

Washington Apple Health (Medicaid)

Medical Equipment and Supplies Billing Guide

April 1, 2025

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is in the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide*

This publication takes effect **April 1, 2025**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program(s) in this guide are governed by the rules found in [chapter 182-543 WAC](#).

HCA is committed to providing equal access to our services. If you need accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Services, equipment, or both related to any of the programs listed below must be billed using HCA's Washington Apple Health program-specific billing guides:

- [Medical Nutrition Therapy Billing Guide](#)
- [Home Infusion, Diabetic Treatment, and Parenteral Nutrition Program Billing Guide](#)
- [Prosthetic and Orthotic Devices Billing Guide](#)

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by HCA.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business HCA.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

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To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

Confidentiality toolkit for providers

The [Washington State Confidentiality Toolkit for Providers](#) is a resource for providers required to comply with health care privacy laws.

Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

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What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

| Subject | Change | Reason for Change |
|--|---|--|
| Integrated Apple Health Foster Care (AHFC) | Corrected acronym for Coordinated Care (CCW). Also added Unaccompanied Refugee Minors (URM) program to the list of clients under the AHFC program | Housekeeping and updating the list of clients under the AHFC program |

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| Subject | Change | Reason for Change |
|--|---|--|
| <p>Bathroom equipment HCPCS codes</p> | <p>Added HCPCS codes E0168, E0247, E0248 that require prior authorization (PA)</p> <p>Removed PA for codes E0243, E0244, E0245, E0163, E0165, E0167, E0175</p> | <p>Updated list</p> |
| <p>Compression garments</p> | <p>Updated requirements from 20 to 30 millimeters of mercury</p> <p>Revised description of types of compression garments HCA pays for</p> <p>Added list of HCPCS for compression garments</p> <p>Removed requirement that providers must continue to bill HCA using HCPCS code A6549 for all compression garment – See HCPCS code list for correct compression garment code</p> | <p>HCA policy decision</p> <p>Added further clarifying details</p> <p>Updated list</p> <p>Updated list. Providers must use the most appropriate compression garment HCPCS code. See section.</p> |
| <p>Enclosed bed systems</p> | <p>Added language regarding medical necessity and description of enclosed bed systems</p> | <p>Update to clinical policy</p> |
| <p>360-degree safety enclosure frame/canopy (E0316)</p> | <p>Added language to explain the distinction between the frame/canopy and enclosed bed system</p> | <p>Clarification</p> |

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| Subject | Change | Reason for Change |
|--|--|--|
| Positioning devices (standers) and patient lifts | Removed HCPCS codes E0636, E0641, and E0642 | HCA policy decision |
| Bathroom equipment | Removed PA requirements from E0163, E0165, E0167, E0175, E0243, E0244, E0245 | Policy change. Effective for dates of service on and after April 1, 2025, HCA allows purchase only and limits purchase to 1 every 3 years. |
| Coverage/Limitations | Removed listing of urological and ostomy supplies | Information can be found in the Coverage table |
| Exception to Rule (ETR) | Removed section | ETR does not apply to medical equipment |
| Coverage table | Removed HCPCS codes T5999 and Q0508 | HCA policy decision |
| Miscellaneous supplies | Added HCPCS code E1832 for stretch finger device | PA required. HCA policy decision |

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Resources Available

| Topic | Resource Information |
|--|---|
| Becoming a provider or submitting a change of address or ownership | See HCA's Billers and Providers webpage |
| Finding out about payments, denials, claims processing, or HCA-contracted managed care organizations | See HCA's Billers and Providers webpage |
| Electronic billing | See HCA's Billers and Providers webpage |
| Finding HCA documents (e.g., Washington Apple Health billing guides, provider notices, and fee schedules) | See HCA's Billers and Providers webpage |
| Private insurance or third-party liability, other than HCA-contracted managed care | See HCA's Billers and Providers webpage |
| Requesting that equipment/supplies be added to the "covered" list in this billing guide | Phone: (800) 562-3022 Fax: (866) 668-1214 |
| Requesting prior authorization or a limitation extension | Providers may submit prior authorization requests online through direct data entry into ProviderOne. See HCA's prior authorization webpage for details. Providers may also fax requests to 866-668-1214. The first page of the fax must be the completed <i>General Information for Authorization (GIA)</i> form, HCA 13-835. Do not include a fax cover sheet. |
| Questions about the payment rate listed in the fee schedule | Cost Reimbursement Analyst Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510 (360) 753-9152 (fax) |
| Medicare Learning Network | MLN Homepage CMS |
| PDAC – Medicare Contractor for Pricing, Data Analysis and Codes of HCPCS Level II DMEPOS Codes | PDAC – DME Coding System (DMECS) Information (dmepdac.com) |

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Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to [chapter 182-500 WAC](#) and [WAC 182-543-1000](#) for a complete list of definitions for Washington Apple Health.

Authorized treating and prescribing provider–

- A physician, nurse practitioner, clinical nurse specialist, or physician assistant who may order and conduct home health services, including face-to-face encounter services; or
- A certified nurse midwife under [42 C.F.R. 440.70](#) when furnished by a home health agency that meets the conditions of participation for Medicare who may conduct home health services, including face-to-face encounter services.

Date of delivery – The date the client actually took physical possession of an item or equipment. See [Proof of delivery](#).

Digitized speech – (Also referred to as devices with whole message speech output) - Words or phrases that have been recorded by a person other than the SGD user for playback upon command of the SGD user.

