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## Durable Medical Equipment (DME): Billing Codes

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«This section lists the HCPCS codes and purchase/rental designations for Durable Medical Equipment (DME). Refer to the *Durable Medical Equipment (DME): An Overview* section in the appropriate Part 2 manual for general policy information.»

**Note:** Per *California Code of Regulations* (CCR), Title 22, Section 51321(g): Authorization for durable medical equipment shall be limited to the lowest cost item that meets the patient's medical needs.

### **Authorization**

Authorization is required for all oxygen contents, oxygen equipment and respiratory equipment except for all of the following, which require authorization only for quantities exceeding the stated billing limit:

- A7005 (administration set, with small volume non-filtered pneumatic nebulizer, non-disposable) – billing limit of one every 6 months.
- E0484 (oscillatory positive expiratory pressure device, non-electric, any type, each) – billing limit of two per 12 months.

Authorization is required for all other DME products exceeding the following threshold limits (cumulative cost of related items within a group):

- Rental: \$50
- Purchasing: \$100
- Repair or maintenance: \$250

This policy also applies to daily amounts that exceed the respective dollar limits for rental, purchase, repair or maintenance for an individual item or combination of similar group DME items.

### **Rentals and Purchases**

Reimbursement for rental or purchase of DME includes the following policies.

## **Rental Rate Includes Supplies**

DME rental rates include reimbursement for equipment-related supplies. Supplies are not separately reimbursable, except as noted.

## **Rental Period**

Unless otherwise noted, DME rental is based on a rental period of one calendar month, with the beginning date of rental as the date of service. «Ten months rental is equal to purchase. For codes that are available for both purchase and rental, if the rental costs exceed purchase, then the provider should be purchasing rather than renting.»

## **Rental Reimbursement Cap**

For information about the DME rental reimbursement cap, refer to the *Durable Medical Equipment (DME): Bill for DME* section in the appropriate Part 2 manual.

## **Guarantees**

Purchased equipment is to be guaranteed for at least six months from the date of purchase. Out-of-guarantee repairs are to be guaranteed for at least three months from the date of such repair. Reimbursement will not be allowed for parts or labor during a guarantee period if the need for repair is due to a defect in material or workmanship.

## **Billing Codes**

Refer to the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) Product Classification Lists at [www.palmettogba.com](http://www.palmettogba.com) or call the SADMERC/HCPSC help line at 1-877-735-1326 to determine proper billing codes for DME items.

## **Codes and Rates**

Reimbursement for purchased DME is subject to the Upper Billing Limit defined in California *Code of Regulations*, Title 22, Section 51008.1. Claims submitted are not to exceed an amount that is the lesser of:

- The usual charges made to the general public, or
- The net purchase price of the item, which shall be documented in provider's books and records, plus no more than a 100 percent mark-up.

For more information regarding the maximum allowable DME purchase billing amounts, refer to “Net Purchase Price” in the *Durable Medical Equipment (DME): Bill for DME* section.

The following listed rates are the maximum amounts allowed for each procedure code:

**Note:** If the net purchase price of the item, plus a 100 percent mark-up, adds up to less than the maximum amount indicated for the code on the pages that follow, the billed amount is to be the net purchase price, plus the 100 percent mark-up, i.e., not the maximum amount allowable listed.

## **Ambulation Devices**

### **Canes and Crutches**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Canes and Crutches**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
A4635	Underarm pad, crutch, replacement, each	«Purchase Only»
A4636	Replacement handgrip, cane, crutch or walker, each	«Purchase Only»
A4637	Replacement tip, cane, crutch or walker, each	«Purchase Only»
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	«Purchase or Rental»
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	«Purchase or Rental»
E0110	Crutches, forearm, adjustable or fixed, with tips and handgrips, pair	«Purchase or Rental»
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	«Purchase or Rental»
E0114	Crutches, underarm, non-wood, adjustable or fixed, pair, with pads, tips and handgrips	«Purchase or Rental»
E0117	Crutch, underarm, articulating, spring assisted, each	«Purchase or Rental»

## Walkers

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Walkers**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0130	Rigid (pick-up), adjustable or fixed height	«Purchase or Rental»
E0135	Folding (pick-up), adjustable or fixed height	«Purchase or Rental»
E0140	Walker w/trunk support, adjustable or fixed height	«Purchase or Rental»
E0141	Rigid walker, wheeled, adjustable or fixed height	«Purchase or Rental»
E0143	Folding walker, wheeled	«Purchase or Rental»
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	«Purchase or Rental»
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Walkers (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	«Purchase or Rental»
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	«Purchase or Rental»
E0153	Platform attachment, forearm crutch, each	«Purchase or Rental»
E0154	Platform attachment, walker, each	«Purchase or Rental»
E0155	Wheel attachment, rigid pick-up walker, per pair	«Purchase or Rental»
E0156	Seat attachment, walker	«Purchase or Rental»
E0157	Crutch attachment, walker, each	«Purchase or Rental»
E0158	Leg extensions, per set of four	«Purchase or Rental»
E0159	Brake attachment for wheeled walker, replacement, each	«Purchase or Rental»

## **Bathroom Equipment**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Bathroom Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0163	Commode chair with fixed arms	«Purchase or Rental»
E0165	Commode chair, mobile or stationary, with detachable arms	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Bathroom Equipment  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0167	Pail or pan for use with commode chair, replacement only	«Purchase Only»
E0168	Commode chair, extra wide and/or heavy duty, stationary, or mobile, with or without arms, any type, each	«Purchase or Rental»
+ E0170	Commode chair with integrated seat lift mechanism, electric, any type	«Purchase or Rental»
+ E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	«Purchase or Rental»
E0240	Bath/shower chair, with or without wheels, any size	«Purchase Only»
E0241	Bathtub wall rail, each	«Purchase Only»
E0242	Bathtub rail, floor base	«Purchase Only»
E0243	Toilet rail, each	«Purchase Only»
E0244	Raised toilet seat	«Purchase Only»
E0245	Tub stool or bench	«Purchase Only»
E0246	Transfer tub rail attachment	«Purchase Only»
E0247	Transfer bench for tub or toilet with or without commode opening	«Purchase Only»
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	«Purchase Only»

