

DME Equipment Categories

(Revised 04/01/2026)

STATUS Descriptions and Appropriate Modifiers:

- Oxygen-Rental – RR
- Rental only – RR
- Capped Rental – RR (10 months of rental only) **OR** Outright Purchase (NU)
- Purchase only – NU
- Rental Only – RR or Outright Purchase - NU

HCPCS Code	DESCRIPTION	STATUS
A4233	Replacement Alkaline battery for glucose monitor	Purchase Only (NU)
A4234	Replacement J-cell battery for glucose monitor	Purchase Only (NU)
A4235	Replacement Lithium battery for glucose monitor	Purchase Only (NU)
A4236	Replacement Silver oxide battery glucose monitor	Purchase Only (NU)
A4253	Blood glucose/reagent strips for home glucose monitor	Purchase Only (NU)
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller (added 04/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each (effective 01/01/2025)	Purchase Only (NU)
A4602	Replacement lithium battery 1.5v for infusion pump owned by patient	Purchase Only (NU)
A4604	Tubing with heating element for PAP device	Purchase Only (NU)
A4605	Tracheal suction catheter closed system	Purchase Only (NU)
A4608	Transtracheal oxygen catheter, each	Oxygen-Rental (RR)
A4618	Breathing circuits	Rental Only – RR or Outright Purchase – NU
A4619	Face tent	Purchase Only (NU)
A4624	Tracheal suction tube/catheter, each	Purchase Only (NU)
A4628	Oropharyngeal suction catheter, each	Purchase Only (NU)
A4630	Replacement batteries, medically necessary, TENS, owned by patient by patient	Purchase Only (NU)
A4633	UVL replacement bulb, each	Purchase Only (NU)

HCPCS Code	DESCRIPTION	STATUS
A4635	Underarm crutch pad, replacement, each	Rental Only – RR or Outright Purchase – NU
A4636	Replacement handgrip for cane, crutch or walker, each	Rental Only – RR or Outright Purchase – NU
A4637	Replacement tip cane/crutch/walker, each	Rental Only – RR or Outright Purchase – NU
A4638	Replacement battery for patient owned ear pulse generator, each	Rental Only – RR or Outright Purchase – NU
A4639	Replacement pad for infrared heating pad system, each	Capped Rental (RR) or Outright Purchase (NU)
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Rental Only – RR or Outright Purchase – NU
A7000	Disposable canister for suction pump, each	Purchase Only (NU)
A7001	Non-disposable suction pump canister, each	Purchase Only (NU)
A7002	Tubing used w suction pump, each	Purchase Only (NU)
A7003	Nebulizer administration set, disposable	Purchase Only (NU)
A7004	Disposable nebulizer small volume, disposable	Purchase Only (NU)
A7005	Non-disposable nebulizer set	Purchase Only (NU)
A7006	Filtered nebulizer administration set	Purchase Only (NU)
A7007	Lg volume nebulizer disposable, unfilled	Purchase Only (NU)
A7008	Disposable nebulizer prefills	Purchase Only (NU)
A7009	Nebulizer reservoir bottle	Purchase Only (NU)
A7010	Disposable corrugated tubing, 100 feet	Purchase Only (NU)
A7012	Nebulizer water collection device	Purchase Only (NU)
A7013	Filter, disposable, used with compressor or ultrasonic generator	Purchase Only (NU)
A7014	Filter, non-disposable, used with compressor or ultrasonic generator	Purchase Only (NU)
A7015	Aerosol mask used w nebulizer	Purchase Only (NU)
A7016	Nebulizer dome & mouthpiece	Purchase Only (NU)
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used w oxygen	Rental Only – RR or Outright Purchase – NU
A7020	Interface, cough stimulating device, replacement only	Purchase Only (NU)
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter) (added effective 10/01/2024)	Purchase Only (NU)
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
A7026	High frequency chest wall oscillation system hose, replacement, each	Purchase Only (NU)
A7027	Combination oral/nasal mask, used with CPAP device, each	Purchase Only (NU)
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Purchase Only (NU)
A7029	Nasal pillow comb mask, replacement only, pair	Purchase Only (NU)
A7030	Full face mask for CPAP device, each	Purchase Only (NU)
A7031	Face mask interface, replacement for full face mask, each	Purchase Only (NU)
A7032	Cushion for use on nasal mask interface, replacement only, each	Purchase Only (NU)
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Purchase Only (NU)
A7034	Nasal interface (mask or cannula type) for CPAP, w/wo head strap	Purchase Only (NU)
A7035	Headgear used for PAP device	Purchase Only (NU)
A7036	Chinstrap for PAP device	Purchase Only (NU)
A7037	Tubing for PAP device	Purchase Only (NU)
A7038	Filter, disposable for PAP device	Purchase Only (NU)
A7039	Filter, non-disposable for PAP device	Purchase Only (NU)
A7044	Oral interface for PAP device, each	Purchase Only (NU)
A7045	Exhalation port w/wo swivel used with accessories for PAP device, replacement only	Rental Only – RR or Outright Purchase – NU
A7046	Water chamber for humidifier for PAP device, replacement, each	Purchase Only (NU)
A7047	Oral interface for respiratory suction pump, each	Purchase Only (NU)
A8000	Soft protective helmet, prefabricated, all components and accessories	Rental Only – RR or Outright Purchase – NU
A8001	Hard protective helmet, prefabricated, all components and accessories	Rental Only – RR or Outright Purchase – NU
A8002	Soft protective helmet, custom fabricated, all components and accessories	Rental Only – RR or Outright Purchase – NU
A8003	Hard protective helmet, custom fabricated, all components and accessories	Rental Only – RR or Outright Purchase – NU
A8004	Soft interface for helmet, replacement only	Rental Only – RR or Outright Purchase – NU
E0100	Cane adjust/fixed with tip	Rental Only – RR or Outright Purchase – NU
E0105	Cane adjust/fixed quad/3 prong w tips	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E0110	Crutch forearm pair, adj/fixed, pair, complete	Rental Only – RR or Outright Purchase – NU
E0111	Crutch forearm pair, adj/fixed, each, complete	Rental Only – RR or Outright Purchase – NU
E0112	Crutch underarm pair wood	Rental Only – RR or Outright Purchase – NU
E0113	Crutch underarms each wood	Rental Only – RR or Outright Purchase – NU
E0114	Crutch underarm pair other than wood	Rental Only – RR or Outright Purchase – NU
E0116	Crutch underarm each other than wood	Rental Only – RR or Outright Purchase – NU
E0117	Crutch, underarm, articulating spring assisted, each	Capped Rental (RR) or Outright Purchase (NU)
E0130	Walker rigid adjust/fixed height	Rental Only – RR or Outright Purchase – NU
E0135	Walker folding adjust/fixed height	Rental Only – RR or Outright Purchase – NU
E0140	Walker w trunk support, adj/fixed height, any type	Capped Rental (RR) or Outright Purchase (NU)
E0141	Walker, rigid, wheeled, adjustable or fixed height	Rental Only – RR or Outright Purchase – NU
E0143	Walker, folding, wheeled, adjustable or fixed height	Rental Only – RR or Outright Purchase – NU
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled w posterior seat	Capped Rental (RR) or Outright Purchase (NU)
E0147	Walker heavy duty, multiple braking system, variable wheel resistance	Rental Only – RR or Outright Purchase – NU
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	Rental Only – RR or Outright Purchase – NU
E0149	Walker, heavy duty, wheeled, rigid or folding, any type, each	Capped Rental (RR) or Outright Purchase (NU)
E0153	Platform attachment, Forearm crutch, each	Rental Only – RR or Outright Purchase – NU
E0154	Platform attachment, walker, each	Rental Only – RR or Outright Purchase – NU
E0155	Wheel attachment, rigid pick-up walker, per pair	Rental Only – RR or Outright Purchase – NU
E0156	Walker seat attachment	Rental Only – RR or Outright Purchase – NU
E0157	Walker crutch attachment, each	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E0158	Walker leg extenders, per set of 4	Rental Only – RR or Outright Purchase – NU
E0159	Brake attachment for wheeled walker, replacement, each	Rental Only – RR or Outright Purchase – NU
