



The following DME items require notification to The Empire Plan Home Care Advocacy Program (HCAP) prior to delivery for members with **The Empire Plan as primary coverage**. Failure to notify HCAP prior to delivery will result in no payment for the item, except in the case of an emergency.

Notification can be made:

- Via [uhcprovider.com](http://uhcprovider.com) using the [UnitedHealthcare Provider Portal](#)
- Or by calling 1-877-7-NYSHIP (1-877-769-7447): *Select Medical Program → Benefits Management Program → Durable Medical Equipment*

| HCPCS CODE | DESCRIPTION  |
|------------|--|
| A4226      | Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week <b>(For Type 2 diabetes only)</b>   |
| A4238      | Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service  |
| A4239      | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service   |
| A4600      | Sleeve for intermittent limb compression device, replacement only, each  |
| A4639      | Replacement pad for infrared heating pad system, each  |
| A5500      | For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe  |
| A5501      | For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe   |
| A5503      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe  |
| A5504      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe   |
| A5505      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe   |
| A5506      | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe  |
| A5507      | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe   |
| A5508      | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe   |
| A5510      | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe   |
| A5512      | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each                               |
| A5513      | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each   |
| A5514      | For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each |
| A6000      | Non-Contact wound warming wound cover for use with the non-contact wound warming device and warming card   |
| A6550      | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories   |
| A7025      | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each  |
| A7026      | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each  |
| A9272      | Mechanical wound suction, disposable, includes dressing, all accessories and components  |
| A9274      | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories   |
| A9276      | Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) <b>(For Type 2 diabetes only)</b>   |
| A9277      | Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) <b>(For Type 2 diabetes only)</b>   |
| A9278      | Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) <b>(For Type 2 diabetes only)</b>  |

| HCPCS CODE | DESCRIPTION   |
|------------|---|
| A9900      | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code   |
| A9901      | DME delivery, setup, and/or dispensing service component of another HCPCS code  |
| A9999      | Miscellaneous DME supply or accessory, not otherwise specified  |
| B4034      | Enteral Feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape  |
| B4035      | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape   |
| B4036      | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape  |
| B4100      | Food thickener, administered orally, per ounce  |
| B4102      | Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 mi = 1 unit  |
| B4103      | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 mi = 1 unit  |
| B4104      | Additive for enteral formula (e.g. fiber)   |
| B4149      | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit  |
| B4150      | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit  |
| B4152      | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml) within tack nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                               |
| B4153      | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B4154      | Enteral Formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                |
| B4155      | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4157      | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B4158      | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit  |
| B4159      | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit  |
| B4160      | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit                |
| B4161      | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B4162      | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B9000      | Enteral nutrition infusion pump-without alarm   |
| B9002      | Enteral nutrition infusion pump-with alarm  |
| B9004      | Parenteral nutrition infusion pump, portable  |
| B9006      | Parenteral nutrition infusion pump, stationary  |
| B9998      | Noc for enteral supplies  |
| B9999      | Noc for parenteral supplies   |
| E0194      | Air fluidized bed   |
| E0221      | Infrared heating pad system   |
| E0231      | Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover  |
| E0232      | Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover  |
| E0265      | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress  |
| E0266      | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress   |
| E0277      | Powered pressure-reducing air mattress  |
| E0296      | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress  |
| E0297      | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress   |

| HCPCS CODE | DESCRIPTION  |
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| E0300      | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure  |
| E0302      | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress   |
| E0304      | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress  |
| E0328      | Hospital bed, pediatric, manual, 360-degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes mattress  |
| E0329      | Hospital bed, pediatric, electric or semi-electric, 360-degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes mattress   |
| E0462      | Rocking bed, with or without side rails  |
| E0481      | Intrapulmonary percussive ventilation system and related accessories   |
| E0483      | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each  |
| E0676      | Intermittent limb compression device (includes all accessories), not otherwise specified   |
| E0745      | Neuromuscular stimulator, electronic shock unit  |
| E0747      | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications  |
| E0748      | Osteogenesis stimulator, electrical, non-invasive, spinal applications   |
| E0760      | Osteogenesis stimulator, low intensity ultrasound, non-invasive  |
| E0762      | Transcutaneous electrical joint stimulation device system, includes all accessories  |
| E0764      | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program |
| E0766      | Electrical stimulation device used for cancer treatment, includes all accessories, any type  |
| E0769      | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified   |
| E0770      | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified   |
| E0784      | External ambulatory infusion pump, insulin   |
| E0787      | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing  |
| E0830      | Ambulatory traction device, all types, each  |
| E0840      | Traction frame, attached to headboard, cervical traction   |
| E0849      | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible   |
| E0850      | Traction stand, free-standing, cervical traction   |
| E0855      | Cervical traction equipment not requiring additional stand or frame  |
| E0856      | Cervical traction device, cervical collar with inflatable air bladder  |
| E0860      | Traction equipment, over door, cervical  |
| E0936      | Continuous passive motion exercise device for use other than knee  |
| E0941      | Gravity assisted traction device, any type   |
| E0984      | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control   |
| E0986      | Manual wheelchair accessory, push activated power assist, each   |
| E1002      | Wheelchair accessory, power seating system, tilt only  |
| E1003      | Wheelchair accessory, power seating system, recline only, without shear reduction  |
| E1004      | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction  |
| E1005      | Wheelchair accessory, power seating system, recline only, with power shear reduction   |
| E1006      | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction  |
| E1007      | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction  |
| E1008      | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction   |
| E1009      | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including push rod and leg rest  |
| E1010      | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair   |
| E1012      | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each  |
| E1036      | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 pounds   |
| E1220      | Wheelchair, specially sized or constructed (indicate brand name, model number, if any, and justification)  |
| E1231      | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system  |
| E1236      | Wheelchair, pediatric size, folding, adjustable with seating system  |
| E1238      | Wheelchair, pediatric size, folding, adjustable, without seating system  |
| E1399      | Durable medical equipment, miscellaneous   |
| E1700      | Jaw motion rehabilitation system   |
| E1701      | Replacement cushions for jaw motion rehabilitation system, package of six  |
| E1702      | Replacement measuring scales for jaw motion rehabilitation system, package of 200  |

