/36 Months |
| | Yes | E0666 RR | Nonsegmetal Pneumatic appliance for use with pneumatic compressor, half leg | Day | N | **$0.54** | 6M/Year |
| | Yes | E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg | Each | Y | **$346.06** | 1/36 Months |
| | Yes | E0667 RR | Segmental pneumatic appliance for use with pneumatic compressor, full leg | Day | N | **$1.30** | 6 Months/Year |
| | Yes | E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | Each | Y | **$472.30** | 1/36 Months |
| | Yes | E0668 RR | Segmental pneumatic appliance for use with pneumatic compressor, full arm | Day | N | **$1.55** | 6 Months/Year |
| | Yes | E0669 | Segmental pneumatic appliance, half leg | Each | Y | **$218.85** | 1/36 Months |
| | Yes | E0669 RR | Segmental pneumatic appliance, half leg | Day | N | **$0.73** | 6 Months/Year |
| | | E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | Each | Y | **$1,343.60** | 1/36 Months |
| | | E0670 RR | Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk | Day | Y | **$4.79** | 6 Months/Year |
| | Yes | E0671 | Segmental gradient pressure pneumatic appliance, full leg | Each | Y | **$522.30** | 1/36 Months |
| | Yes | E0671 RR | Segmental gradient pressure pneumatic appliance, full leg | Day | N | **$1.74** | 6 Months/Year |
| | Yes | E0672 | Segmental gradient pressure pneumatic appliance, full arm | Each | Y | **$405.81** | 1/36 Months |
| | Yes | E0672 RR | Segmental gradient pressure pneumatic appliance, full arm | Day | N | **$1.35** | 6 Months/Year |

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|---|---|---|---|---|---|---|---|
| | Yes | E0673 | Segmental gradient pressure pneumatic appliance, half leg | Each | Y | **$337.20** | 1/36 Months |
| | Yes | E0673 RR | Segmental gradient pressure pneumatic appliance, half leg | Day | N | **$1.12** | 6 Months/Year |
| | Yes | E0675RR | Pneumatic compression device, high pressure, rapid inflation/deflation cycle | Day | Y | **$16.12** | 6 Months/Year |
| | | E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | Each | Y | P-$ IC | 1/36 Months |
| | | E0676 RR | Intermittent limb compression device (includes all accessories), not otherwise specified | Day | Y | P-$ IC | 6 Months/Year |
| | | E0677 | Non-Pneumatic sequential compression garment, trunk | Each | Y | **$763.01** | 1/36 Months |
| | | E0677 RR | Non-Pneumatic sequential compression garment, trunk | Day | Y | **$2.42** | 6 Months/Year |
| | | E0705 | Transfer device, any type, each | Each | Y | **$69.34** | 1/36 Months |
| | | E0705 RR | Transfer device | Day | N | **$0.17** | 6 Months/Year |
| | | **E0766 RR** | **Electrical stimulation device used for cancer treatment, includes all accessories, any type** | **Day** | **Y** | **$481.90** | **IC** |
| | | E0935 RR | Passive motion exercise device | Day | N | **$28.60** | 14 Days |
| | | E0936 RR | Continuous passive motion exercise device for use other than knee | Day | Y | P-$ IC | 14 Days |
| | | E0968 | Commode seat, wheelchair | Each | N | **$231.13** | 1/60 Months |
| | | E0968 RR | Commode seat, wheelchair | Day | N | **$0.75** | 3 Months/Year |
| | | **E1036** | **Multipositional patient transfer system, extra-wide, with intefrated seat, operated by caregiver, patient weight capacity greater than 300 lbs** | **Each** | **Y** | **$9,606.82** | **1/60 months** |
| | | **E1036 RR** | **Multipositional patient transfer system, extra-wide, with intefrated seat, operated by caregiver, patient weight capacity greater than 300 lbs** | **Day** | **Y** | **$30.50** | **6 Months/ year** |
| | | E1800 RR | Dynamic adjustable elbow extension and flexion device, includes soft interface material | Day | Y | **$5.13** | 14 days |