E0160	Sitz type bath or equipment, portable, used, w/wo commode	Rental Only – RR or Outright Purchase – NU
E0161	Sitz bath/equipment, portable, used w/wo commode, w/faucet attachments	Rental Only – RR or Outright Purchase – NU
E0162	Sitz bath chair	Rental Only – RR or Outright Purchase – NU
E0163	Commode chair, mobile or stationary, with fixed arms	Rental Only – RR or Outright Purchase – NU
E0165	Commode chair, mobile or stationery, with detachable arms	Capped Rental (RR) or Outright Purchase (NU)
E0167	Commode chair pail or pan, replacement only	Rental Only – RR or Outright Purchase – NU
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, w/wo arms, any type, each	Rental Only – RR or Outright Purchase – NU
E0170	Commode chair w integrated seat lift mechanism, electric any type	Capped Rental (RR) or Outright Purchase (NU)
E0171	Commode chair w integrated seat lift mechanism, non-electric, any type	Capped Rental (RR) or Outright Purchase (NU)
E0175	Commode chair footrest, each	Rental Only – RR or Outright Purchase – NU
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Capped Rental (RR) or Outright Purchase (NU)
E0182	Pump for alternating pressure pad, for replacement only	Capped Rental (RR) or Outright Purchase (NU)
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	Capped Rental (RR) or Outright Purchase (NU)
E0184	Dry pressure mattress	Rental Only – RR or Outright Purchase – NU
E0185	Gel/gel like pressure pad for mattress, standard mattress length and width	Rental Only – RR or Outright Purchase – NU
E0186	Air pressure mattress	Capped Rental (RR) or Outright Purchase (NU)
E0187	Water pressure mattress	Capped Rental (RR) or Outright Purchase (NU)
E0188	Synthetic sheepskin pad	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E0189	Lambs' wool sheepskin pad, any size	Rental Only – RR or Outright Purchase – NU
E0191	Protector heel or elbow, each	Rental Only – RR or Outright Purchase – NU
E0193	Powered air flotation bed	Capped Rental (RR) or Outright Purchase (NU)
E0194	Air fluidized bed	Capped Rental (RR) or Outright Purchase (NU)
E0196	Gel pressure mattress	Capped Rental (RR) or Outright Purchase (NU)
E0197	Air pressure pad for mattress, standard mattress length and width	Capped Rental (RR) or Outright Purchase (NU)
E0198	Water pressure pad for mattress, standard mattress length and width	Capped Rental (RR) or Outright Purchase (NU)
E0199	Dry pressure pad for mattress, standard mattress length and width	Rental Only – RR or Outright Purchase – NU
E0200	Heat lamp without stand (table model), includes bulb, or infrared element	Rental Only – RR or Outright Purchase – NU
E0201	Penile contracture device, manual, greater than 3 lbs. traction force (added 04/01/2025)	Rental Only – RR or Outright Purchase – NU
E0202	Phototherapy (bilirubin) light w/ photometer	Capped Rental (RR) or Outright Purchase (NU)
E0205	Heat lamp with stand, including bulb or infrared element	Rental Only – RR or Outright Purchase – NU
E0210	Electric heat pad standard	Rental Only – RR or Outright Purchase – NU
E0215	Electric heat pad moist	Rental Only – RR or Outright Purchase – NU
E0217	Water circulating heating pad w pump	Rental Only – RR or Outright Purchase – NU
E0225	Hydrocollator unit, includes pads	Rental Only – RR or Outright Purchase – NU
E0235	Paraffin bath unit portable	Capped Rental (RR) or Outright Purchase (NU)
E0236	Pump for water circulating pad	Capped Rental (RR) or Outright Purchase (NU)
E0239	Hydrocollator unit portable	Rental Only – RR or Outright Purchase – NU
E0249	Pad for water circulating heat unit, replacement only	Rental Only – RR or Outright Purchase – NU
E0250	Hosp bed fixed height with any type of side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0251	Hosp bed fixed height with any type of side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0256	Hospital bed, variable height, hi-lo, with any type of side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type of side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type of side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type of side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type of side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0271	Mattress innerspring	Rental Only – RR or Outright Purchase – NU
E0272	Mattress foam rubber	Rental Only – RR or Outright Purchase – NU
E0275	Bed pans standard, metal or plastic	Rental Only – RR or Outright Purchase – NU
E0276	Bed pans fractured, metal or plastic	Rental Only – RR or Outright Purchase – NU
E0277	Powered pressure-reducing air mattress	Capped Rental (RR) or Outright Purchase (NU)
E0280	Bed cradle, any type	Rental Only – RR or Outright Purchase – NU
E0290	Hospital bed, fixed height, wo side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0291	Hospital bed, fixed height, wo side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0300	Pediatric crib, hospital grade, fully enclosed w/wo top enclosure	Capped Rental (RR) or Outright Purchase (NU)
E0301	Hospital Bed, heavy duty, extra wide, >300 lbs. to <600 lbs., with any type of side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0302	Hospital Bed, heavy duty, extra wide, >600 lbs., with any type of side rails, without mattress	Capped Rental (RR) or Outright Purchase (NU)
E0303	Hospital Bed, heavy duty, extra wide, >300 lbs. to <600 lbs., with any type of side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0304	Hospital Bed, heavy duty, extra wide, >600 lbs., with any type of side rails, with mattress	Capped Rental (RR) or Outright Purchase (NU)
E0305	Bed side rails, half length	Capped Rental (RR) or Outright Purchase (NU)
E0310	Bed side rails, full length	Rental Only – RR or Outright Purchase – NU
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Capped Rental (RR) or Outright Purchase (NU)
E0325	Urinal male jug-type, any material	Rental Only – RR or Outright Purchase – NU
E0326	Urinal female jug-type, any material	Rental Only – RR or Outright Purchase – NU
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Capped Rental (RR) or Outright Purchase (NU)
E0372	Powered air overlay for mattress, standard mattress length and width	Capped Rental (RR) or Outright Purchase (NU)
E0373	Nonpowered advanced pressure reducing mattress	Capped Rental (RR) or Outright Purchase (NU)
E0424	Stationary compressed gas O2 system, rental	Oxygen-Rental (RR)
E0431	Portable gaseous O2 system; rental	Oxygen-Rental (RR)
E0433	Portable liquid oxygen system, rental; home liquefier	Oxygen-Rental (RR)

HCPCS Code	DESCRIPTION	STATUS
E0434	Portable liquid oxygen system, rental; includes portable container	Oxygen-Rental (RR)
E0439	Stationary liquid oxygen system, rental	Oxygen-Rental (RR)
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Oxygen-Rental (RR)
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Oxygen-Rental (RR)
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Oxygen-Rental (RR)
E0444	Portable O2 contents, liquid; one month's supply (1 unit)	Oxygen-Rental (RR)
E0447	Portable oxygen contents, liquid, 1 month's supply = 1-unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Oxygen-Rental (RR)
E0462	Rocking bed w/wo side rails	Capped Rental (RR) or Outright Purchase (NU)
E0465	Home ventilator, any type used with invasive interface	Rental Only (RR)
E0466	Home ventilator, any type, used with non-invasive inter	Rental Only (RR)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, including all accessories, components and supplies for all functions	Rental only (RR)
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, including all accessories, components and supplies for all functions	Rental only (RR)
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (added effective 10/01/2024)	Capped Rental (RR) or Outright Purchase (NU)
E0470	Respiratory assistance device, bi-level pressure capability, without backup rate feature, used with noninvasive interface (with CPAP)	Capped Rental (RR) or Outright Purchase (NU)