## **Decubitus Care Equipment**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Decubitus Care Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	«Purchase Only»
E0181	Pressure pad, alternating with pump	«Purchase or Rental»
E0182	Replacement pump for alternating pressure pad	«Purchase Only»
E0184	Dry pressure mattress	«Purchase or Rental»
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	«Purchase or Rental»
E0186	Air pressure mattress	«Purchase or Rental»
E0187	Water pressure mattress	«Purchase or Rental»
E0188	Synthetic sheepskin pad	«Purchase Only»
E0189	Lambswool sheepskin pad	«Purchase Only»
E0193	Powered air flotation bed (low air loss therapy) (daily rental)	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Decubitus Care Equipment  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0194	Air fluidized bed (daily rental)	«Purchase or Rental»
E0196	Gel pressure mattress	«Purchase or Rental»
E0197	Air pressure pad for mattress, standard mattress length and width	«Purchase or Rental»
E0198	Water pressure pad for mattress, standard mattress length and width	«Purchase or Rental»
E0199	Dry pressure pad for mattress, standard mattress length and width	«Purchase Only»
E0202	Phototherapy (bilirubin) light with photometer (daily rental)	«Rental Only»
E0210	Electric heat pad, standard	«Purchase Only»
E0277	Powered pressure-reducing air mattress (daily rental)	«Purchase or Rental»
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (daily rental)	«Purchase or Rental»
E0372	Powered air overlay for mattress, standard mattress length and width (daily rental)	«Purchase or Rental»
E0373	Nonpowered advanced pressure reducing mattress (daily rental)	«Purchase or Rental»



## **Hospital Beds and Accessories**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Hospital Beds and Accessories**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0271	Mattress, innerspring	«Purchase or Rental»
E0272	Mattress, foam rubber	«Purchase or Rental»
E0273	Bed board	«Purchase or Rental»
E0291	Hospital bed, fixed height, without side rails, without mattress	«Purchase or Rental»
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	«Purchase or Rental»
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	«Purchase or Rental»
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	«Purchase or Rental»
E0300	Pediatric crib, hospital grade, fully enclosed	«Purchase or Rental»
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	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Hospital Beds and Accessories (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	«Purchase or Rental»
E0305	Bed side rails, half length	«Purchase or Rental»
E0310	Bed side rails, full length	«Purchase or Rental»
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	«Purchase or Rental»
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	«Purchase or Rental»
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	«Purchase or Rental»

## **Traction and Trapeze Equipment**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Traction and Trapeze Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0840	Traction frame, attached to headboard, cervical traction	«Purchase or Rental»
+ E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	«Purchase or Rental»
E0850	Traction stand, freestanding, cervical traction	«Purchase or Rental»
E0860	Traction equipment, overdoor, cervical	«Purchase Only»
E0870	Traction frame, attached to footboard, extremity traction (e.g. Buck's)	«Purchase or Rental»
E0880	Traction stand, freestanding, extremity traction	«Purchase or Rental»
E0890	Traction frame, attached to footboard, pelvic traction	«Purchase or Rental»
E0900	Traction stand, freestanding, pelvic traction	«Purchase or Rental»
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	«Purchase or Rental»
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	«Purchase or Rental»
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, with grab bar	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Traction and Trapeze Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0920	Fracture frame, attached to bed, includes weights	«Purchase or Rental»
E0930	Fracture frame, free standing, includes weights	«Purchase or Rental»
E0935	Continuous passive motion exercise device for use on knee only (daily rental)	«Rental Only»
E0936	Continuous passive motion exercise device for use other than knee (daily rental)	«Rental Only»
E0940	Trapeze bar, free standing, complete with grab bar	«Purchase or Rental»
E0942	Cervical head harness/halter	«Purchase Only»
E0944	Pelvic belt/harness/boot	«Purchase Only»
E0945	Extremity belt/harness	«Purchase Only»
E0947	Fracture frame, attachments for complex pelvic traction	«Purchase or Rental»
E0948	Fracture frame, attachments for complex cervical traction	«Purchase or Rental»

## **Oxygen and Related Respiratory Equipment**

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
A4556	Electrodes (e.g., apnea monitor), per pair	Purchase Only
A4557	Lead wires (e.g., apnea monitor), per pair	Purchase Only
A4566	Shoulder sling or vest design, abduction restrainer	Purchase Only
+ A4604	Tubing with integrated heating element for use with positive airway pressure device	Purchase Only
A4606	Oxygen probe for use with oximeter device, replacement	Purchase Only
A4614	Tubing (oxygen), per foot	Purchase Only
+ A4615	Cannula, nasal	Purchase Only
+ A4619	Face tent	Purchase Only
+ A4620	Variable concentration mask	Purchase Only
+ A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	Purchase Only
+ A7015	Aerosol mask, used with DME nebulizer	Purchase Only
+ A7020	Interface for cough stimulating device, includes all components, replacement only	Purchase Only
« A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Purchase Only
+ A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Purchase Only
+ A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Purchase Only
+ A7030	Full face mask used with positive airway pressure device, each	Purchase Only
+ A7031	Face mask interface, replacement for full face mask, each	Purchase Only
+ A7032	Cushion for use on nasal mask interface, replacement only, each	Purchase Only
+ A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Purchase Only
+ A7034	Nasal interface used with positive airway pressure device, with or without headstrap	Purchase Only
+ A7035	Headgear used with positive airway pressure device	Purchase Only
+ A7036	Chinstrap used with positive airway pressure device	Purchase Only
+ A7037	Tubing used with positive airway pressure device	Purchase Only
+ A7038	Filter, disposable, used with positive airway pressure device	Purchase Only
+ A7039	Filter, non-disposable, used with positive airway pressure device	Purchase Only
+ A7044	Oral interface used with positive airway pressure device, each	Purchase Only

