

RENTAL LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE:1-1-2018

REVISED: January 1st, 2025

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Yes	1 Per Month	Yes	Yes	Yes
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	No	1 Per Month	Yes	Yes	Yes
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	No	1 Per Month	Yes	Yes	Yes
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per Month	Yes	Yes	Yes
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per Month	Yes	Yes	Yes
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per Month	Yes	Yes	Yes
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes	Yes	Yes
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per Month	Yes	Yes	Yes
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per Month	Yes	Yes	Yes
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per Month	Yes	Yes	Yes
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per Month	Yes	Yes	Yes
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per Month	Yes	Yes	Yes
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	1 Per Month	Yes	Yes	Yes
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	1 Per Month	Yes	Yes	Yes
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0156	SEAT ATTACHMENT, WALKER	No	1 Per Month	Yes	Yes	Yes
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	No	1 Per Month	Yes	Yes	Yes
E0162	SITZ BATH CHAIR	No	1 Per Month	Yes	Yes	Yes
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per Month	Yes	Yes	Yes
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	No	1 Per Month	Yes	Yes	Yes
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Month	Yes	Yes	Yes
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per Month	Yes	Yes	Yes
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per Month	Yes	Yes	Yes
E0184	DRY PRESSURE MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0196	GEL PRESSURE MATTRESS	Yes	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month	Yes	Yes	Yes
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Month	Yes	Yes	Yes
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Yes	7 days Per Lifetime	Yes	Yes	Yes
E0203	THERAPEUTIC LIGHT BOX	Yes	1 Per Month	Yes	Yes	Yes
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Yes	1 Per Month	Yes	Yes	Yes
E0245	TUB STOOL OR BENCH	Yes	1 Per Month	Yes	Yes	Yes
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes

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E0271	MATTRESS, INNERSPRING	Yes	1 Per Month	Yes	No	No
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	1 Per Month	No	Yes	Yes
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes

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E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per Month	Yes	Yes	Yes
E0305	BED SIDE RAILS, HALF LENGTH	Yes	1 Per Month	Yes	Yes	Yes
E0310	BED SIDE RAILS, FULL LENGTH	Yes	1 Per Month	Yes	Yes	Yes
E0373	NON POWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	1 Per Month	No	No	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes	Yes	No
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	Yes	1 Per Month	Yes	Yes	No
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	Yes	1 Per Month	Yes	Yes	No
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	1 Per Month	Yes	Yes	No
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Yes	1 Per Month	Yes	Yes	Yes
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	Yes	1 per 2 years	No	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Yes	1 Per Month	No	Yes	Yes
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Yes	1 Per Month	No	Yes	Yes
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per Month	Yes	Yes	Yes
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Yes	1 Per Month	Yes	Yes	Yes
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Yes	1 Per Month	Yes	Yes	Yes
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, ALL ACCESSORIES AND SUPPLIES, EACH	Yes	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	Yes	1 Per Month	Yes	Yes	Yes
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	Yes	1 Per Month	Yes	Yes	Yes
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	1 Per Month	Yes	Yes	Yes
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	1 Per Month	Yes	Yes	Yes
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	Yes	1 Per Month	Yes	Yes	Yes
E0570	NEBULIZER, WITH COMPRESSOR	Yes	1 Per Month	Yes	Yes	Yes

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E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Yes	1 Per Month	Yes	Yes	Yes
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per Month	Yes	Yes	Yes
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	After the 1st Month of Rental	1 Per Month	Yes	Yes	Yes
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per Month	Yes	Yes	Yes
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per Month	Yes	Yes	Yes
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	<u>No</u>	1 Per Month	Yes	Yes	Yes

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E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per Month	Yes	Yes	Yes
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per Month	Yes	Yes	Yes
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	1 Per Month	Yes	Yes	Yes
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per Month	Yes	Yes	Yes
E0776	IV POLE	Yes	1 Per Month	Yes	Yes	Yes
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per Month	Yes	Yes	Yes

