
Durable Medical Equipment (DME): Billing Codes

Page updated: March 2023

«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 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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» |
| + 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» |

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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| + 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|--|
| + 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|--|
| + 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|--|
| + 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» |
| + 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| + 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|--|
| + 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

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|-------------------------------------|
| ^ 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» |
|------------|--|--------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|------------|---|--------------------------------|
| 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

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|--|
| ^ 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**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---|
| 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**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---|
| 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»**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)**

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|-------------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| ^ 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| ^ 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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» |
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|------------|---|--------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)**

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| + 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|-------------------------------------|
| 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

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|-------------------------------------|
| 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|-------------------------------------|
| 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| + 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| + E2512 | Accessory for speech generating device, mounting system | «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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| 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)

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|---|---------------------------------------|
| + 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

| HCPCS Code | Description | «Purchase, Rental Designation» |
|-------------------|--|---------------------------------------|
| + 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|-------------------------------------|
| + 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

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|-------------------------------------|
| «A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | 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)

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|-------------------------------------|
| 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 |
| 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 |
| 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 |
| + E0747 | Osteogenesis stimulator; electrical, non-invasive, other than spinal applications | Purchase Only |

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

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|--|-------------------------------------|
| + 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 |
| + E8000 | Gait trainer, pediatric size, posterior support, includes all accessories and components | Purchase or Rental |
| + 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 |

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

| HCPCS Code | Description | Purchase, Rental Designation |
|-------------------|---|-------------------------------------|
| 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 |
| 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.

| Symbol | Description |
|---------------|---|
| « | 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 |