Disposable Supplies – Supplies which are designed as single-use products to be discarded after initial use.

EPSDT - See [WAC 182-500-0005](#).

Health Care Common Procedure Coding System (HCPCS) – A standardized coding system established by the Centers for Medicare and Medicaid Services (CMS) that is used primarily to identify products, supplies and services, such as durable medical equipment, prosthetics, orthotics and supplies. This term is used interchangeably with procedure code.

Home – A location, other than a hospital or skilled nursing facility, where the client resides and receives care.

Hospital bed - A bed designed for use in a hospital or similar facility, or for use at home. It is characterized by its adjustability and various features, including the ability to elevate or lower the head, foot, or entire bed frame, often using a motorized mechanism. Hospital beds may also have side rails and other features to support patient care and comfort. They are used to provide patients with therapeutic support and to facilitate easier medical care and treatment.

House Wheelchair – A skilled nursing facility wheelchair that is included in the skilled nursing facility's per-patient-day rate under [chapter 74.46 RCW](#).

Manual Wheelchair – See Wheelchair – Manual.

Medical equipment – Includes medical equipment and appliances, and medical supplies.

Medical equipment and appliances - Health care-related items that:

- Are primarily and customarily used to serve a medical purpose;
- Generally are not useful to a person in the absence of illness or injury;

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- Can withstand repeated use;
- Can be reusable or removable; and
- Are suitable for use in any setting where normal life activities take place.

Medical supplies – Health care-related items that are:

- Consumable, or disposable, or cannot withstand repeated use by more than one person;
- Required to address an individual medical disability, illness, or injury;
- Suitable for use in any setting which is not a medical institution and in which normal life activities take place; and
- Generally not useful to a person in the absence of illness or injury.

Personal or comfort item – An item or service that primarily facilitates leisure or recreational activities or that primarily serves the comfort or convenience of the client or caregiver and is considered not medically necessary.

Plan of Care (POC) – (Also known as plan of treatment (POT)). A written plan of care that is established and periodically reviewed and signed by both an authorized practitioner and a home health agency provider that describes the home health care to be provided at the client’s residence. (WAC [182-551-2010](#))

Power Mobility Device (PMD) – Base codes include both integral frame and modular construction type power wheelchairs (PWCs) and power operated vehicles (POVs), in accordance with CMS guidelines.

Power Operated Vehicle – Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four-wheel non-highway construction.

Power-Drive Wheelchair – See Wheelchair – Power.

Reusable Supplies – Supplies which are designed and intended for repeated use.

Safety enclosure frame/canopy – A passive bed enclosure that provides a solid framework and a soft canopy structure, which securely attaches to the bed. The enclosure provides access to the client through openings allowing the caregiver the ability to provide routine care to the client. It is an integral part of, or accessory to, a hospital bed.

Scooter – A federally-approved, motor-powered vehicle that:

- Has a seat on a long platform.
- Moves on either three or four wheels.
- Is controlled by a steering handle.
- Can be independently driven by a client.

Specialty bed – A hospital bed used primarily in the treatment of an individual with a disability, illness, or injury that has a pressure reducing or relieving support surface, such as foam, air, water, or gel mattress or overlay.

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Speech generating device (SGD) - An electronic device or system that compensates for the loss or impairment of a speech function due to a congenital condition, an acquired disability, or a progressive neurological disease. The term includes only that equipment used for the purpose of communication. Formerly known as augmentative communication device (ACD).

Synthesized speech – A technology that translates a user’s input into device-generated speech using algorithms representing linguistic rules; synthesized speech is not the prerecorded messages of digitized speech. An SGD that has synthesized speech is not limited to pre-recorded messages but rather can independently create messages as communication needs dictate.

Three- or four-wheeled scooter – A three- or four-wheeled vehicle meeting the definition of scooter (see scooter) and has all of the following minimum features:

- Rear drive
- A twenty-four volt system
- Electronic or dynamic braking
- A high to low-speed setting
- Tires designed for indoor/outdoor use

Warranty period – A guarantee or assurance, according to manufacturers’ or providers’ guidelines, of set duration from the date of purchase.

Wheelchair-manual – A federally-approved, nonmotorized wheelchair that is capable of being independently propelled and fits one of the following categories:

- **Standard:**
 - Usually is not capable of being modified
 - Accommodates a person weighing up to 250 pounds
 - Has a warranty period of at least one year
- **Lightweight:**
 - Composed of lightweight materials
 - Capable of being modified
 - Accommodates a person weighing up to 250 pounds
 - Usually has a warranty period of at least three years
- **High strength lightweight:**
 - Is usually made of a composite material
 - Is capable of being modified.
 - Accommodates a person weighing up to 250 pounds
 - Has an extended warranty period of over three years
 - Accommodates the very active person

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- **Hemi:**
 - Has a seat-to-floor height lower than 18 inches to enable an adult to propel the wheelchair with one or both feet.
 - Is identified by its manufacturer as Hemi type with specific model numbers that include the Hemi description.
- **Pediatric:**
 - Has a narrower seat and shorter depth more suited to pediatric patients, usually adaptable to modifications for a growing child
- **Recliner:**
 - Has an adjustable, reclining back to facilitate weight shifts and provide support to the upper body and head
- **Tilt-in-Space:**
 - Has a positioning system that allows both the seat and back to tilt to a specified angle to reduce shear or allow for unassisted pressure releases
- **Heavy Duty.** Has one of the following:
 - Specifically manufactured to support a person weighing up to 300 pounds
 - Accommodating a seat width of up to 22 inches wide (not to be confused with custom manufactured wheelchairs)
- **Rigid:**
 - Is of ultra-lightweight material with a rigid (nonfolding) frame
- **Custom Heavy Duty.** Is either of the following:
 - Specifically manufactured to support a person weighing over 300 pounds
 - Accommodates a seat width of over 22 inches wide (not to be confused with custom manufactured wheelchairs)
- **Custom Manufactured Specially Built:**
 - Ordered for a specific client from custom measurements
 - Is assembled primarily at the manufacturer's factory