**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Purchase Only
+ A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Purchase Only
A7049	Expiratory positive airway pressure intranasal resistance valve	Purchase Only
+ E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	Rental Only
+ E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Purchase Only
+ E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Purchase Only
+ E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	«Rental Only without a 10-month limit»
+ 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	«Rental Only without a 10-month limit»

**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing	«Rental Only without a 10-month limit»
+ E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	Purchase Only
+ E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	«Rental Only without a 10-month limit»
+ E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Purchase Only
+ E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Purchase Only
+ E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Purchase Only
+ E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (modifier NU)	Purchase Only
+ E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (modifier SC)	Purchase Only



**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (modifier NU)	Purchase Only
+ E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (modifier SC)	Purchase Only
E0445	Oximeter device for measuring blood oxygen levels noninvasively	Purchase or Rental
+ E0465	Home ventilator, any type, used with invasive interface	Rental Only without a 10-month limit
+ E0466	Home ventilator, any type, used with non-invasive interface	Rental Only without a 10-month limit
+ 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, includes all accessories, components and supplies for all functions.	Rental Only without a 10-month limit
«+ E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Purchase or Rental»
+ 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)	Purchase or Rental
+ 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)	Purchase or Rental
+ E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Purchase or Rental

**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
+ E0480	Percussor, electric or pneumatic, home model	«Purchase or Rental»
+ ^ E0481	Intrapulmonary percussive ventilation system and related accessories	«Rental Only»
+ E0482	Cough stimulating device, alternating positive and negative airway pressure	«Rental Only»
+ E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	«Rental Only»
E0484	Oscillatory positive expiratory pressure device, non-electric, any type	«Purchase Only»
«E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Purchase Only»
+ E0487	Spirometer, electronic, includes all accessories	«Purchase or Rental»
+ E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	«Purchase Only»
+ E0561	Humidifier, non-heated, used with positive airway pressure device	«Purchase or Rental»
+ E0562	Humidifier, heated, used with positive airway pressure device	«Purchase or Rental»
+ E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	«Purchase or Rental»
+ E0570	Nebulizer, with compressor	«Purchase or Rental»
+ E0600	Respiratory suction pump, home model, portable or stationary, electric	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Oxygen and Related Respiratory Equipment (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ E0601	Continuous positive airway pressure (CPAP) device	Purchase or Rental
+ E0618	Apnea monitor, without recording feature	Purchase or Rental
+ E0619	Apnea monitor, with recording feature	Purchase or Rental
+ E1353	Regulator	Purchase or Rental
+ E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Purchase Only
+ E1355	Stand/rack	Purchase Only
+ E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Purchase Only
+ E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Purchase Only
+ E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Purchase Only
+ E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Rental Only without a 10-month limit
+ E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Rental Only without a 10-month limit
+ E1392	Portable oxygen concentrator, rental	Rental Only without a 10-month limit
+ K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing)	«Rental Only without a 10-month limit»

## **Wheelchairs, Modifications and Accessories**

For items included in the reimbursement for the initial wheelchair, refer to “Wheelchair Accessories Not Separately Reimbursable” in the *Durable Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories* section of the Part 2 manual.

### **Power Operated Vehicles**

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Power Operated Vehicles**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
^ E1230	Three or four wheeled	«Repair Only»
K0800	Group 1 standard, patient weight capacity up to and including 300 pounds	Purchase or Rental
K0801	Group 1 heavy duty, patient weight capacity 301 to 450 pounds	Purchase or Rental
K0802	Group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Purchase or Rental
K0806	Group 2 standard, patient weight capacity up to and including 300 pounds	Purchase or Rental
K0807	Group 2 heavy duty, patient weight capacity 301 to 450 pounds	Purchase or Rental
K0808	Group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Purchase or Rental
K0812	Not otherwise classified	Purchase or Rental

## Transport Chairs

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Transport Chairs**

HCPCS Code	Description	Purchase, Rental Designation
«E1022	Wheelchair transportation securement system, any type includes all components and accessories	Purchase or Rental
E1023	Wheelchair transit securement system, includes all components and accessories	Purchase or Rental»
E1031	Rollabout chair, any and all types with casters five inches or greater	Purchase or Rental
+ E1035	Multi-positional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs.	Purchase or Rental
+ E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	Purchase or Rental
E1037	Transport chair, pediatric size	Purchase or Rental
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	Purchase or Rental
E1039	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater	Purchase or Rental

## Manual Wheelchairs

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Manual Wheelchairs**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E1161	Manual adult size wheelchair, includes tilt in space	«Purchase or Rental»
«E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Purchase Only»
K0001	Standard wheelchair	«Purchase or Rental»
K0002	Standard hemi (low seat) wheelchair	«Purchase or Rental»
K0003	Lightweight wheelchair	«Purchase or Rental»
K0004	High strength, lightweight wheelchair	«Purchase or Rental»
K0005	Ultralightweight wheelchair	«Purchase or Rental»
K0006	Heavy-duty wheelchair	«Purchase or Rental»
K0007	Extra heavy-duty wheelchair	«Purchase or Rental»
+ K0008	Custom manual wheelchair/base	«Purchase Only»
+ K0009	Other manual wheelchair/base	«Purchase or Rental»

## Power Wheelchairs

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Power Wheelchairs**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
^ K0010	Standard-weight frame motorized/power wheelchair	«Repair Only»
^ K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (For Medi-Cal, purchase or rental of this code is restricted to an iBOT Mobility System.)	«Repair Only Purchase or Rental for iBOT Mobility System»
^ K0012	Lightweight portable motorized/power wheelchair	«Repair Only»
+ K0013	Custom motorized/power wheelchair base	Purchase Only
+ ^ K0014	Other motorized/power wheelchair base	«Repair Only»

**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 1**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0813	Standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0814	Standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0815	Standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0816	Standard captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 2**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0820	Standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0821	Standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0822	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0823	Standard, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0824	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»