| | | E1801 RR | **Static progressive stretch/patient actualized serial stretch elbow device, extension and or flexion, with or without range of motion adjustment, includes all components and accessories** | Day | Y | **$5.11** | 14 days |
| | | E1802 RR | Dynamic adjustable forearm pronation/supination device, includes soft interface | Day | Y | **$13.70** | 14 Days |
| | | **E1803 RR** | **Dynamic Adjustable elbow etension only device, includes soft interface material** | **Day** | **Y** | **$5.13** | **14 days** |
| | | **E1804 RR** | **Dynamic adjustable elbow flexion only device, includes soft interface material** | **Day** | **Y** | **$5.13** | **14 Days** |
| | | E1805 RR | Dynamic adjustable wrist extension and flexion device, includes soft interface material | Day | Y | **$5.30** | 14 days |
| | | E1806 RR | Static progressive stretch wrist device, flexion and or extension, with or without range of motion adjustment, includes all components and accessories | Day | Y | **$4.19** | 14 days |
| | | **E1807 RR** | **Dynamic adjustable wrist extension only device, includes soft interface material** | **Day** | **Y** | **$5.30** | **14 Days** |
| | | **E1808 RR** | **Dynamic adjustable wrist flexion only device, includes soft interface material** | **Day** | **Y** | **$5.30** | **14 Days** |
| | | E1810 RR | Dynamic adjustable knee extension and flexion device, includes soft interface material | Day | Y | **$5.22** | 14 days |
| | | E1811RR | **Static progressive stretch/patient actualized serial stretch knee device, extension and or flexion, with or without range of motion ajustment, includes all components and accessories** | Day | Y | **$5.31** | 14 days |
| | | E 1812 RR | Dynamic knee, extension/flexion device with active resistance control | Day | Y | **$3.60** | 14 Days |
| | | **E1813 RR** | **Dynamic adjustable knee extension only device, includes soft interface material** | **Day** | **Y** | **$5.22** | **14 Days** |
| | | **E1814 RR** | **Device adjustable knee flexion only device, includes soft interface material** | **Day** | **Y** | **$5.22** | **14 Days** |
| | | E1815 RR | Dynamic adjustable ankle extension and flexion device, includes soft interface material | Day | Y | **$5.30** | 14 days |
| | | E1816 RR | **Static progressive stretch/patient actualized serial stretch ankle device, flexion and or extension, with or with out range of motion adjustment, includes all components and accessories** | Day | Y | **$5.39** | 14 days |
| | | E1818 RR | Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories | Day | Y | **$5.51** | 14 days |
| | | E1820 | Replacement soft interface material, dynamic adjustable extension/flexion | Each | Y | **$96.98** | 3/year |

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|---|---|---|---|---|---|---|---|
| | | E1821 | Replacement soft interface material/cuffs for bi-directional static progressive stretch | Each | Y | **$132.34** | 3/year |
| | | **E1822 RR** | **Dynamic adjustable ankle extension ony device, includes soft interface material** | **Each** | **Y** | **$5.30** | **14 Days** |
| | | **E1823 RR** | **Dynamic adjustable ankle flexion only device, includes soft interface material** | **Each** | **Y** | **$5.30** | **14 Days** |
| | | E1825 RR | Dynamic adjustable finger extension and flexion device, includes soft interface material | Day | Y | **$5.30** | 14 days |
| | | **E1826 RR** | **Dynamic adjustable finger extension only device, includes soft interface material** | **Day** | **Y** | **$5.30** | **14 Days** |
| | | **E1827 RR** | **Dynamic adjustable finger flexion only device, includes soft interface material** | **Day** | **Y** | **$5.30** | **14 Days** |
| | | **E1828 RR** | **Dynamic adjustable toe extension only device, includes soft interface material** | **Day** | **Y** | **$5.30** | **14 Days** |