Wheelchair–Power – A federally approved, motorized wheelchair that can be independently driven by a client and fits one of the following categories:

- **Custom power adaptable to:**
 - Alternative driving controls
 - Power recline and tilt-in-space systems
- **Noncustom power:**
 - Does not need special positioning or controls and has a standard frame

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- **Pediatric:**

- Has a narrower seat and shorter depth that is more suited to pediatric patients. Pediatric wheelchairs are usually adaptable to modifications for a growing child

About the Program

The federal government considers medical equipment and related supplies as services under the Medicaid program. For information about the Habilitative Services benefit, see [What are habilitative services under this program?](#)

HCA covers medical equipment and related supplies listed in this billing guide according to HCA rules and subject to the limitations and requirements within this guide. HCA pays for medical equipment and related supplies including modifications, accessories, and repairs when they are:

- Within the scope of the client's medical program (see WAC [182-501-0060](#) and WAC [182-501-0065](#)).
- Medically necessary, as defined in WAC [182-500-0070](#), means that there is no other equally effective, more conservative, or significantly less costly course of treatment available or suitable for the client requesting the service.
- Prescribed by a practitioner and within the scope of the practitioner's licensure, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer and HCA is billed for a copay and/or deductible only.
- Authorized, as required in this billing guide, and in accordance with the following:
 - Chapter [182-501](#) WAC
 - Chapter [182-502](#) WAC
 - Chapter [182-543](#) WAC
- Provided and used within accepted medical or physical medicine community standards of practice.

HCA requires prior authorization (PA) for covered medical equipment related supplies, and related services when the clinical criteria are not met, including the criteria associated with the [expedited prior authorization](#) (EPA) process.

HCA evaluates requests requiring PA on a case-by-case basis to determine medical necessity, according to the process found in WAC [182-501-0165](#).

Note: See [Authorization](#) for specific details regarding authorization for the medical equipment program.

HCA bases its determination about which medical equipment services and related supplies require PA or EPA on utilization criteria (see [Authorization](#)). HCA considers all the following when establishing utilization criteria:

- Cost
- The potential for utilization abuse
- A narrow therapeutic indication
- Safety

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HCA evaluates a request for any medical equipment item listed under the provisions of WAC [182-501-0160](#) (see [Exception to Rule](#)). When EPSDT applies, HCA evaluates a noncovered service, equipment, or supply according to the process in WAC [182-501-0165](#) to determine if it is:

- Medically necessary.
- Safe.
- Effective.
- Not experimental (see HCA's current [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Billing Guide](#) for more information).

HCA evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC [182-531-0050](#), under the provisions of WAC [182-501-0165](#), which relate to medical necessity (see [Authorization](#)).

What are habilitative services under this program?

Habilitative services are those medically necessary services provided to help a client partially or fully attain or maintain developmental age-appropriate skills that were not fully acquired due to a congenital, genetic, or early-acquired health condition. Such services are required to maximize the client's ability to function in his or her environment.

Applicable to those clients in the expanded population and covered by the Alternative Benefit Plan (ABP) only, HCA will cover wheelchairs, medical equipment, and devices to treat one of the qualifying conditions listed in HCA's [Habilitative Services Billing Guide](#), under *Client Eligibility*.

All other program requirements are applicable to a habilitative service and should be followed unless otherwise directed (e.g., prior authorization).

Billing for habilitative services

Habilitative services must be billed using one of the qualifying diagnosis codes listed in HCA's [Habilitative Services Billing Guide](#) in the primary diagnosis field on the claim.

Services and equipment related to any of the following programs must be billed using HCA's Washington Apple Health program-specific billing guide:

- [Prosthetic and Orthotic Devices](#)
- [Complex Rehabilitation Technology \(CRT\)](#)

Client Eligibility

Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See HCA's [Apple Health managed care page](#) for further details.

It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.

How do I verify a client's eligibility?

Check the client's services card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

Verifying eligibility is a two-step process:

- Step 1. Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's [ProviderOne Billing and Resource Guide](#).
- If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.
- Step 2. Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program Benefit Packages and Scope of Services](#) webpage.

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button. For patients age 65 and older, or on Medicare, go to [Washington Connections](#) – select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form.
To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older, or on Medicare, complete the *Washington Apple Health Application for Age, Blind, Disabled/Long-Term Services and Supports (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

Yes. Most Apple Health clients are enrolled in one of HCA's contracted managed care organizations (MCO). For these clients, managed care enrollment is displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained through the MCO's contracted network. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

Note: A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in [WAC 182-502-0160](#).

Managed care enrollment

Most Apple Health clients are enrolled in HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. Some clients may still start their first month of eligibility in the FFS program because their qualification for MC enrollment is not established until the month following their Apple Health eligibility determination. **Exception:** Apple Health Expansion clients are enrolled in MC and will not start their first month of eligibility in the FFS program. For more information, visit [Apple Health Expansion](#). Providers must check eligibility to determine enrollment for the month of service.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Checking eligibility

Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to HCA's [Apply for or renew coverage webpage](#).