E0471	Respiratory assistance device, bi-level pressure capability, with backup rate feature, used with noninvasive interface (with CPAP)	Capped Rental (RR) or Outright Purchase (NU)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, tracheostomy tube (with CPAP)	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0480	Percussor electric/pneumatic home model	Capped Rental (RR) or Outright Purchase (NU)
E0482	Cough stimulating device, alternating +/- airway pressure	Capped Rental (RR) or Outright Purchase (NU)
E0483	High frequency chest wall oscillation air pulse generator system, including hoses and vest, each	Capped Rental (RR) or Outright Purchase (NU)
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Rental Only – RR or Outright Purchase – NU
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non- adjustable, prefabricated, includes fitting and adjustments	Rental Only – RR or Outright Purchase – NU
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non- adjustable, custom fabricated, includes fitting and adjustments	Rental Only – RR or Outright Purchase – NU
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Capped Rental (RR) or Outright Purchase (NU)
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external poser source	Rental Only (RR)
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Capped Rental (RR) or Outright Purchase (NU)
E0550	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Capped Rental (RR) or Outright Purchase (NU)
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or O2 delivery	Rental Only – RR or Outright Purchase – NU
E0561	Humidifier, nonheated, used with PAP device	Rental Only – RR or Outright Purchase – NU
E0562	Humidifier, heated, used with PAP device	Rental Only – RR or Outright Purchase – NU
E0565	Compressor, air power source for equipment which is not self-contained, or cylinder driven	Capped Rental (RR) or Outright Purchase (NU)
E0570	Nebulizer with compression	Capped Rental (RR) or Outright Purchase (NU)
E0572	Aerosol compressor. Adjustable pressure, light duty for intermittent use	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Capped Rental (RR) or Outright Purchase (NU)
E0575	Nebulizer ultrasonic, large volume	Capped Rental (RR) or Outright Purchase (NU)
E0580	Nebulizer durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Rental Only – RR or Outright Purchase – NU
E0585	Nebulizer w/ compressor & heater	Capped Rental (RR) or Outright Purchase (NU)
E0600	Respiratory suction pump, home model, portable or stationary, electric	Capped Rental (RR) or Outright Purchase (NU)
E0601	Continuous positive airway pressure (CPAP) device	Capped Rental (RR) or Outright Purchase (NU)
E0602	Breast pump, manual, any type	Rental Only – RR or Outright Purchase – NU
E0603	Breast pump, electric (AC and/or DC) any type	Purchase Only (NU)
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum	Rental Only (RR)
E0605	Vaporizer room type	Rental Only – RR or Outright Purchase – NU
E0606	Drainage board postural	Capped Rental (RR) or Outright Purchase (NU)
E0607	Blood glucose monitor home	Rental Only – RR or Outright Purchase – NU
E0610	Pacemaker monitor, self-contained, checks battery depletion, includes audible and visible check systems	Rental Only – RR or Outright Purchase – NU
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check	Rental Only – RR or Outright Purchase – NU
E0617	External defibrillator with integrated electrocardiogram analysis	Capped Rental (RR) or Outright Purchase (NU)
E0618	Apnea monitor without recording feature	Capped Rental (RR) or Outright Purchase (NU)
E0619	Apnea monitor with recording feature	Capped Rental (RR) or Outright Purchase (NU)
E0620	Skin piercing device for collection of capillary blood, laser, each	Capped Rental (RR) or Outright Purchase (NU)
E0621	Patient lift sling or seat, canvas or nylon	Rental Only – RR or Outright Purchase – NU
E0627	Seat lift mechanism, electric any type	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E0629	Seat lift mechanism, non-electric, any type	Rental Only – RR or Outright Purchase – NU
E0630	Patient lift hydraulic or mechanical, includes any seat, sling, straps or pads	Capped Rental (RR) or Outright Purchase (NU)
E0635	Patient lift electric, with seat or sling	Capped Rental (RR) or Outright Purchase (NU)
E0636	Multi-positional patient support system, with integrated lift, patient accessible controls	Capped Rental (RR) or Outright Purchase (NU)
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Capped Rental (RR) or Outright Purchase (NU)
E0640	Patient lift, fixed system, includes all components/accessories	Capped Rental (RR) or Outright Purchase (NU)
E0650	Pneumatic compressor non-segmental home model	Rental Only – RR or Outright Purchase – NU
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure	Rental Only – RR or Outright Purchase – NU
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure	Rental Only – RR or Outright Purchase – NU
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	Rental Only – RR or Outright Purchase – NU
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Capped Rental (RR) or Outright Purchase (NU)
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Capped Rental (RR) or Outright Purchase (NU)
E0658- Effective 10/01/2025	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	Capped Rental (RR) or Outright Purchase (NU)
E0659- Effective 10/01/2025	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	Capped Rental (RR) or Outright Purchase (NU)
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	Rental Only – RR or Outright Purchase – NU
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	Rental Only – RR or Outright Purchase – NU
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	Rental Only – RR or Outright Purchase – NU
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Rental Only – RR or Outright Purchase – NU
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Rental Only – RR or Outright Purchase – NU
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Rental Only – RR or Outright Purchase – NU
E0671	Segmental gradient pressure pneumatic appliance, full leg	Rental Only – RR or Outright Purchase – NU
E0672	Segmental gradient pressure pneumatic appliance, full arm	Rental Only – RR or Outright Purchase – NU
E0673	Segmental gradient pressure pneumatic appliance, half leg	Rental Only – RR or Outright Purchase – NU
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (uni/bi lateral system)	Capped Rental (RR) or Outright Purchase (NU)
E0677	Nonpneumatic sequential compression garment, trunk	Capped Rental (RR) or Outright Purchase (NU)
E0678	Nonpneumatic sequential compression garment, full leg	Capped Rental (RR) or Outright Purchase (NU)
E0679	Nonpneumatic sequential compression garment, half leg	Capped Rental (RR) or Outright Purchase (NU)
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	Capped Rental (RR) or Outright Purchase (NU)
E0681	Nonpneumatic compression controller without calibrated gradient pressure	Capped Rental (RR) or Outright Purchase (NU)
E0682	Nonpneumatic sequential compression garment, full arm	Capped Rental (RR) or Outright Purchase (NU)
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump (added effective 10/01/2024)	Capped Rental (RR) or Outright Purchase (NU)
E0691	Ultraviolet light therapy system, including accessories; treatment area 2 sq. ft or less	Rental Only – RR or Outright Purchase – NU
E0692	Ultraviolet light therapy system, including accessories; treatment area 4 sq. ft panel	Rental Only – RR or Outright Purchase – NU
E0693	Ultraviolet light therapy system, including accessories; treatment area 6 sq. ft panel	Rental Only – RR or Outright Purchase – NU
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes accessories	Rental Only – RR or Outright Purchase – NU