**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 2 (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0825	Heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0826	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0827	Very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0828	Extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	«Purchase or Rental»
K0829	Extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	«Purchase or Rental»
K0830	Standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0831	Standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0835	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0836	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0837	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 2 (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0838	Heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0839	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0840	Extra heavy duty, single power option, sling/solid seat and back, patient weight capacity 601 pounds or more	«Purchase or Rental»
K0841	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0842	Standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0843	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 3**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0848	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0849	Standard, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0850	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0851	Heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0852	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0853	Very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0854	Extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	«Purchase or Rental»
K0855	Heavy duty, captain's chair, patient weight capacity 601 pounds or more	«Purchase or Rental»
K0856	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0857	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0858	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 3 (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0859	Heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0860	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0861	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0862	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0863	Very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0864	Extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation of Power  
Wheelchairs: Group 4**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0868	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0869	Standard, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 4 (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0870	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0871	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0877	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0878	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0879	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»
K0880	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	«Purchase or Rental»
K0884	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0885	Standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	«Purchase or Rental»
K0886	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	«Purchase or Rental»

**«Table of HCPCS Codes, Descriptions and Designation for Power  
Wheelchairs: Group 5»**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat and back, patient weight capacity up to and including 125 pounds	«Purchase or Rental»
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	«Purchase or Rental»
K0898	Power wheelchair, not otherwise classified	«Purchase or Rental»

## **Arm of Chair**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Arm of Chair**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0973	Adjustable height, detachable armrest, complete assembly, each	«Purchase or Rental»
E2209	Arm trough, with or without hand support, each	«Purchase or Rental»
E2626	Shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
E2627	Shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Arm of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2628	Shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
E2629	Shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
E2630	Shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
E2631	Addition to mobile arm support, elevating proximal arm (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
E2632	Addition to mobile arm support, offset or lateral rocker arm with elastic balance control (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
E2633	Addition to mobile arm support, supinator (modifier RB, RR or NU and RT or LT)	«Purchase or Rental»
K0015	Detachable, nonadjustable height armrest, replacement only, each	«Purchase Only»
K0017	Detachable, adjustable height armrest, base, replacement only, each	«Purchase Only»
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	«Purchase Only»
^ K0019	Arm pad, replacement only, each	«Purchase Only»
K0020	Fixed, adjustable height armrest, pair	«Purchase or Rental»

## Back of Chair

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Back of Chair**

HCPCS Code	Description	«Purchase, Rental Designation»
E0955	Headrest, cushioned, any type, including fixed mounting hardware, each	«Purchase or Rental»
E0956	Lateral trunk or hip support, any type, including fixed mounting hardware, each	«Purchase or Rental»
E0960	Shoulder harness/straps for chest strap, including hardware	«Purchase or Rental»
E0966	Headrest extension, each	«Purchase or Rental»
E0978	Positioning belt/safety belt/pelvic strap, each	«Purchase or Rental»
E0982	Back upholstery, replacement only, each	«Purchase Only»
E1225	Manual semi-reclining back	«Purchase or Rental»
E1226	Manual fully reclining back	«Purchase or Rental»
E1228	Special back height	«Purchase or Rental»
E2398	Dynamic positioning hardware	«Purchase Only»
E2611	General use wheelchair back cushion, width less than 22", any height, including mounting hardware	«Purchase Only»
E2612	General use wheelchair back cushion, width greater than or equal to 22", any height, including mounting hardware	«Purchase Only»



**Table of HCPCS Codes, Descriptions and Designation for Back of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2613	Positioning wheelchair back cushion, width less than 22", any height, including mounting hardware	«Purchase Only»
E2614	Positioning wheelchair back cushion, width greater than or equal to 22", any height, including mounting hardware	«Purchase Only»
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22", any height, including mounting hardware	«Purchase Only»
E2616	Positioning wheelchair back cushion, posterior-lateral, width greater than or equal to 22", any height, including mounting hardware	«Purchase Only»
+ E2617	Custom fabricated wheelchair back cushion, any size, including mounting hardware	«Purchase Only»
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	«Purchase Only»
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	«Purchase Only»
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	«Purchase Only»
K0669	Wheelchair seat or back cushion, not otherwise classified	«Purchase Only»

## Seat of Chair

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Seat of Chair**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0981	Replacement seat upholstery	«Purchase Only»
E0985	Seat lift mechanism	«Purchase or Rental»
E0992	Solid seat insert	«Purchase or Rental»
E1296	Special wheelchair seat height from floor	«Purchase or Rental»
E1297	Special wheelchair seat depth, by upholstery	«Purchase or Rental»
E1298	Special wheelchair seat depth and/or width, by construction	«Purchase or Rental»
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20" and less than 24"	«Purchase or Rental»
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24" – 27"	«Purchase or Rental»
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20" to less than 22"	«Purchase or Rental»
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22" to 25"	«Purchase or Rental»
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	«Purchase or Rental»
E2340	Power wheelchair accessory, nonstandard seat frame width, 20" thru 23"	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Seat of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2341	Power wheelchair accessory, nonstandard seat frame width, 24" thru 27"	«Purchase or Rental»
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20" or 21"	«Purchase or Rental»
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22" thru 25"	«Purchase or Rental»
E2601	General use wheelchair seat cushion, width less than 22", any depth	«Purchase Only»
E2602	General use wheelchair seat cushion, width greater than or equal to 22", any depth	«Purchase Only»
E2603	Skin protection wheelchair seat cushion, width less than 22", any depth	«Purchase Only»
E2604	Skin protection wheelchair seat cushion, width greater than or equal to 22", any depth	«Purchase Only»
E2605	Positioning wheelchair seat cushion, width less than 22", any depth	«Purchase Only»
E2606	Positioning wheelchair seat cushion, width greater than or equal to 22", any depth	«Purchase Only»
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22", any depth	«Purchase Only»
E2608	Skin protection and positioning wheelchair seat cushion, width greater than or equal to 22", any depth	«Purchase Only»
E2609	Custom fabricated wheelchair cushion, any size	«Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation for Seat of Chair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2610	Wheelchair seat cushion, powered	«Purchase Only»
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	«Purchase Only»
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	«Purchase Only»
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	«Purchase Only»
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	«Purchase Only»
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	«Purchase or Rental»