Client's options to change plans

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account:**
 - Go to [Washington Healthplanfinder website](#).
- **Available to all Apple Health clients:**
 - Visit the [ProviderOne Client Portal website](#):
 - Request a change online at [ProviderOne Contact Us](#) (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."
 - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

For online information, direct clients to HCA's [Apple Health Managed Care webpage](#).

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Clients who are not enrolled in an HCA-contracted managed care plan for physical health services

Some Apple Health clients do not meet the qualifications for managed care enrollment. These clients are eligible for services under the fee-for-service program.

In this situation, each managed care plan will have a Behavioral Health Services Only (BHSO) benefit available for Apple Health clients who are not in integrated managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an integrated HCA-contracted managed care plan are automatically enrolled in a BHSO except for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the fee-for-service Medicaid program will reimburse providers for the covered services. Examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption Support and Foster Care Alumni.

Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care's (CCW) Apple Health Core Connections Foster Care program receive both medical and behavioral health services from CCW.

Clients under this program are:

- Under the age of 18 who are in foster care (out of home placement) or in the Unaccompanied Refugee Minors program
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care.**"

The Apple Health Customer Services team can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care and Adoption Support (FCAS) team at 1-800-562-3022, Ext. 15480.

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Apple Health Expansion

Individuals age 19 and older who do not meet the citizenship or immigration requirements to receive benefits under federally funded programs and who receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contract managed care organization. For more information, visit [Apple Health Expansion](#).

Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

American Indian/Alaska Native (AI/AN) Clients

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

What if a client has third-party liability (TPL)?

If the client has third-party liability (TPL) coverage (excluding Medicare), prior authorization must be obtained before providing any service requiring prior authorization. For more information on TPL, refer to HCA's [ProviderOne Billing and Resource Guide](#).

Medical Equipment & Supplies Benefits

This billing guide provides information for billing medical equipment & supplies (MES) for eligible clients. Providers must adhere to authorization requirements and medical necessity guidelines as outlined in the Washington Administrative Code (WAC), Provider Billing Guides, Provider Alerts, and the Core Provider Agreement.

HCA covers for MES, related repairs and services when all the following apply:

- Authorized, as required in this billing guide, and per the following:
 - [Chapter 182-501 WAC](#)
 - [Chapter 182-502 WAC](#)

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- [Chapter 182-543 WAC](#)
- Meet the definition of medical equipment and supplies, be classified as durable medical equipment within the Medicare program, and be primarily used for a medical purpose and not useful to a person without illness or injury, as outlined in [WAC 182-543-1000](#).
 - Some items or accessories provided by a supplier may offer benefits to an individual. However, this does not inherently qualify them as 'medical equipment' or establish them as medically necessary, even if they have potential medical use. Examples include, but are not limited to, generators, battery packs, and air conditioners.
 - Equipment or upgrades that primarily serve comfort, leisure, or caregiver convenience may occasionally meet the definition of medical equipment but are generally not considered medically necessary.
- Be medically necessary, as defined in [WAC 182-500-0070](#). Under this definition, medical necessity means that there is no other equally effective, more conservative, or significantly less costly course of treatment available or suitable for the client requesting the service.

Provider and Manufacturer Information

Payment for medical equipment/supplies and related services

HCA pays the following qualified providers on a fee-for-service basis for medical equipment, supplies, and related repairs and services listed in the [Coverage Table](#) of this billing guide. Providers must meet all of the following requirements:

- Be a provider of durable medical equipment and related repairs and services
- Be a medical equipment supplier, pharmacy, or home health agency with a national provider identifier (NPI) for medical supplies
- Be a provider who supplies medical equipment and supplies in the office (HCA may pay separately for medical supplies, subject to the provisions in HCA's resource-based relative value scale fee schedule)

A qualifying face-to-face encounter is with the treating provider within six (6) months prior to the start of services. See [42 CFR 410.38\(c\)\(8\)](#).

For more information about medical equipment that requires a face-to-face encounter, see the [list of covered items](#) published by the Centers for Medicare and Medicaid Services.

Note: Determining when a qualifying face-to-face encounter is required based on the medical equipment, not the place of service.

Providers and supplier requirements

Providers and suppliers of medical equipment and related services must meet all of the following:

- The general provider requirements in chapter [182-502 WAC](#).
- Be enrolled with Medicaid and Medicare.
- Have the proper business license.
- Be certified, licensed and/or bonded if required, to perform the services billed to HCA.
- Provide instructions for use of equipment.
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties.
- Furnish, upon HCA request, documentation of proof of delivery, (See [How do providers furnish proof of delivery?](#)).
- Bill HCA using only the allowed procedure codes published within this billing guide.

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- Provide a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.
- Provide documentation that states the client diagnosis, specific item or service requested, estimated length of need (weeks, months, or years), and quantity.
- Have a valid written order/prescription from the treating provider as a condition for payment. Use HCA's *Prescription* form HCA 13-794. (See [Where can I download HCA forms?](#))
 - Include provider credentials.
 - Be signed by an authorized provider (see [Definitions](#)). Electronic signatures are acceptable. Stamped signatures are not acceptable.
 - Be dated by the provider on or before the date of delivery of the supply, equipment, or device. Prescriptions must not be backdated.
 - Be no older than one year from the date the provider signs the prescription, (Some medical equipment may require a shorter timeline between prescription signature and PA submission).
 - Include the client diagnosis.
 - State the item or service requested, diagnosis, quantity, and estimated length of need.