E0705	Transfer device, any type, each	Rental Only – RR or Outright Purchase – NU
E0720	TENS device, two lead, localized stimulation	Purchase Only (NU)
E0730	TENS device, four or more leads, for multiple nerve stimulation	Purchase Only (NU)
E0731	Conductive garment for tens/NMES	Purchase Only (NU)
E0732	Cranial electrotherapy stimulation (CES) system, any type	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	Capped Rental (RR) or Outright Purchase (NU)
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Capped Rental (RR) or Outright Purchase (NU)
E0735	Noninvasive vagus nerve stimulator	Capped Rental (RR) or Outright Purchase (NU)
E0736	Transcutaneous tibial nerve stimulator	Capped Rental (RR) or Outright Purchase (NU)
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	Capped Rental (RR) or Outright Purchase (NU)
E0740	Non-implanted pelvic floor electrical stimulator, complete system	Capped Rental (RR) or Outright Purchase (NU)
E0743	External lower extremity nerve stimulator for restless legs syndrome, each (added effective 10/01/2024)	Capped Rental (RR) or Outright Purchase (NU)
E0744	Neuromuscular stimulator for scoliosis	Capped Rental (RR) or Outright Purchase (NU)
E0745	Neuromuscular stimulator, electronic shock unit	Capped Rental (RR) or Outright Purchase (NU)
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Rental Only – RR or Outright Purchase – NU
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Rental Only – RR or Outright Purchase – NU
E0749	Osteogenesis stimulator, electrical, surgically implanted	Capped Rental (RR) or Outright Purchase (NU)
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	Rental Only – RR or Outright Purchase – NU
E0762	Transcutaneous electrical joint stimulation device system, including all accessories	Capped Rental (RR) or Outright Purchase (NU)
E0764	Functional neuromuscular stimulation, entire system after completion of training program	Capped Rental (RR) or Outright Purchase (NU)
E0766	Electrical stimulation device used for cancer treatment include all accessories, any type	Rental Only (RR)
E0776	IV pole	Rental Only – RR or Outright Purchase – NU
E0779	Ambulatory infusion pump mechanical, reusable, for infusion 8 hrs. or greater	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0780	Ambulatory infusion pump, mechanical, reusable, infusion <8 hrs.	Purchase Only (NU)
E0781	Ambulatory infusion pump, single/mult channels, electric or battery operated with administrative equipment, worn by patient	Capped Rental (RR) or Outright Purchase (NU)
E0782	Infusion pump, implantable, nonprogrammable, all components	Rental Only – RR or Outright Purchase – NU
E0783	Infusion pump, implantable, programmable, all components	Rental Only – RR or Outright Purchase – NU
E0784	External ambulatory infusion pump, insulin	Capped Rental (RR) or Outright Purchase (NU)
E0786	Implantable programmable infusion pump, replacement, all components	Rental Only – RR or Outright Purchase – NU
E0791	Parenteral infusion pump stationary, single or multichannel	Capped Rental (RR) or Outright Purchase (NU)
E0840	Traction frame attach headboard	Rental Only – RR or Outright Purchase – NU
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Capped Rental (RR) or Outright Purchase (NU)
E0850	Traction stands free standing, cervical traction	Rental Only – RR or Outright Purchase – NU
E0855	Cervical traction equipment not requiring additional stand or frame	Capped Rental (RR) or Outright Purchase (NU)
E0856	Cervical traction device, with inflatable air bladders	Capped Rental (RR) or Outright Purchase (NU)
E0860	Traction equipment, over door, cervical	Rental Only – RR or Outright Purchase – NU
E0870	Tractions frame attached to footboard, extremity traction (Buck's)	Rental Only – RR or Outright Purchase – NU
E0880	Traction stand, freestanding, extremity traction (Buck's)	Rental Only – RR or Outright Purchase – NU
E0890	Traction frame, attached to footboard, pelvic traction	Rental Only – RR or Outright Purchase – NU
E0900	Traction stand, freestanding, pelvic traction (Buck's)	Rental Only – RR or Outright Purchase – NU
E0910	Trapeze bar (Patient Helper) attached to bed with grab bar	Capped Rental (RR) or Outright Purchase (NU)
E0911	Trapeze bar, heavy duty, weight capacity >250 lbs., attached to bed, with grab bar	Capped Rental (RR) or Outright Purchase (NU)
E0912	Trapeze bar, heavy duty, weight capacity >250 lbs., freestanding, with grab bar	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0920	Fracture frame attached to bed, includes weights	Capped Rental (RR) or Outright Purchase (NU)
E0930	Continuous passive motion exercise device for use other than knee	Capped Rental (RR) or Outright Purchase (NU)
E0935	Continuous passive motion exercise device for knee only	Rental Only (RR)
E0940	Trapeze bar free standing, complete with grab bar	Capped Rental (RR) or Outright Purchase (NU)
E0941	Gravity assisted traction device, any type	Capped Rental (RR) or Outright Purchase (NU)
E0942	Cervical head harness/halter	Rental Only – RR or Outright Purchase – NU
E0944	Pelvic belt/harness/boot	Rental Only – RR or Outright Purchase – NU
E0945	Belt/harness extremity	Rental Only – RR or Outright Purchase – NU
E0946	Fracture frame dual w cross bars, attached to bed	Capped Rental (RR) or Outright Purchase (NU)
E0947	Fracture frame attachments for complex pelvic traction	Rental Only – RR or Outright Purchase – NU
E0948	Fracture frame attachments for complex cervical traction	Rental Only – RR or Outright Purchase – NU
E0950	Wheelchair accessory, Tray, each	Rental Only – RR or Outright Purchase – NU
E0951	Heel loop/holder, any type, w/wo ankle strap, each	Rental Only – RR or Outright Purchase – NU
E0952	Toe loop/holder, any type, each	Rental Only – RR or Outright Purchase – NU
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Rental Only – RR or Outright Purchase – NU
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Rental Only – RR or Outright Purchase – NU
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Capped Rental (RR) or Outright Purchase (NU)
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Rental Only – RR or Outright Purchase – NU
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E0958	Manual wheelchair accessory, one arm drive attachment, each	Capped Rental (RR) or Outright Purchase (NU)
E0959	Manual wheelchair accessory, adapter for amputee, each	Rental Only – RR or Outright Purchase – NU
E0960	Wheelchair accessory, shoulder harness/straps or chest straps, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E0961	Manual wheelchair accessory, wheel lock brake extension/handle, each	Rental Only – RR or Outright Purchase – NU
E0966	Manual wheelchair accessory, headrest extension, each	Rental Only – RR or Outright Purchase – NU
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Rental Only – RR or Outright Purchase – NU
E0968	Wheelchair commode seat	Capped Rental (RR) or Outright Purchase (NU)
E0969	Wheelchair narrowing device	Rental Only – RR or Outright Purchase – NU
E0971	Manual wheelchair accessory, Wheelchair anti-tipping device, each	Rental Only – RR or Outright Purchase – NU
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Rental Only – RR or Outright Purchase – NU
E0974	Manual wheelchair accessory, anti-rollback device, each	Rental Only – RR or Outright Purchase – NU
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Rental Only – RR or Outright Purchase – NU
E0980	Wheelchair safety vest	Rental Only – RR or Outright Purchase – NU
E0981	Wheelchair accessory, Seat upholstery, replacement only, each	Rental Only – RR or Outright Purchase – NU
E0982	Manual wheelchair accessory, back upholstery, replacement only, each	Rental Only – RR or Outright Purchase – NU
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Capped Rental (RR) or Outright Purchase (NU)