| | | **E1829 RR** | **Dynamic adjustable toe flexion only device, includes soft interface material** | **Day** | **Y** | **$5.30** | **14 Days** |
| | | E1830 RR | Dynamic adjustable toe extension and flexion device, includes soft interface material | Day | Y | **$5.30** | 14 Days |
| | | E1831 RR | Static progressive stretch toe device,, extension and/or flexion, with or without, range of motion adjustment, includes all components and accessories | Day | Y | **$2.66** | 14 Days |
| | | E1840 RR | Dynamic shoulder flexion/abduction/rotation device, includes soft interface material | Day | Y | **$15.62** | 14 Days |
| | | E1841 RR | **Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories** | Day | Y | **$18.99** | 14 days |
| | | E1399 | DME Not Otherwise Classified | Each | Y | P-$ IC | I.C. |
| Z4157 | | E1399 | Inflatable Bath With Pump | Each | Y | $262.15 | 1/60 Months |
| Z4350 | | E1399 | Miscellaneous Parts: Repair, Recipient Owned Equipment | Each | Y | IC | 1/12 Months |
| Z4152 | | E1399 | Pediatric Toilet Training Chair With Hip Strap & Pair of Support Blocks | Each | Y | $336.92 | 1/36 Months |
| Z4178 | | E1399 | Positioning Device; Any Size; Any Type | Each | Y | P-$ IC | I.C |
| | | K0601 | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each | Each | N | **$1.38** | 1/6 Months |
| | | K0602 | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each | Each | N | **$7.78** | 1/6 Months |
| | | K0603 | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each | Each | N | **$0.70** | 1/6 Months |
| | | K0604 | Replacement battery for external infusion pump owned by patient, lithium 3.6 volt, each | Each | N | **$7.50** | 1/6 Months |
| | | K0605 | Replacement battery for external infusion pump owned by patient, lithium 4.5 volt, each | Each | N | **$17.92** | 1/6 Months |
| | | K0606 RR | Automatic external defibrillator, with intergrated electrocardiogram analysis, carmet type | Day | Y | **$105.56** | 90 days |
| | | K0607 | Replacement battery for automated external defibrillator, garment type only, each | Each | N | **$256.62** | 1/6 Months |
| | | K0607 RR | Replacement battery for automated external defibrillator, garment type only, each | Day | N | **$0.81** | 3 Months/Year |
| E1340 | | K0739 | Repair or non routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | Per 15 mins | N | $14.36 | 14/12 Months |
| | | K0740 | Repair or non routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | Per 15 mins | N | $9.00 | 14/12 Months |
| | | K1021 | Exsufflation belt, includes all supplies and accessories | Each | Y | IC | 1/12 months |
| Z4283<br>E1399 | | T5001 | Positioning seat for persons w/ special orthopedic needs, for use in vehicles (Previously 'Customized Seating System For Use In Vehicle; Special Pediatric/Young Adult') | Each | Y | 396.33 | 1/60 Months |
| | | E1399 | Positioning seat for persons with special physical or neurological needs, for use in vehicles | Each | Y | IC | 1/60 Months |
| | | E1399 | Portable Ramp (must be portable and removable) | Each | Y | IC | 1/60 Months |
| | | E1399 | Portable Threshold Ramp (must be removable and not screwed or nailed in place) | Each | Y | IC | 1/60 Months |
| | | L7360 | Six volt battery, each | Each | N | **$322.78** | 1/6 Months |
| | | L7362 | Battery charger, six volt, each | Each | N | **$290.78** | 1/6 Months |
| | | L7364 | Twelve volt battery, each | Each | N | **$537.48** | 1/6 Months |
| | | L7366 | Battery charger, twelve volt, each | Each | N | **$724.12** | 1/6 Months |
| | | L7367 | Lithium ion, battery replacement | Each | N | **$412.86** | 1/6 Months |

**Changes**

**Changes marked in bold are effective 1/1/2025 Face to Face Column added 7/1/17**