Note: For dual eligible Medicare/Medicaid clients when Medicare is the primary payer and HCA is being billed for co-pay (for Managed Medicare), coinsurance, and/or deductible only, the above does not apply.

Note: Point-of-Sale (POS) – National Drug Codes (NDCs) considered as medical supplies submitted through the point-of-sale system are reimbursed at the [medical equipment and supplies fee schedule](#) associated with their HCPCS code.

- Medical record documentation, sourced from the client's Electronic Health Record (EHR), must provide credible evidence, as outlined in [WAC 182-501-0165](#), to substantiate criteria for medical necessity as specified in this billing guide.
- In accordance with CMS guidelines on Medicaid documentation, the client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify the frequency of use or replacement if applicable. Mere submission of an agency form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information. Please refer to the [Documentation Matters Toolkit | CMS](#).

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How can equipment/supplies be added to the covered list in this billing guide?

Any interested party, such as a provider, supplier, and manufacturer, may request HCA to include new equipment/supplies in this guide.

The request should include credible evidence, including but not limited to:

- Manufacturer's literature.
- Manufacturer's pricing.
- Clinical research/case studies (including FDA approval, if required).
- Proof of the Centers for Medicare and Medicaid Services (CMS) certification, if applicable.
- Any additional information the requester feels will aid HCA in its determination.

Send requests to:

Medical Equipment Program Management Unit
PO Box 45506
Olympia WA 98504-5506

How do providers furnish proof of delivery?

When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish proof of delivery when HCA requests that information. All of the following apply:

- HCA requires a delivery slip as proof of delivery, and it must meet all of the following:
 - Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name
 - Include the serial number for medical equipment that may require future repairs
- When the provider or supplier submits a claim for payment to HCA, the date of service on the claim must be one of the following:
 - For a one-time delivery, the date the item was received by the client or authorized representative
 - For medical equipment for which HCA has established a monthly maximum, on or after the date the item was received by the client or authorized representative
- When a provider uses a delivery/shipping service to deliver items that are not fitted to the client, the provider must furnish proof of delivery that the client received the equipment and/or supply, when HCA requests that information.

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- If the provider uses a delivery/shipping service, the tracking slip is the proof of delivery. The tracking slip must include all the following:
 - The client's name or a reference to the client's package(s)
 - The delivery service package identification number
 - The delivery address
- If the provider/supplier delivers the product, the proof of delivery is the delivery slip. The delivery slip must include all of the following:
 - The client's name
 - The shipping service package identification number
 - The quantity, detailed description(s), and brand name(s) of the items being shipped
 - The serial number for medical equipment that may require future repairs
- When billing HCA, do both of the following:
 - Use the shipping date as the date of service on the claim if the provider uses a delivery/shipping service
 - Use the actual date of delivery as the date of service on the claim if the provider/supplier does the delivery

Note: A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

Note: HCA will not accept delivery receipts or attestations with modified or tampered delivery dates.

Providers must obtain PA when required before delivering the item to the client. The item must be delivered to the client before the provider bills HCA.

HCA does not pay for medical equipment furnished to HCA's clients when either of the following applies:

- The medical professional who provides medical justification to HCA for the item provided to the client is an employee of, has a contract with, or has any financial relationship with the provider of the item.
- The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of ME.

How does HCA decide whether to rent or purchase equipment?

- HCA bases its decision to rent or purchase wheelchairs, medical equipment, and supplies on the length of time the client needs the equipment.

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- A provider must not bill HCA for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- HCA purchases **new** medical equipment only.
 - **A new** medical equipment item that is placed with a client initially as a rental item is considered a new item by HCA at the time of purchase.
 - **A used** medical equipment item that is placed with a client initially as a loaner must be replaced by the supplier with a new item prior to purchase by HCA.
- HCA requires a dispensing provider to ensure the medical equipment rented to a client is:
 - In good working order.
 - Comparable to equipment the provider rents to clients with similar medical equipment needs who are either private pay clients or who have other third-party coverage.
- HCA's minimum rental period for covered medical equipment is one day.
- HCA authorizes rental equipment for a specific period of time. The provider must request authorization from HCA for any extension of the rental period.
- HCA's reimbursement amount for rented medical equipment includes all the following:
 - Delivery to the client
 - Fitting, set-up, and adjustments
 - Maintenance, repair and/or replacement of the equipment
 - Return pickup by the provider
- HCA considers rented equipment to be purchased after a 12-month rental has been completed unless the equipment is restricted as rental only.
- Medical equipment and related services purchased by HCA for a client are the client's property.
- HCA may choose to rent, but not purchase, certain medical equipment for clients.
- HCA stops paying for any rented equipment effective the date of a client's death. HCA prorates monthly rentals as appropriate.

HCA does not obtain or pay for insurance coverage against liability, loss and/or damage to rental equipment that a provider supplies to a client.

Medical necessity guidelines for medical equipment and supplies

HCA covers medical equipment and supplies (MES).

HCA requires providers to obtain prior authorization (PA) for certain medical equipment and supplies. See the [Providers billing guides and fee schedules](#) webpage under Medical equipment and supplies.

HCA reviews requests for PA on a case-by-case basis using evidence-based standards to determine medical necessity. This section outlines the routine guidelines to enhance the efficiency of PA reviews. Other clinical factors may also support medical necessity based on credible evidence from the electronic health record (EHR) in line with evidence-based standards.