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Capped Rental (RR) or Outright Purchase (NU)
E0985	Wheelchair accessory, seat lift mechanism	Capped Rental (RR) or Outright Purchase (NU)
E0986	Manual wheelchair accessory, push rim activated power assist system	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E0988	Manual wheelchair accessory, lever activated, wheel drive, pair	Capped Rental (RR) or Outright Purchase (NU)
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Rental Only – RR or Outright Purchase – NU
E0992	Manual wheelchair accessory, solid seat insert	Rental Only – RR or Outright Purchase – NU
E0994	Wheelchair arm rest, each	Rental Only – RR or Outright Purchase – NU
E0995	Wheelchair accessory, calf rest, pad replacement only	Rental Only – RR or Outright Purchase – NU
E1002	Wheelchair accessory, power seating system, tilt only	Capped Rental (RR) or Outright Purchase (NU)
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Capped Rental (RR) or Outright Purchase (NU)
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Capped Rental (RR) or Outright Purchase (NU)
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Capped Rental (RR) or Outright Purchase (NU)
E1006	Wheelchair accessory, power seating system, combination tilt and recline wo shear reduction	Capped Rental (RR) or Outright Purchase (NU)
E1007	Wheelchair accessory, power seating system, combination tilt and recline w mechanical shear reduction	Capped Rental (RR) or Outright Purchase (NU)
E1008	Wheelchair accessory, power seating system, combination tilt and recline w power shear reduction	Capped Rental (RR) or Outright Purchase (NU)
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Rental Only – RR or Outright Purchase – NU
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Capped Rental (RR) or Outright Purchase (NU)
E1011	Modification to pediatric size wheelchair, width adjustment package (not dispensed with initial chair)	Rental Only – RR or Outright Purchase – NU
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Capped Rental (RR) or Outright Purchase (NU)
E1014	Reclining back addition to pediatric size wheelchair	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E1015	Shock absorber for manual wheelchair, each	Rental Only – RR or Outright Purchase – NU
E1016	Shock absorber for power wheelchair, each	Rental Only – RR or Outright Purchase – NU
E1017	Heavy duty shock absorber for heavy duty or extra heavy-duty manual wheelchair, each	Rental Only – RR or Outright Purchase – NU
E1018	Heavy duty shock absorber for heavy duty or extra heavy-duty power wheelchair, each	Rental Only – RR or Outright Purchase – NU
E1020	Residual limb support system for wheelchair, any type	Capped Rental (RR) or Outright Purchase (NU)
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Capped Rental (RR) or Outright Purchase (NU)
E1029	Wheelchair accessory, ventilator tray, fixed	Capped Rental (RR) or Outright Purchase (NU)
E1030	Wheelchair accessory, ventilator tray, gimbale	Capped Rental (RR) or Outright Purchase (NU)
E1031	Roll about chair, and all types with casters, 5 inch or greater	Capped Rental (RR) or Outright Purchase (NU)
E1032	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware used with joystick or other drive control interface (added 04/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1033	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware for headrest, cushioned, any type (added 04/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1034	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware for lateral trunk or hip support, any type (added 04/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1035	Multi-positional patient transfer system with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.	Capped Rental (RR) or Outright Purchase (NU)
E1036	Multi-positional patient transfer system, extra wide, with integrated seat, operated by care giver, patient weight capacity > 300 lbs.	Capped Rental (RR) or Outright Purchase (NU)
E1037	Transport chair, pediatric size	Capped Rental (RR) or Outright Purchase (NU)
E1038	Transport chair, adult size, patient weight capacity <=300 lb	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E1039	Transport chair, adult size, patient weight capacity >	Capped Rental (RR) or Outright Purchase (NU)
E1050	Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1060	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1070	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable footrest	Capped Rental (RR) or Outright Purchase (NU)
E1083	Hemi-wheelchair fixed full length arms, swing away detachable elevating leg rest	Capped Rental (RR) or Outright Purchase (NU)
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1092	Wide heavy-duty wheelchair, detachable arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1093	Wide heavy-duty wheelchair, detachable arms desk or full-length arms, swing away detachable footrests	Capped Rental (RR) or Outright Purchase (NU)
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1110	Semi-reclining wheelchair, detachable arms, elevating leg rest	Capped Rental (RR) or Outright Purchase (NU)
E1150	Wheelchair, detachable arms, desk or full-length swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1160	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1161	Manual adult size wheelchair, includes tilt in space	Capped Rental (RR) or Outright Purchase (NU)
E1170	Amputee wheelchair, fixed full-length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1171	Amputee wheelchair, fixed full-length arms, without footrests or leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1172	Amputee wheelchair, detachable arms, without footrests or leg rests	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E1180	Amputee wheelchair, detachable arms, swing away detachable footrests	Capped Rental (RR) or Outright Purchase (NU)
E1190	Amputee wheelchair, detachable arms, swing away detachable elevating footrests	Capped Rental (RR) or Outright Purchase (NU)
E1195	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1200	Amputee wheelchair, fixed full-length arms, swing away detachable footrest	Capped Rental (RR) or Outright Purchase (NU)
E1221	Wheelchair with fixed arm, footrests	Capped Rental (RR) or Outright Purchase (NU)
E1222	Wheelchair with fixed arm, elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1223	Wheelchair with detachable arms, footrests	Capped Rental (RR) or Outright Purchase (NU)
E1224	Wheelchair with detachable arms, elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1225	Wheelchair accessory, manual semi-reclining back, each	Capped Rental (RR) or Outright Purchase (NU)
E1226	Wheelchair accessory, manual fully reclining back, each	Rental Only – RR or Outright Purchase – NU
E1227	Special height arms for wheelchair	Rental Only – RR or Outright Purchase – NU
E1228	Special back height for wheelchair	Capped Rental (RR) or Outright Purchase (NU)
E1230	Power operated vehicle, specify brand name and model number	Rental Only – RR or Outright Purchase – NU
E1231	Wheelchair, pediatric size, tilt in space, rigid, adjustable, with seating system	Rental Only – RR or Outright Purchase – NU
E1232	Wheelchair, pediatric size, tilt in space, folding, adjustable, with seating system	Capped Rental (RR) or Outright Purchase (NU)
E1233	Wheelchair, pediatric size, tilt in space, rigid adjustable, without seating system	Capped Rental (RR) or Outright Purchase (NU)
E1234	Wheelchair, pediatric size, tilt in space, folding, adjustable, without seating system	Capped Rental (RR) or Outright Purchase (NU)
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Capped Rental (RR) or Outright Purchase (NU)
E1236	Wheelchair, pediatric size, folding, adjustable , with seating system	Capped Rental (RR) or Outright Purchase (NU)