## Footrests and Legrests

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Footrests and Legrests**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0951	Heel/loop holder, any type, with or without ankle strap, each	«Purchase or Rental»
E0952	Toe loop/holder, any type, each	«Purchase or Rental»
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Footrests and Legrests  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Purchase or Rental
E0957	Medial-thigh support, any type, including fixed mounting hardware, each	Purchase or Rental
E0970	No. 2 Footplates, except for elevating leg rest	Purchase or Rental
E0990	Elevating leg rest, complete assembly, each	Purchase or Rental
^ E0995	Calf rest/pad, replacement only, each	Purchase Only
E1020	Residual limb support system for wheelchair	Purchase or Rental
«^ K0037»	High mount flip-up footrest, each	Purchase or Rental
K0038	Leg strap, each	Purchase or Rental
K0039	Leg strap, H style, each	Purchase or Rental
K0040	Adjustable angle footplate, each	Purchase or Rental
K0041	Large size footplate, each	Purchase or Rental
^ K0042	Standard size footplate, replacement only, each	Purchase Only
^ K0043	Footrest, lower extension tube, replacement only, each	Purchase Only
^ K0044	Footrest, upper hanger bracket, replacement only, each	Purchase Only
^ K0045	Footrest, complete assembly, replacement only, each	Purchase Only
^ K0046	Elevating legrest, lower extension tube, replacement only, each	Purchase Only

**Table of HCPCS Codes, Descriptions and Designation for Footrests and Legrests  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
^ K0047	Elevating legrest, upper hanger bracket, replacement only, each	«Purchase Only»
^ K0050	Ratchet assembly, replacement only	«Purchase Only»
^ K0051	Cam release assembly, footrest or legrest, replacement only, each	«Purchase Only»
^ K0052	Swing-Away, detachable footrests, replacement only, each	«Purchase Only»
K0053	Elevating footrests, articulating (telescoping) each	«Purchase or Rental»
K0195	Elevating legrest, pair	«Purchase or Rental»

## **Wheel Equipment and Accessories**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Wheel Equipment and Accessories**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0958	Manual wheelchair accessory, one-arm drive attachment, each	«Purchase or Rental»
E0959	Manual wheelchair accessory, adapter for amputee, each	«Purchase or Rental»
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	«Purchase or Rental»
^ E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	«Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation for Wheel Equipment and Accessories (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E0974	Manual wheelchair accessory, anti-rollback device, each	«Purchase or Rental»
E0986	Manual wheelchair accessory, push activated power assist, each	«Purchase or Rental»
E0988	Manual wheelchair accessory, lever-activated wheel drive, pair (modifier RB, RR or NU)	«Purchase or Rental»
E1015	Shock absorber for manual wheelchair, each	«Purchase or Rental»
E1016	Shock absorber for power wheelchair, each	«Purchase or Rental»
+ E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	«Purchase or Rental»
+ E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	«Purchase or Rental»
E2205	Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	«Purchase Only»
^ E2206	Wheel lock assembly, complete, replacement only, each	«Purchase Only»
E2210	Bearings, any type, replacement only, each	«Purchase Only»

## Wheels, Casters and Tires – Manual Wheelchair

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation: Wheels, Casters and Tires – Manual Wheelchair**

HCPCS Code	Description	«Purchase, Rental Designation»
E2211	Pneumatic tire, any size, each	«Purchase Only»
E2212	Pneumatic tire tube, any size, each	«Purchase Only»
E2213	Pneumatic tire insert, any type, any size, each	«Purchase Only»
E2214	Pneumatic caster tire, any size, each	«Purchase Only»
E2215	Pneumatic caster tire tube, any size, each	«Purchase Only»
E2218	Foam propulsion tire, any size, each	«Purchase Only»
E2219	Foam caster tire, any size, each	«Purchase Only»
^ E2220	Solid propulsion tire, any size, replacement only, each	«Purchase Only»
^ E2221	Solid caster tire, any size, replacement only, each	«Purchase Only»
^ E2222	Solid caster tire with integrated wheel, any size, replacement only, each	«Purchase Only»
^ E2224	Propulsion wheel, excludes tire, any size, replacement only, each	«Purchase Only»
E2225	Caster wheel, excludes tire, any size, each	«Purchase Only»
E2226	Caster fork, any size, replacement only, each	«Purchase Only»
E2227	Gear reduction drive wheel, each	«Purchase or Rental»
E2228	Wheel braking system and lock, complete, each	«Purchase or Rental»
^ K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	«Purchase Only»



**Table of HCPCS Codes, Descriptions and Designation: Wheels, Casters and Tires – Manual Wheelchair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
^ K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each	«Purchase Only»
^ K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	«Purchase Only»
^ K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	«Purchase Only»
K0073	Caster pin lock, each	«Purchase Only»
^ K0077	Front caster assembly, complete, with solid tire, replacement only, each	«Purchase Only»

**Wheels, Casters and Tires – Power Wheelchair**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation: Wheels, Casters and Tires – Power Wheelchair**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2381	Pneumatic drive wheel tire, any size, replacement only, each	«Purchase Only»
E2382	Tube for pneumatic drive wheel tire, any size, replacement only, each	«Purchase Only»
E2383	Insert for pneumatic drive wheel tire, any type, any size, replacement only, each	«Purchase Only»
E2384	Pneumatic caster tire, any size, replacement only, each	«Purchase Only»
E2385	Tube for pneumatic caster tire, any size, replacement only, each	«Purchase Only»
E2386	Foam-filled drive wheel tire, any size, replacement only, each	«Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation: Wheels, Casters and Tires – Power Wheelchair (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2387	Foam-filled caster tire, any size, replacement only, each	«Purchase Only»
E2388	Foam drive wheel tire, any size, replacement only, each	«Purchase Only»
E2389	Foam caster tire, any size, replacement only, each	«Purchase Only»
E2390	Solid (rubber/plastic) drive wheel tire, any size, replacement only, each	«Purchase Only»
E2391	Solid (rubber/plastic) caster tire (removable), any size, replacement only, each	«Purchase Only»
E2392	Solid caster tire with integrated wheel, any size, replacement only, each	«Purchase Only»
E2394	Drive wheel, excludes tire, any size, replacement only, each	«Purchase Only»
E2395	Caster wheel, excludes tire, any size, replacement only, each	«Purchase Only»
E2396	Caster fork, any size, replacement only, each	«Purchase Only»