It is important to note that the guidelines do not limit the payment for MES coverage solely to the listed criteria. Additional clinical factors may also establish medical necessity based on individual client needs and a review under [WAC 182-501-0165](#).

Bathroom equipment

Bathroom equipment may include, but is not limited to, items such as commodes, toilet seat risers, shower/tub chairs and benches, tub transfer benches, mobile shower chairs and combination mobile shower commode chairs.

HCPCS Codes:

The following HCPCS codes do **NOT** require PA:

E0243: Toilet rail, each

E0244: Raised toilet seat

E0245: Tub stool or bench

E0163: Commode chair with fixed arm

E0165: Commode chair with detacharm

E0167: Commode chair pail or pan, replacement only

E0175: Commode chair foot rest

The following HCPCS codes require PA:

E0168: Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each

E0240: Bath/shower chair, with or without wheels, any size

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E0247: Transfer bench for tub or toilet with or without commode opening

E0248: Transfer bench, heavy duty, for tub or toilet with or without commode opening

Medical necessity guidelines (routine):

The routine medical necessity guidelines for bathroom equipment are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

- The client is at risk of falls or other injuries while performing activities of daily living (ADLs) necessary to maintain or improve their health, such as bathing and toileting

Complex bathroom equipment

HCPCS Codes:

E0240: Bath/shower chair, with or without wheels, any size

Medical necessity guidelines (routine):

For mobile shower commode combination equipment with optional tilt and recline options the client must meet at least one of the following:

- Have neuromuscular conditions, spinal cord injuries, conditions with spasticity, significant lack of trunk tone or stability, risk for autonomic dysreflexia, or
- Be nonambulatory transfer dependent with:
 - Severe contractures; or
 - Pressure ulcers on the sacrum or gluteal region

Fee-for-service billing instructions:

Complex bathroom equipment requires prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements:

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

When a provider is requesting prior authorization for bathroom equipment, providers must use the *Bathroom Equipment* authorization form (HCA 13-872).
[See Where Can I Download HCA Forms?](#)

Note: The bathroom equipment authorization form is not required for complex bathroom equipment, such as combination tilt and recline chairs.

Compression garments

HCA pays for standard and custom fitted gradient medical grade compression garments that are medically necessary treatment items for each affected body part. Custom fitted compression garments are garments that are uniquely sized and shaped to fit the exact dimensions of the affected extremity or part of the body of an individual, to provide accurate gradient compression to treat the medical condition. All compression garments:

- Require prior authorization (PA)
- Must have a minimum level of 30 millimeters of mercury (mmHg)

HCPCS Codes:

A6515: Gradient compression wrap with adjustable straps, full leg, each, custom

A6516: Gradient compression wrap with adjustable straps, foot, each, custom

A6517: Gradient compression wrap with adjustable straps, below knee, each, custom

A6518: Gradient compression wrap with adjustable straps, arm, each, custom

A6519: Gradient compression garment, not otherwise specified, for nighttime use, each

A6520: Gradient compression garment, glove, padded, for nighttime use, each

A6521: Gradient compression garment, glove, padded, for nighttime use, custom, each

A6522: Gradient compression garment, arm, padded, for nighttime use, each

A6523: Gradient compression garment, arm, padded, for nighttime use, custom, each

A6524: Gradient compression garment, lower leg and foot, padded, for nighttime use, each

A6525: Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each

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A6526: Gradient compression garment, full leg and foot, padded, for nighttime use, each

A6527: Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each

A6528: Gradient compression garment, bra, for nighttime use, each

A6529: Gradient compression garment, bra, for nighttime use, custom, each

A6549: Gradient compression garment, not otherwise specified

A6566: Gradient compression garment, neck/head, each

A6567: Gradient compression garment, neck/head, custom, each

A6568: Gradient compression garment, torso and shoulder, each

A6569: Gradient compression garment, torso/shoulder, custom, each

A6570: Gradient compression garment, genital region, each

A6571: Gradient compression garment, genital region, custom, each

A6572: Gradient compression garment, toe caps, each

A6573: Gradient compression garment, toe caps, custom, each

A6593: Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified

A6611: Gradient compression wrap with adjustable straps, above knee, each, custom

E0678: Nonpneumatic sequential compression garment, full leg

E0679: Nonpneumatic sequential compression garment, half leg

E0682: Nonpneumatic sequential compression garment, full arm

Medical necessity guidelines (routine):

The routine medical necessity guidelines for compression garments are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

- The client has venous or lymphatic diseases or disorders, or
- Mixed venous/arterial insufficiency, or
- Varicose veins when accompanied with pain or skin ulceration, or both, or
- Thrombosis, thrombophlebitis, or

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- Edema

See [Coverage Table](#) for limitations.

Fee-for-service billing instructions:

Compression garments require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Beginning January 1, 2024, Medicare pays for lymphedema compression treatment items for Medicare Part B beneficiaries with a diagnosis of Lymphedema. For dual eligible clients with a diagnosis of Lymphedema, suppliers must first bill Medicare, according to Medicare billing guidance, before submitting for prior authorization with HCA.

For updated HCPCS codes used when billing Medicare only, reference CMS [MM13286 - Lymphedema Compression Treatment Items: Implementation \(cms.gov\)](#).

Documentation requirements:

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

Effective for dates of service on and after October 1, 2024, HCA's *Compression Garments* Authorization form 13-871 is no longer required. Prior authorization is still required.

Continuous Glucose Monitoring

For continuous glucose monitoring systems, including related equipment and supplies, see HCA's [Home Infusion, Diabetic Treatment and Parenteral Nutrition Program Billing Guide](#).