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| E1801             | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories   |
| <b>HCPCS CODE</b> | <b>DESCRIPTION</b>   |
| E1818             | Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories  |
| E2001             | Suction pump, home model, portable or stationary, electric, any type, for use with external urine and/or fecal management system   |
| E2102             | Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver  |
| E2103             | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver   |
| E2301             | Power wheelchair accessory, power standing system  |
| E2311             | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| E2402             | Negative pressure wound therapy electrical pump, stationary or portable  |
| E2500             | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time  |
| E2502             | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time  |
| E2504             | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time   |
| E2506             | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time  |
| E2508             | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device   |
| E2510             | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access   |
| E2511             | Speech generating software program, for personal computer or personal digital assistant  |
| E2512             | Accessory for speech generating device, mounting system  |
| E2599             | Accessory for speech generating device, not otherwise classified   |
| E2609             | Custom fabricated wheelchair seat cushion, any size  |
| E2617             | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware  |
| K0005             | Ultralight weight wheelchair   |
| K0008             | Custom manual wheelchair/base  |
| K0009             | Other manual wheelchair/base   |
| K0010             | Standard-weight frame motorized/power wheelchair   |
| K0011             | Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking   |
| K0012             | Light weight portable motorized/power wheelchair   |
| K0013             | Custom motorized/power wheelchair base   |
| K0014             | Other motorized/power wheelchair base  |
| K0108             | Wheelchair component or accessory, not otherwise specified   |
| K0455             | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinil)   |
| K0552             | Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each  |
| K0743             | Suction pump, home model, portable, for use on wounds  |
| K0744             | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less   |
| K0745             | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches  |
| K0746             | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches  |
| K0801             | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds  |
| K0802             | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds   |
| K0806             | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds   |
| K0807             | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds  |
| K0808             | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds   |
| K0812             | Power operated vehicle, not otherwise classified   |
| K0813             | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds  |
| K0814             | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds  |
| K0815             | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds  |
| K0816             | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds  |
| K0820             | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds  |
| K0821             | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds  |
| K0822             | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds  |

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| K0823             | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds                              |
| K0824             | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   |
| <b>HCPCS CODE</b> | <b>DESCRIPTION</b>   |
| K0825             | Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds   |
| K0826             | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                              |
| K0827             | Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds                                    |
| K0828             | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more                            |
| K0829             | Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more                                  |
| K0830             | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds         |
| K0831             | Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds               |
| K0835             | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   |
| K0836             | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds         |
| K0837             | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds              |
| K0838             | Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds                    |
| K0839             | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds         |
| K0840             | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more       |
| K0841             | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0842             | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds       |
| K0843             | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            |
| K0848             | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds                        |
| K0849             | Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds                              |
| K0850             | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   |
| K0851             | Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds   |
| K0852             | Power wheelchair, group 3 very heavy duty, sling/solid seat/back patient weight capacity 451 to 600 pounds                               |
| K0853             | Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds                                   |
| K0854             | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more                            |
| K0855             | Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more                                  |
| K0856             | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   |
| K0857             | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds         |
| K0858             | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds              |
| K0859             | Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds                    |
| K0860             | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds         |
| K0861             | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0862             | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds            |
| K0863             | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds       |
| K0864             | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more     |
| K0868             | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds                        |
| K0869             | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds                              |
| K0870             | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds                                   |
| K0871             | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds                              |
| K0877             | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   |
| K0878             | Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds         |

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| K0879             | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds  |
| <b>HCPCS CODE</b> | <b>DESCRIPTION</b>   |
| K0880             | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds   |
| K0884             | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds   |
| K0885             | Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds   |
| K0886             | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds  |
| K0890             | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds  |
| K0891             | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds  |
| K0898             | Power wheelchair, not otherwise classified   |
| K0899             | Power mobility device, not coded by DME PDAC or does not meet criteria   |
| K0900             | Customized durable medical equipment, other than wheelchair  |
| K1004             | Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories  |
| K1006             | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system (aka PureWick)   |
| K1018             | External upper limb tremor stimulator of the peripheral nerves of the wrist  |
| K1019             | Monthly supplies for use of device coded at K1018  |
| S1030             | Continuous noninvasive glucose monitoring device, purchase   |
| S1031             | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor  |
| S1034             | Artificial Pancreas Device System (e.g., Low Glucose Suspend [LGS] feature) including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump, and Computer Algorithm that communicates with all of the Devices |
| S1035             | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system  |
| S1036             | Transmitter; external, for use with artificial pancreas device system  |
| S1037             | Receiver (monitor), external, for use with artificial pancreas device system   |
| S8130             | Interferential current stimulator, 2 channel   |
| S8131             | Interferential current stimulator, 4 channel   |
| S9001             | Home uterine monitor with or without associated nursing services   |