## Batteries and Chargers

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation: Batteries and Chargers**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2358	Group 34 non-sealed lead acid battery, each (modifier RR or NU)	«Purchase Only»
E2359	Group 34 sealed lead acid battery, each, (modifier RR or NU)	«Purchase Only»
E2360	22 NF non-sealed lead acid battery, each	«Purchase Only»
E2361	22 NF sealed lead acid battery, each	«Purchase Only»
E2362	Group 24 non-sealed lead acid battery, each	«Purchase Only»
E2363	Group 24 sealed lead acid battery, each	«Purchase Only»
E2364	U-1 non-sealed lead acid battery, each	«Purchase Only»
E2365	U-1 sealed lead acid battery, each	«Purchase Only»
E2366	Battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	«Purchase Only»
E2367	Battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	«Purchase Only»
E2371	Group 27 sealed lead acid battery, each	«Purchase Only»
E2372	Group 27 non-sealed lead acid battery, each	«Purchase Only»
E2397	Lithium-based battery, each	«Purchase Only»
K0733	12-24 hour sealed lead acid battery, each	«Purchase Only»

## Power Drive Units and Accessories

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Power Drive Units and Accessories**

HCPCS Code	Description	Purchase, Rental Designation
E0983	Power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Purchase or Rental
E0984	Power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Purchase or Rental
E1028	Manual Swing-Away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Purchase or Rental
«E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Purchase or Rental
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Purchase or Rental
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Purchase or Rental»
E2368	Power wheelchair component, motor, replacement only	Purchase Only
E2369	Power wheelchair component, gear box, replacement only	Purchase Only
E2370	Power wheelchair component, motor and gear box combination, replacement only	Purchase Only
^ K0098	Drive belt for power wheelchair, replacement only	Purchase Only

## Power Wheelchair Interfaces and Controllers

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Power Wheelchair Interfaces and Controllers**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2312	Hand or chin control interface, remote joystick, mini-proportional remote joystick, proportional, including fixed mounting hardware	«Purchase or Rental»
E2313	Harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	«Purchase or Rental»
E2321	Hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	«Purchase or Rental»
E2322	Hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	«Purchase or Rental»
E2323	Specialty joystick handle for hand control interface, prefabricated	«Purchase or Rental»
E2324	Chin cup for chin control interface	«Purchase Only»
E2325	Sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	«Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation for Power Wheelchair  
Interfaces and Controllers (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2326	Breath tube kit for sip and puff interface	«Purchase Only»
E2327	Head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch and fixed mounting hardware	«Purchase Only»
E2328	Head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	«Purchase Only»
E2329	Head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, head array, and fixed mounting hardware	«Purchase Only»
E2330	Head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	«Purchase Only»
E2331	Attendant control, proportional, including all related electronics and fixed mounting hardware	«Purchase Only»
E2351	Electronic interface to operate speech generating device using power wheelchair control interface	«Purchase Only»
E2373	Hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	«Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation for Power Wheelchair Interfaces and Controllers (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2374	Hand or chin control interface, standard remote joystick, proportional, including all related electronics and fixed mounting hardware, replacement only	«Purchase Only»
E2375	Non-expandable controller, including all related electronics and fixed mounting hardware, replacement only	«Purchase Only»
E2376	Expandable controller, including all related electronics and fixed mounting hardware, replacement only	«Purchase Only»
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	«Purchase Only»
E2378	Power wheelchair component, actuator, replacement only	«Purchase Only»

**Note:** «The maximum reimbursement rates listed on the [Medi-Cal Rates](#) page for codes E2312, E2321, E2322, E2327 and E2373 are for the initial purchase or rental of these items. For additional information about reimbursement for these codes, please refer to section *Durable Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories* in the Part 2 provider manual.»

## Power Seating Systems

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Power Seating Systems**

HCPCS Code	Description	Purchase, Rental Designation
E1002	Power seating system, tilt only	Purchase or Rental
E1003	Power seating system, recline only, without shear reduction	Purchase or Rental
E1004	Power seating system, recline only, with mechanical shear reduction	Purchase or Rental
E1005	Power seating system, recline, with power shear reduction	Purchase or Rental
E1006	Power seating system, tilt & recline, without shear reduction	Purchase or Rental
E1007	Power seating system, tilt & recline, with mechanical shear reduction	Purchase or Rental
E1008	Power seating system, tilt & recline, with power shear reduction	Purchase or Rental
E1009	Addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Purchase or Rental
E1010	Addition to power seating system, power leg elevation system, including leg rest, pair	Purchase or Rental
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Purchase or Rental
«E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Purchase Only»



**Table of HCPCS Codes, Descriptions and Designation for Power Seating Systems  
(continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
E2301	Power standing system	«Purchase Only»
E2310	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	«Purchase or Rental»
E2311	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	«Purchase or Rental»

**Pediatric Size Wheelchairs, Modifications and Accessories**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Pediatric Size Wheelchairs, Modifications and Accessories**

See also “Power Wheelchairs Group 5” on a previous page

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
+ E1011	Width adjustment package (not to be dispensed with initial chair)	«Purchase or Rental»
E1014	Reclining back	«Purchase or Rental»
+ E1229	Wheelchair, pediatric size, not otherwise specified	«Purchase or Rental»
+ E1231	Wheelchair, tilt-in-space, rigid, adjustable, with seating system	«Purchase or Rental»