Continuous Passive Motion (CPM) Machine

To be payable, the device must begin being used within 72 hours following surgery. The benefit is limited to that portion of the 3-week period following surgery when the device is used in the home. There is insufficient medical evidence to justify coverage of these devices for longer periods of time or for other applications.

HCPCS Codes:

E0935: Continuous passive motion exercise device for use on knee only
(limitation up to 21 days of rental)

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E0936: Continuous passive motion exercise device for use other than knee
(limitation up to 21 days of rental)

Medical necessity guidelines (routine):

The routine medical necessity guidelines for continuous passive motion machine are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

Post-operative rehabilitation period:

- Total knee arthroplasty (TKA) or;
- Revision of a major component of a previous TKA

AND

- As an adjunct to ongoing physical therapy (PT) unless PT is contraindicated

Promotion of Cartilage Growth and Enhancement of Cartilage Healing

- The client is nonweight-bearing following specific procedures, until the client begins the weight-bearing phase of recovery. Specific procedures include:
 - Abrasion arthroplasty or microfracture procedure – for stimulating cartilage repair in damaged areas
 - Autologous chondrocyte transplantation – to facilitate the integration and maturation of transplanted cartilage cells
 - Chondroplasties of focal cartilage defects – for the repair and healing of localized cartilage damage
 - Surgery for intra-articular cartilage fractures – to promote cartilage healing post-surgery
 - Surgical treatment of osteochondritis dissecans – to enhance the healing process of the cartilage and underlying bone
 - Treatment of an intra-articular fracture of the knee (e.g., tibial plateau fracture repair) – to maintain joint mobility and support cartilage healing
- The client has other medical conditions, indicated when there is a high risk of developing joint stiffness or if early mobilization is critical to the surgical outcome:
 - Post-operative management of ligament reconstruction surgeries (e.g., ACL reconstruction)
 - Post-operative management of tendon repairs (e.g., rotator cuff repairs)

A CPM machine should not be used on patients with unstable fractures, severe joint instability, or active infection in the joint.

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Fee-for-service billing instructions:

CPM devices require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements:

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

Electrical Neural Stimulation (ENS)

Based upon review of evidence provided by the Health Technology Clinical Committee (HTCC), HCA does not consider this item or related supplies medically necessary outside of a medically supervised facility setting (e.g., in-home use). See [HTCC's finding and coverage decision](#).

Hospital beds

HCA pays for one hospital bed, per client in a 10-year period with limitations. See [WAC 182-543-3000](#).

Fee-for-service billing instructions:

Hospital beds require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements:

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

When a provider is requesting authorization for a hospital bed, providers must use *Hospital Bed Evaluation* form (HCA 13-747). See [Where can I download HCA forms?](#)

Note: For other forms, see [Medicaid Forms](#).

Enclosed beds: Enclosed bed systems, safety enclosures, and pediatric hospital beds

The term "enclosed beds" is an umbrella term encompassing various products, including fully enclosed systems designed with additional protection or enclosure components.

For the purposes of this billing guide, an enclosed bed system is not considered a hospital bed because it does not articulate. These custom beds are marketed primarily to individuals who may be prone to wandering or unsafe exiting from the bed. While these products are marketed as safety equipment, they are considered by the FDA as a form of restraint.

The enclosed bed system may include the following components:

- Frame: Metal or aluminum rectangular frame
- Padding: Polyurethane or similar tubular foam padding for the aluminum frame
- Side panels and canopy: Four side panels made of polyurethane-coated nylon pack cloth, gray polyester mesh (or similar materials) and polyester coiled zippers with an enclosed canopy

The FDA has published concerns about the safety of these products, which are classified as "patient bed with canopy/restraints," with a regulation description of "protective restraint" and defined as "enclosed bed canopy system used as passive restraint." These concerns are based on reports of serious safety risks including entrapment and product misuse, as well as [FDA Level 1 recalls](#). Given that these products are intended to prevent wandering or unsafe exiting from the bed, HCA recognizes the complexity of their potential use.

Considered not medically necessary. In most cases, enclosed bed systems are considered to be not medically necessary. The evidence is insufficient to support clinical efficacy, safety, or improved health outcomes over other alternative treatment interventions.

Requests for review. All requests are reviewed on a case-by-case basis for medical necessity. The evaluation process follows the guidelines outlined in [WAC 182-501-0165](#) to determine clinical efficacy and safety while applying the definition of medical necessity described in [WAC 182-500-0070](#).

The clinical review considers evidence-based practice guidelines, relevant studies, and credible evidence from the client's medical record.

For clients 20 years of age and younger, requests are evaluated on a case-by-case basis under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) policy for medical necessity.

360-degree safety enclosure frame/canopy (E0316)

This item is distinct from [enclosed bed systems](#), as described under the [Enclosed Beds](#) section. It is specifically designed for use with hospital beds. This item is not designed for use with enclosed bed systems for nonmedical beds. Depending on

the design of the product, it may fall under the FDA category of "patient bed with canopy/restraint."

HCPCS Codes:

E0316: Safety enclosure frame/canopy for use with hospital bed, any type

E0328: Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress

E0329: Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress

Medical Necessity Guidelines (routine):

The routine medical necessity guidelines for enclosed beds are as follows. These guidelines are reviewed on a case-by-case basis. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

- The client must have a medical condition that prevents the safe use of a standard, non-medical crib or bed, necessitating the use of a hospital bed or an enclosed pediatric hospital bed (See [WAC 182-543-3000](#) for hospital bed medical necessity guidelines),

AND

- The client is at serious risk of unsafe exiting from the bed.