E1237	Wheelchair, pediatric size, rigid, adjustable without seating system	Capped Rental (RR) or Outright Purchase (NU)
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E1240	Lightweight wheelchair, detachable arms, swing away detachable, elevating leg rest	Capped Rental (RR) or Outright Purchase (NU)
E1270	Lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1280	Heavy duty wheelchair, detachable arms, elevating leg rests	Capped Rental (RR) or Outright Purchase (NU)
E1295	Heavy duty wheelchair, fixed full-length arms, swing away detachable footrests	Capped Rental (RR) or Outright Purchase (NU)
E1296	Special wheelchair seat height from floor	Rental Only – RR or Outright Purchase – NU
E1297	Special wheelchair seat depth, by upholstery	Rental Only – RR or Outright Purchase – NU
E1298	Special wheelchair seat depth and/or width, by construction	Rental Only – RR or Outright Purchase – NU
E1310	Whirlpool, non-portable (built-in type)	Rental Only – RR or Outright Purchase – NU
E1353	Oxygen supplies regulator	Oxygen-Rental (RR)
E1355	Oxygen supplies stand/rack	Oxygen-Rental (RR)
E1372	Immersion external heater for nebulizer	Rental Only – RR or Outright Purchase – NU
E1390	Oxygen concentrator, single delivery port, 85% or greater oxygen concentration	Oxygen-Rental (RR)
E1391	Oxygen concentrator, dual delivery port, 85% or greater oxygen concentration, each	Oxygen-Rental (RR)
E1392	Portable oxygen concentrator, rental	Oxygen-Rental (RR)
E1405	O2/water vapor enriching system w/heated delivery	Oxygen-Rental (RR)
E1406	O2/water vapor enriching system w/o heated delivery	Oxygen-Rental (RR)
E1700	Jaw motion rehabilitation system	Capped Rental (RR) or Outright Purchase (NU)
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1801	Static progressive stretch elbow device, extension and/or flexion, with/without range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E1802	Dynamic adjustable forearm pronation/supination device, includes softer interface material	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E1803	Dynamic adjustable elbow extension only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1806	Static progressive stretch wrist device, flexion and/or extension, w/wo range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E1807	Dynamic adjustable wrist extension only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1811	Static progressive stretch knee device extension and/or flexion, w/wo range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E1812	Dynamic knee, extension/flexion device with active resistance control	Capped Rental (RR) or Outright Purchase (NU)
E1813	Dynamic adjustable knee extension only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1814	Dynamic adjustable knee flexion only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1816	Static progressive stretch ankle device, flexion and/or extension, w/wo range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E1818	Static progressive stretch forearm pronation/supination device w/wo range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Rental Only – RR or Outright Purchase – NU
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Rental Only – RR or Outright Purchase – NU
E1822	Dynamic adjustable ankle extension only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1826	Dynamic adjustable finger extension only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1827	Dynamic adjustable finger flexion only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1828	Dynamic adjustable toe extension only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1829	Dynamic adjustable toe flexion only device, includes soft interface material (effective 01/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1831	Static progressive stretch toe device, extension and/or flexion, w/wo range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (added 04/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Capped Rental (RR) or Outright Purchase (NU)
E1841	Static progressive stretch shoulder device, w/wo range of motion adjustment, includes all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software	Capped Rental (RR) or Outright Purchase (NU)
E2000	Gastric suction pump, home model, portable or stationary, electric	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	Capped Rental (RR) or Outright Purchase (NU)
E2100	Blood glucose monitors with integrated voice synthesizer	Rental Only – RR or Outright Purchase – NU
E2101	Blood glucose monitors with integrated lancing/blood sample	Rental Only – RR or Outright Purchase – NU
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Rental Only – RR or Outright Purchase – NU
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Rental Only – RR or Outright Purchase – NU
E2104	Home blood glucose monitors for use with integrated lancing/blood sample testing cartridge	Rental Only – RR or Outright Purchase – NU
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Capped Rental (RR) or Outright Purchase (NU)
E2201	Manual wheelchair accessory, nonstandard seat frame, width \geq 20 in and $<$ 24 in	Rental Only – RR or Outright Purchase – NU
E2202	Manual wheelchair accessory, nonstandard seat frame, width 24-27 in	Rental Only – RR or Outright Purchase – NU
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to $<$ 22 in	Rental Only – RR or Outright Purchase – NU
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22-25 in	Rental Only – RR or Outright Purchase – NU
E2205	Manual wheelchair accessory, head rim w/o projections, any type, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2206	Manual wheelchair accessory, wheel lock, assembly, complete, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2207	Wheelchair accessory, crutch and cane holder, each	Rental Only – RR or Outright Purchase – NU
E2208	Wheelchair accessory, cylinder tank carrier, each	Rental Only – RR or Outright Purchase – NU
E2209	Accessory, arm trough, w/wo hand support, each	Rental Only – RR or Outright Purchase – NU
E2210	Wheelchair accessory, bearing, any type, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2211	Manual wheelchair accessory, pneumatic, propulsion tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire, removable, any type, any size, each	Rental Only – RR or Outright Purchase – NU
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Rental Only – RR or Outright Purchase – NU
E2220	Manual wheelchair accessory, solid, rubber/plastic propulsion tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2221	Manual wheelchair accessory, solid, rubber/plastic caster tire (removable), any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2222	Manual wheelchair accessory, solid, rubber/plastic caster tire with integrated wheel, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Capped Rental (RR) or Outright Purchase (NU)
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Capped Rental (RR) or Outright Purchase (NU)
E2231	Manual wheelchair accessory, solid seat, support base, includes any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more poser seating system motors, including all related electronics and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Capped Rental (RR) or Outright Purchase (NU)
E2321	Power wheelchair accessory, hand control interface, remote joystick and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, including all related electronics, mechanical stop switch and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Rental Only – RR or Outright Purchase – NU
E2324	Power wheelchair accessory, chin cup for chin control interface	Rental Only – RR or Outright Purchase – NU
E2325	Power wheelchair accessory, sip and puff interface, includes all related electronics, mechanical stop switches and manual swing away mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Capped Rental (RR) or Outright Purchase (NU)