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E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	No	1 Per Month	Yes	Yes	Yes
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	No	1 Per Month	Yes	Yes	Yes
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	<u>No</u>	1 Per Month	Yes	Yes	Yes

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E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0912	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	<u>No</u>	1 Per Month	Yes	Yes	Yes

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E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	<u>No</u>	1 Per Month	Yes	Yes	Yes
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	Yes	1 Per Month	Yes	Yes	No
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	Yes	1 Per Month	Yes	Yes	No
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	Yes	1 per Month	Yes	Yes	No
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	Yes	2 per Month	Yes	Yes	No
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes	1 Per Month	Yes	Yes	No
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes	1 Per Month	Yes	Yes	No
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	Yes	1 Per Month	Yes	Yes	No
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	Yes	1 Per Month	Yes	Yes	No
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	Yes	1 Per Month	Yes	Yes	No
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	Yes	1 Per Month	Yes	Yes	No
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	Yes	1 Per Month	Yes	Yes	No
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	Yes	1 Per Month	Yes	Yes	No
E0983	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, JOYSTICK CONTROL	Yes	1 Per Month	Yes	Yes	No
E0984	MANUAL WC ACCESS. PWR. ADD-ON TO CONVERT MANUAL WC TO MOTORIZED WC, TILLER CONTROL	Yes	1 Per Month	Yes	Yes	No
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	Yes	1 Per Month	Yes	Yes	No
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	Yes	1 Per Month	Yes	Yes	No
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Yes	1 Per Month	Yes	Yes	No

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E1002	POWER SEAT TILT	Yes	1 Per Month	Yes	Yes	No
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Yes	1 Per Month	Yes	Yes	No
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Yes	1 Per Month	Yes	Yes	No
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Yes	1 Per Month	Yes	Yes	No
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes	Yes	No
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per Month	Yes	Yes	No
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes	Yes	No
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes	Yes	No
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes	Yes	No
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per Month	Yes	Yes	No
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per Month	Yes	Yes	No
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes	Yes	No
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes	Yes	No
E1161	MANUAL ADULT WC WITH TILT-IN-SPACE SPACE	Yes	1 Per Month	Yes	Yes	No
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per Month	Yes	Yes	No
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1232	FOLDING PEDIATRIC WC TILT-IN-SPACE	Yes	1 Per Month	Yes	Yes	No
E1233	RIGID PEDIATRIC WC TILT-IN-SPACE W/O SEAT	Yes	1 Per Month	Yes	Yes	No
E1234	FOLDING PEDIATRIC WC TILT-IN-SPACE W/O SEAT	Yes	1 Per Month	Yes	Yes	No
E1235	RIGID PEDIATRIC WC ADJUSTABLE	Yes	1 Per Month	Yes	Yes	No
E1236	FOLDING PEDIATRIC WC ADJUSTABLE	Yes	1 Per Month	Yes	Yes	No
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month	Yes	Yes	No
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per Month	Yes	Yes	No
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	1 Per Month	Yes	Yes	No

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E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per Month	Yes	Yes	No
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per Month	Yes	Yes	No
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per Month	Yes	Yes	Yes
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Yes	1 Per Month	Yes	Yes	Yes
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	1 Per Month	Yes	Yes	No
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Yes	1 Per Month	Yes	Yes	No