**Table of HCPCS Codes, Descriptions and Designation for Pediatric Size Wheelchairs, Modifications and Accessories (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
E1232	Wheelchair, tilt-in-space, folding, adjustable, with seating system	Purchase or Rental
E1233	Wheelchair, tilt-in-space, rigid, adjustable, without seating system	Purchase or Rental
E1234	Wheelchair, tilt-in-space, folding, adjustable, without seating system	«Purchase or Rental
E1235	Rigid, adjustable, with seating system	Purchase or Rental
E1236	Folding, adjustable, with seating system	Purchase or Rental
E1237	Rigid, adjustable, without seating system	Purchase or Rental
E1238	Folding, adjustable, without seating system	Purchase or Rental
+ ^ E1239	Power wheelchair, pediatric size, not otherwise specified	«Repair Only»
+ E2291	Back, planar, including fixed attaching hardware	Purchase Only
+ E2292	Seat, planar, including fixed attaching hardware	Purchase Only
+ E2293	Back, contoured, including fixed attaching hardware	Purchase Only
+ E2294	Seat, contoured, including fixed attaching hardware	Purchase Only
+ E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Purchase Only

## Miscellaneous Wheelchair Accessories

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Miscellaneous Wheelchair Accessories**

HCPCS Code	Description	«Purchase, Rental Designation»
E0950	Tray, each	«Purchase or Rental»
E0971	Anti-tipping device (each)	«Purchase or Rental»
E1029	Ventilator tray, fixed	«Purchase or Rental»
E1030	Ventilator tray, gimbaled	«Purchase or Rental»
E2207	Crutch and cane holder, each	«Purchase Only»
E2208	Cylinder tank carrier, each	«Purchase or Rental»
K0105	IV hanger, each	«Purchase or Rental»
+ K0108	Other accessories	«Purchase or Rental»

## **Infusion Equipment and Supplies**

CPT® codes 95250 (ambulatory continuous glucose monitoring [CGM] of interstitial fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional [office] provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of a sensor, and printout of recording) and 95251 (ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report) cannot be reported more than once per month per patient, any provider, regardless of the duration of professional CGM or the number of times CGM is provided in a single month.

**Note:** All Continuous Glucose Monitoring Systems are carved out as pharmacy-billed items through Medi-Cal Rx.

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Infusion Equipment and Supplies**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Purchase Only
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	Purchase Only
B9002	Enteral nutrition infusion pump, any type	Purchase or Rental
E0776	I.V. pole	Purchase or Rental
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Purchase or Rental

**Table of HCPCS Codes, Descriptions and Designation for Infusion Equipment and Supplies (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Purchase or Rental
+ E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (daily rental)	Purchase or Rental
+ E0784	External ambulatory infusion pump, insulin	Purchase or Rental
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Purchase or Rental
E0791	Parenteral infusion pump, stationary, single or multi-channel	Purchase or Rental
+ K0455	Infusion pump used for uninterrupted parenteral administration of medication, (eg, epoprostenol or treprostinol)	Purchase or Rental
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Purchase Only
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Purchase Only
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Purchase Only
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Purchase Only
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Purchase Only
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Purchase Only

## **Augmentative or Alternative Communication and Speech Generating Devices**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Augmentative or Alternative Communication and Speech Generating Devices**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
+ E1902	Communication board, non-electronic augmentative or alternative communication device	«Purchase or Rental»
+ E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	«Purchase or Rental»
+ E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	«Purchase or Rental»
+ E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	«Purchase or Rental»
+ E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	«Purchase or Rental»
+ E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	«Purchase or Rental»
+ E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	«Purchase or Rental»
+ E2511	Speech generating software program, for personal computer or personal digital assistant	«Purchase Only»

**Table of HCPCS Codes, Descriptions and Designation for Augmentative or Alternative Communication and Speech Generating Devices (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ E2512	Accessory for speech generating device, mounting system	Purchase or Rental
« + E2513	Accessory for speech generating device, electromyographic sensor	Purchase or Rental»
+E2599	Accessory for speech generating device, not otherwise classified	Purchase or Rental

## **Patient Lifts and Standing Frames**

When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.

**Table of HCPCS Codes, Descriptions and Designation for Patient Lifts and Standing Frames**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
E0621	Sling or seat, patient lift, canvas or nylon	Purchase Only
E0625	Patient lift, bathroom or toilet, not otherwise specified	Purchase Only
E0630	Patient lift, hydraulic, with seat or sling	Purchase or Rental
E0635	Patient lift, electric with seat	Purchase or Rental
+ E0637	Combination sit to stand system, any size, with seat lift, with or without wheels	Purchase or Rental
+ E0638	Standing frame system, any size with or without wheels	Purchase or Rental
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Purchase or Rental

**Table of HCPCS Codes, Descriptions and Designation for Patient Lifts and Standing Frames (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
+ E0641	Standing frame system, multi-position, any size including pediatric, with or without wheels	«Purchase or Rental»
+ E0642	Standing frame system, mobile, any size including pediatric	«Purchase or Rental»

## **Pneumatic Compressors and Appliances**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Pneumatic Compressors and Appliances**

<b>HCPCS Code</b>	<b>Description</b>	<b>«Purchase, Rental Designation»</b>
+ E0650	Pneumatic compressor, nonsegmental, home model	«Purchase or Rental»
+ E0651	Pneumatic compressor, segmental, home model	«Purchase or Rental»
+ E0655	Pneumatic appliance, half arm	«Purchase or Rental»
+ E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	«Purchase or Rental»
+ E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	«Purchase or Rental»
+ E0660	Pneumatic appliance, full leg	«Purchase or Rental»
+ E0665	Pneumatic appliance, full arm	«Purchase or Rental»