E2327	Power wheelchair accessory, head control interface, mechanical direction changes switch and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2328	Power wheelchair accessory, head control or extremity control interface, includes all related electronics and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
E2329	Power wheelchair accessory, head control interface, mechanical stop switch, mechanical direction changes switch, head array and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, including all related electronics, mechanical stop switch, mechanical direction changes switch, head array and fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2340	Power wheelchair accessory, nonstandard seat frame, width 20-23 in	Rental Only – RR or Outright Purchase – NU
E2341	Power wheelchair accessory, nonstandard seat frame, width 24-27 in	Rental Only – RR or Outright Purchase – NU
E2342	Power wheelchair accessory, nonstandard seat frame, depth 20-21 in	Rental Only – RR or Outright Purchase – NU
E2343	Power wheelchair accessory, nonstandard seat frame, depth 22-25 in	Rental Only – RR or Outright Purchase – NU
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Rental Only – RR or Outright Purchase – NU
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	Rental Only – RR or Outright Purchase – NU
E2360	Power wheelchair accessory, 22NF non-sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2366	Power wheelchair accessory, battery charger, single mode for use with only one battery type, sealed/non-sealed, each	Rental Only – RR or Outright Purchase – NU
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed/non-sealed, each	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E2368	Power wheelchair component, drive wheel motor, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2369	Power wheelchair accessory, drive wheel gear box, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2370	Power wheelchair accessory, integrated drive wheel motor and gear box combination, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, including fixed mounting hardware	Capped Rental (RR) or Outright Purchase (NU)
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick, including fixed mounting hardware, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Capped Rental (RR) or Outright Purchase (NU)
E2378	Power wheelchair component, actuator, replacement only	Capped Rental (RR) or Outright Purchase (NU)
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire, any type, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2390	Power wheelchair accessory, solid rubber/plastic drive wheel tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2391	Power wheelchair accessory, solid rubber/plastic caster tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2392	Power wheelchair accessory, solid rubber/plastic caster tire with integrated wheel, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2394	Power wheelchair accessory, drive wheel, excludes tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2395	Power wheelchair accessory, caster wheel, excludes tire, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Rental Only – RR or Outright Purchase – NU
E2397	Power wheelchair accessory, lithium based battery, each	Rental Only – RR or Outright Purchase – NU
E2398	Wheelchair accessory, dynamic positioning hardware for back	Rental Only – RR or Outright Purchase – NU
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Capped Rental (RR) or Outright Purchase (NU)
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 min recording time	Rental Only – RR or Outright Purchase – NU
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than but <=20 min recording time	Rental Only – RR or Outright Purchase – NU
E2504	Speech generating device, digitized speech, using pre-recorded messages, but <=40 minutes recording time	Rental Only – RR or Outright Purchase – NU
E2506	Speech generating device, digitized speech, using pre-recorded messages, >40 min recording time	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Rental Only – RR or Outright Purchase – NU
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation multiple methods of device access	Rental Only – RR or Outright Purchase – NU
E2511	Speech generating software program, for personal computer or personal digital assistant	Rental Only – RR or Outright Purchase – NU
E2512	Accessory for speech generating device, mounting system	Rental Only – RR or Outright Purchase – NU
E2513	Accessory for speech generating device, electromyographic sensor (added effective 10/01/2024)	Rental Only – RR or Outright Purchase – NU
E2601	General use wheelchair seat cushion, width <22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2602	General use wheelchair seat cushion, width >=22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2603	Skin protection wheelchair seat cushion, width <22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2604	Skin protection wheelchair seat cushion, width >=22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2605	Positioning wheelchair seat cushion, width <22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2606	Positioning wheelchair seat cushion, width >=22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2607	Skin protection and positioning wheelchair seat cushion, width <22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2608	Skin protection and positioning wheelchair seat cushion, width >=22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2611	General use wheelchair back cushion, width <22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2612	General use wheelchair back cushion, width >=22 in, any height, including any type of mounting hardware	Rental Only – RR or Outright Purchase – NU
E2613	Positioning wheelchair back cushion, posterior, width <22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2614	Positioning wheelchair back cushion, posterior, width >=22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E2615	Positioning wheelchair back cushion, posterior-lateral, width <22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2616	Positioning wheelchair back cushion, posterior-lateral, width >=22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Rental Only – RR or Outright Purchase – NU
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width <22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width >=22 in, any height, including any type mounting hardware	Rental Only – RR or Outright Purchase – NU
E2622	Skin protection wheelchair seat cushion, adjustable, width <22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2623	Skin protection wheelchair seat cushion, adjustable, width >=22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width <22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width >=22 in, any depth	Rental Only – RR or Outright Purchase – NU
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Rental Only – RR or Outright Purchase – NU
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	Rental Only – RR or Outright Purchase – NU
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Rental Only – RR or Outright Purchase – NU
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support	Rental Only – RR or Outright Purchase – NU
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, mono suspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Rental Only – RR or Outright Purchase – NU
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Rental Only – RR or Outright Purchase – NU
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Rental Only – RR or Outright Purchase – NU
E3000	Speech volume modulation system, any type, including all components and accessories	Capped Rental (RR) or Outright Purchase (NU)