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E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	1 Per Month	Yes	Yes	No
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	1 Per Month	Yes	Yes	No
E1700	JAW MOTION REHABILITATION SYSTEM	<u>No</u>	1 Per Month	Yes	Yes	Yes
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	<u>No</u>	1 Per Month	Yes	Yes	No
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	Yes	1 Per Month	Yes	Yes	No
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Yes	1 Per Month	Yes	Yes	No
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	Yes	1 Per Month	Yes	Yes	No
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No
<u>E2298</u>	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Yes	1 Per 5 Years	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
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	Yes	1 Per Month	Yes	Yes	No
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	Yes	1 Per Month	Yes	Yes	No
E2320	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, AND FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Yes	1 per Month	Yes	Yes	No
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (e.g., GEL CELL, ABSORBED GLASMAT)	Yes	1 Per Month	Yes	Yes	No
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	Yes	1 Per Month	Yes	Yes	No
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes	1 Per Month	Yes	Yes	No
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes	1 Per Month	Yes	Yes	No
E2373	POWER WHEELCHAIR ACCESS., HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2374	POWER WHEELCHAIR ACCESS., HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE NOT INCLUDING CONTROLLER, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	1 Per Month	Yes	Yes	No
E2376	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	1 Per Month	Yes	Yes	No
E2377	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Yes	1 per Month	Yes	Yes	No
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Yes	1 per 5 years	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	Yes	1 Per Month	Yes	Yes	No
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Yes	1 Per Month	Yes	Yes	No
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	1 Per Month	Yes	Yes	No
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	<u>No</u>	1 Per Month	Yes	Yes	No
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Yes	1 Per Month	Yes	Yes	No
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes	1 Per Month	Yes	Yes	No
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes	1 Per Month	Yes	Yes	No
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2622	SKIN PROTECTION WHEELCHAIR SEAT CHUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per Month	Yes	Yes	No
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	Yes	1 Per Month	Yes	Yes	No

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E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	Yes	1 Per Month	Yes	Yes	No
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	Yes	1 Per 5 Years	Yes	Yes	No
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	Yes	1 Per Month	Yes	Yes	No

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E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	Yes	1 Per Month	Yes	Yes	No
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Yes	1 Per Month	Yes	Yes	No
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Yes	1 Per Month	Yes	Yes	No
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Yes	1 Per Month	Yes	Yes	No

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E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per Month	Yes	Yes	No
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per Month	Yes	Yes	No
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per Month	Yes	Yes	No
K0001	STANDARD WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No

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K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	1 Per Month	Yes	Yes	No
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	Yes	1 Per Month	Yes	Yes	No
K0019	ARM PAD, REPLACEMENT ONLY, EACH	Yes	1 Per Month	Yes	Yes	No
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	Yes	1 Per Month	Yes	Yes	No
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	Yes	1 Per Month	Yes	Yes	No

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K0045	FOOTREST, COMPLETE ASSEMBLY	Yes	1 Per Month	Yes	Yes	No
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	Yes	1 Per Month	Yes	Yes	No
K0056	SEAT HEIGHT LESS THAN 17 IN OR EQUAL TO OR GREATER THAN 21 IN FOR A HIGH-STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Month	Yes	Yes	No
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	Yes	1 Per Month	Yes	Yes	No
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Yes	1 Per Month	Yes	Yes	No
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes	1 Per Month	Yes	Yes	Yes

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Yes	1 Per Month	Yes	Yes	Yes
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Yes	1 Per Month	Yes	Yes	Yes
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULAE OR MASK, AND TUBING	Yes	1 Per Month	Yes	Yes	Yes
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0814	PWC, GR. 1 PORTABLE, CAPTAIN'S CHAIR, PT WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No

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K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0821	PWC GR 2,, PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No

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K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes	Yes	No
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes	Yes	No
K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0835	PWC GR 2, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0837	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0839	PWC GR 2 VERY HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP, 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No
K0840	PWC GR 2 XTRA HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CP. 601 LBS AND MORE	Yes	1 Per Month	Yes	Yes	No
K0841	PWC GR 2, MULT. PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No

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K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0843	PWC GR 2 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0848	PWC GR 3, SLING/SOLID SEAT.BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No

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Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes	1 Per Month	Yes	Yes	No
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per Month	Yes	Yes	No
K0856	PWC GR 3, SINGLE PWR. OPT, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0858	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No

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K0860	PWC GR 3 VERY HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No
K0861	PWC GR 3 MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per Month	Yes	Yes	No
K0862	PWC GR 3 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per Month	Yes	Yes	No
K0863	PWC GR 3 VERY HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per Month	Yes	Yes	No
K0864	PWC GR 3 XTRA HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP 601 LBS OR MORE	Yes	1 Per Month	Yes	Yes	No