**Table of HCPCS Codes, Descriptions and Designation for Pneumatic Compressors and Appliances (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ E0666	Pneumatic appliance, half leg	Purchase or Rental
+ E0667	Segmental pneumatic appliance, full leg	Purchase or Rental
+ E0668	Segmental pneumatic appliance, full arm	Purchase or Rental
+ E0669	Segmental pneumatic appliance, half leg	Purchase or Rental
+ E0670	Segmental pneumatic appliance, 2 full legs and trunk	Purchase or Rental
+ E0671	Pressure pneumatic appliance, full leg	Purchase or Rental
+ E0672	Pressure pneumatic appliance, full arm	Purchase or Rental
+ E0673	Pressure pneumatic appliance, half leg	Purchase or Rental
«E0678	Nonpneumatic sequential compression garment, full leg	Purchase Only
E0679	Nonpneumatic sequential compression garment, half leg	Purchase Only
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	Purchase or Rental
E0681	Nonpneumatic compression controller without calibrated gradient pressure	Purchase or Rental
E0682	Non-pneumatic sequential compression garment, full arm	Purchase Only»

## **Miscellaneous**

«When a code is designated as a purchase, modifier NU is required. When a code is designated as a rental, modifier RR is required. These modifiers cannot be used together in any combinations during the same month.

For rental and purchase rates, providers should refer to the [Medi-Cal Rates](#) page on the Medi-Cal Providers website.»

**Table of HCPCS Codes, Descriptions and Designation for Miscellaneous**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
A4271	«Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests»	Purchase Only
A4281	Tubing for breast pump, replacement	Purchase Only
A4282	Adapter for breast pump, replacement	Purchase Only
A4283	Cap for breast pump bottle, replacement	Purchase Only
A4284	Breast shield and splash protector for use with breast pump, replacement	Purchase Only
A4285	Polycarbonate bottle for use with breast pump, replacement	Purchase Only
A4286	Locking ring for breast pump, replacement	Purchase Only
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	Purchase Only
A4595	TENS supplies, 2 lead, per month	Purchase Only
A4660	Blood pressure apparatus with cuff and stethoscope	Purchase Only
A4663	Blood pressure cuff only	Purchase Only
A4670	Automatic blood pressure monitor	Purchase Only
+ A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Purchase Only
A7000	Canister, disposable, used with suction pump, each	Purchase Only
A7001	Canister, non-disposable, used with suction pump, each	Purchase Only
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	Purchase Only

**Table of HCPCS Codes, Descriptions and Designation for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
A9281	Reaching/grabbing device, any type, any length, each	Purchase Only
A9284	Spirometer, nonelectronic, includes all accessories	Purchase Only
+ A9900	Miscellaneous DME supply, accessory and/or service component of another HCPCS code	Purchase Only
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Purchase Only
«E0201	Penile contracture device, manual, greater than 3 lbs traction force	Purchase Only»
E0210	Electric heat pad, standard	Purchase Only
E0350	Control unit for electronic bowel irrigation/evacuation system	Purchase or Rental
E0352	Disposable pack for use with the electronic bowel irrigation/evacuation system	Purchase Only
E0602	Breast pump, manual, any type	Purchase Only
E0603	Breast pump, electric, (AC or DC), any type. This is also known as a personal grade (single-user) electric breast pump.	Purchase Only
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type. This is also known as a hospital grade (multi-user) electric breast pump.	Rental Only
E0605	Vaporizer, room type	Purchase Only
E0607	Home blood glucose monitor	Purchase Only
E0691	Ultraviolet light therapy system, two square feet or less	Purchase only
E0694	Ultraviolet multidirectional light therapy system in six foot cabinet	Purchase only

**Table of HCPCS Codes, Descriptions and Designation for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
E0705	Transfer board or device, any type, each	Purchase or Rental
E0710	Restraints for the body, chest, wrist or ankle	Purchase Only
E0720	TENS device, two lead, localized stimulation	Rental Only
E0730	TENS device, four or more leads, for multiple nerve stimulation	Rental Only
« + E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Purchase or Rental»
+ E0747	Osteogenesis stimulator; electrical, non-invasive, other than spinal applications	Purchase Only
+ E1399	Miscellaneous	Purchase or Rental
E1639	Scale, each	Purchase or Rental
E2000	Gastric suction pump, home model, portable or stationary, electric	Purchase or Rental
E2100	Blood glucose monitor with integrated voice synthesizer	Purchase or Rental
E2101	Blood glucose monitor with integrated lancing/blood sample	Purchase or Rental
E2102	Adjunctive continuous glucose monitor or receiver	Purchase Only
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	Purchase Only
+ E2402	Negative pressure wound therapy electrical pump, stationary or portable (daily rental)	Rental Only
« + E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Purchase or Rental»
+ E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Purchase or Rental

**Table of HCPCS Codes, Descriptions and Designation for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
+ E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Purchase or Rental
+ E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Purchase or Rental
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Rental Only
K0739	Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	N/A
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	N/A
+ K0743	Suction pump, home model, portable, for use on wounds (modifier RR)	Rental Only
+ K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less (modifier NU)	Purchase Only
+ 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 (modifier NU)	Purchase Only
+ K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches (modifier NU)	Purchase Only
K1032	Nonpneumatic sequential compression garment, full leg	Purchase Only

**Table of HCPCS Codes, Descriptions and Designation for Miscellaneous (continued)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Purchase, Rental Designation</b>
K1033	Nonpneumatic sequential compression garment, half leg	Purchase Only
S8130	Interferential current stimulator, 2 channel (modifier RR)	Purchase or Rental
S8131	Interferential current stimulator, 4 channel (modifier RR)	Purchase or Rental
S8265	Haberman feeder for cleft lip/palate	Purchase Only
T5001	Positioning seat for persons with special orthotic needs	Purchase or Rental

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
+	Authorization is required for this procedure
^	This code is reimbursable only for repairs to patient-owned equipment
*	Bill as a disposable medical supply. Refer to the <i>Medical Supplies Billing Codes, Units and Quantity Limits</i> spreadsheet section of this manual