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only (added 04/01/2025)	Capped Rental (RR) or Outright Purchase (NU)
K0001	Standard wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0002	Standard hemi low seat wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0003	Lightweight wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0004	High strength lightweight wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0005	Ultra lightweight wheelchair	Rental Only – RR or Outright Purchase – NU
K0006	Heavy duty wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0007	Extra heavy-duty wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0009	Another manual wheelchair/base	Capped Rental (RR) or Outright Purchase (NU)
K0010	Standard weight frame motorized/power wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0011	Standard weight frame motorized/poser wheelchair with programmable control parameters for speed adjustment	Capped Rental (RR) or Outright Purchase (NU)
K0012	Lightweight portable motorized/power wheelchair	Capped Rental (RR) or Outright Purchase (NU)
K0015	Detachable, non-adjustable height armrest, each	Capped Rental (RR) or Outright Purchase (NU)
K0017	Detachable, adjustable height armrest base, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0018	Detachable adjustable height armrest, upper portion, replacement only, each	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
K0019	Arm pad, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0020	Fixed adjustable height armrest, pair	Rental Only – RR or Outright Purchase – NU
K0037	High mount flip-up footrest, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0038	Leg strap each	Rental Only – RR or Outright Purchase – NU
K0039	Leg strap H style each	Rental Only – RR or Outright Purchase – NU
K0040	Adjustable angle footplate	Rental Only – RR or Outright Purchase – NU
K0041	Large size footplate each	Rental Only – RR or Outright Purchase – NU
K0042	Standard size footplate, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0043	Footrest, lower extension tube, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0044	Footrest, upper hanger bracket, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0045	Footrest, complete assembly, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0046	Elevating leg rest, lower extension tube, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0047	Elevating leg rest, upper hanger bracket, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0050	Ratchet assembly, replacement only	Rental Only – RR or Outright Purchase – NU
K0051	Cam release assembly, footrest or leg rest, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0052	Swing away, detachable footrests, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0053	Elevating footrests, articulating/telescoping, each	Rental Only – RR or Outright Purchase – NU
K0056	Seat height <17 in or >=21 in for high strength lightweight or ultralight wheelchair	Rental Only – RR or Outright Purchase – NU
K0065	Spoke protectors, each	Rental Only – RR or Outright Purchase – NU
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0073	Caster pin lock each	Rental Only – RR or Outright Purchase – NU
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Rental Only – RR or Outright Purchase – NU
K0098	Drive belt for power wheelchair, replacement only	Rental Only – RR or Outright Purchase – NU
K0105	IV hanger, each	Rental Only – RR or Outright Purchase – NU
K0195	Elevating leg rests, pair for use with capped rental wheelchair base	Capped Rental (RR) or Outright Purchase (NU)
K0455	Pump uninterrupted infusion parenteral admin of medication	Rental Only (RR)
K0601	Replacement battery silver oxide, pump owned by patient, 1.5 Volt, each	Purchase Only (NU)
K0602	Replacement battery silver oxide, pump owned by patient, 3 Volt, each	Purchase Only (NU)
K0603	Replacement battery alkaline, pump owned by patient, 1.5 Volt, each	Purchase Only (NU)
K0604	Replacement battery lithium, pump owned by patient, 3.6 Volt, each	Purchase Only (NU)
K0605	Replacement battery lithium, pump owned by patient, 4.5 Volt, each	Purchase Only (NU)
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Capped Rental (RR) or Outright Purchase (NU)
K0607	Replacement battery for automated external defibrillator, garment type only, each	Capped Rental (RR) or Outright Purchase (NU)
K0608	Replacement garment for use with automated external defibrillator, each	Rental Only – RR or Outright Purchase – NU
K0730	Controlled dose inhalation drug delivery system	Capped Rental (RR) or Outright Purchase (NU)
K0733	Power wheelchair accessory, 12-24 amp hour sealed lead acid battery, each	Rental Only – RR or Outright Purchase – NU
K0738	Portable gas oxygen system. Rental	Oxygen-Rental (RR)
K0800	Power operated vehicle, group 1 standard, patient weight <300 lbs	Rental Only – RR or Outright Purchase – NU
K0801	Power operated vehicle, group 1 heavy duty, patient weight 301-450 lbs	Rental Only – RR or Outright Purchase – NU

HCPCS Code	DESCRIPTION	STATUS
K0802	Power operated vehicle, group 1 very heavy duty, patient weight 451-600 lbs	Rental Only – RR or Outright Purchase – NU
K0806	Power operated vehicle, group 2 standard, patient weight <300 lbs	Rental Only – RR or Outright Purchase – NU
K0807	Power operated vehicle, group 2 heavy duty, patient weight 301-450 lbs	Rental Only – RR or Outright Purchase – NU
K0808	Power operated vehicle, group 2 very heavy duty, patient weight 451-600 lbs	Rental Only – RR or Outright Purchase – NU
K0813	Power wheelchair, group 1 standard, portable, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0814	Power wheelchair, group 1 standard, portable, captain’s chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0816	Power wheelchair, group 1 standard, captain’s chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0821	Power wheelchair, group 2 standard, portable, captain’s chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0823	Power wheelchair, group 2 standard, captain’s chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0825	Power wheelchair, group 2 heavy duty, captain’s chair, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0827	Power wheelchair, group 2 very heavy duty, captain’s chair, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, weight >600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0829	Power wheelchair, group 2 extra heavy duty, captain’s chair, weight >600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0836	Power wheelchair, group 2 standard, single power option, captain’s chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
K0837	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0838	Power wheelchair, group 2 standard, single power option, captain's chair, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, weight >600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0849	Power wheelchair, group 3 standard, captain's chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0851	Power wheelchair, group 3 heavy duty, captain's chair, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, weight >600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, weight >600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)

HCPCS Code	DESCRIPTION	STATUS
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, weight <300 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, weight 301-450 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0863	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, weight 451-600 lbs	Capped Rental (RR) or Outright Purchase (NU)
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, weight >600 lbs	Capped Rental (RR) or Outright Purchase (NU)
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement and download to monitor	Capped Rental (RR) or Outright Purchase (NU)