Fee-for-service billing instructions

Enclosed beds require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation Requirements:

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

When a provider is requesting authorization for a hospital bed or safety enclosure for hospital bed, providers must use *Hospital Bed Evaluation* form (HCA 13-747).

When a provider is requesting authorization for an enclosed bed system, a care plan must be submitted.

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The care plan must be documented in the client's Electronic Health Record (EHR). The EHR chart notes must include all the following:

- Diagnosis, behaviors and symptoms
- Goals for the client
- Medical, behavioral, sleep interventions
 - Identify each of the less restrictive and less intrusive medical interventions tried and the dates associated with the interventions
- Intervention outcomes and clear explanation of why each intervention failed
- Plan for monitoring use of the enclosed bed system as a medical intervention and expected length of need.

Mattresses and related equipment

HCA purchases hospital bed mattresses with the limitation of one in a five-year period.

HCPCS codes: See [Beds, Mattresses and related equipment](#).

Fee-for-service billing instructions

Mattresses and related equipment require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

Patient lifts, traction equipment, fracture frames, and transfer boards

HCA covers the purchase of the following patient lifts, traction equipment, fracture frames, and transfer boards with limitations. Prior authorization may be required. See [Coverage Table](#) for specific PA requirements and limitations.

HCPCS Codes:

E0621: Sling or seat, patient lift, canvas or nylon

E0635: Patient lift, electric with seat or sling

Medical necessity guidelines (routine):

The routine medical necessity guidelines for patient lifts are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and review under [WAC 182-501-0165](#):

- The client requires a floor lift to transfer between bed and chair, wheelchair, or commode,

AND

- Without the use of a lift, the client would be confined to a bed.

For a multi-positional patient transfer system (E0635) the following routine medical necessity guidelines apply:

- The client meets the routine medical necessity guidelines for a lift; and
- The client requires supine positioning for transfers

Therapeutic positioning devices

HCA covers therapeutic positioning seats with the limitation of one in a five-year period.

HCA pays for therapeutic positioning car seats, for use in vehicles, (also known as a special needs or positioning car seats) which are designed to provide additional positioning support for children with medical conditions or disabilities or both.

In addition to safety requirements for transport in a vehicle, the positioning car seat must be for therapeutic positioning needs and considered medical in nature. 'Commercial car seats' do not meet the definition of medical equipment as outlined in [WAC 182-543-1000](#) and [42 CFR 440.70\(3\)](#). HCA does not cover commercial car seats.

Positioning car seat

HCPCS Code:

T5001: Positioning seat for persons with special orthopedic needs

Medical necessity guidelines (routine):

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The routine medical necessity guidelines for a positioning car seat are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

- The client is unable to sit safely in a conventional commercial car seat; and
- The client requires specialized positioning to be safely transported in a vehicle; and
- The client exhibits ONE or more of the following medical conditions:
 - Significant head and trunk instability and/or weakness
 - Significant hypotonicity, hypertonicity, athetosis (writhing movements), ataxia (loss of muscle control/coordination), spasticity, or muscle spasming which results in uncontrollable movement and position change
 - Absence or latency of protective reactions
 - Inability to maintain an unsupported sitting position independently

OR

- Other significant positional needs that cannot be met in the conventional commercial car seat

AND

- The therapeutic positioning car seat is prescribed by a provider.

Fee-for-service billing instructions:

Positioning car seats require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

Osteogenesis electrical stimulator (bone growth stimulator)

HCA covers noninvasive osteogenesis electrical stimulators, that have pulsed electromagnetic field (PEMF) simulation, limited to one per client in a five-year period.

See HCA's [Health Technology Clinical Committee \(HTCC\)](#) decision for bone growth stimulators.

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Medical necessity guidelines (routine):

The routine medical necessity guidelines for an osteogenesis electrical stimulator are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

HCA pays for the purchase of non-spinal bone growth stimulators, only when both of the following apply:

- The stimulators have pulsed electromagnetic field (PEMF) simulation
- The client meets **one or more of the following clinical criteria**:
 - Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanx, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after three months have elapsed since the date of injury without healing
 - OR-
 - Has a failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery
 - OR-
 - Diagnosed with congenital pseudarthrosis

HCA pays for the purchase of spinal bone growth stimulators when both of the following apply:

- Prescribed by a neurologist, an orthopedic surgeon, or a neurosurgeon
- The client meets one or more of the following clinical criteria:
 - Has a failed spinal fusion where a minimum of nine months have elapsed since the last surgery
 - Is post-op from a multilevel spinal fusion surgery
 - Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion

HCA pays for the purchase of ultrasonic noninvasive bone growth stimulators when all of the following apply:

- Prescribed by a neurologist, an orthopedic surgeon, or a neurosurgeon; and
- The client meets all of the following criteria:
 - Nonunion confirmed by two radiographs minimum 90 days apart; and
 - Physician statement of no clinical evidence of fracture healing.
 -

Fee-for-service billing instructions

Osteogenesis electrical stimulators require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

Speech generating devices (SGD) and other communication devices

Medical necessity guidelines (routine):

The client has severe expressive speech impairment.

Approved SGDs must have one of the following:

- Digitized speech output, using pre-recorded messages
- Synthesized speech output requiring message formation by spelling and access by physical contact with the device
- Synthesized speech output, permitting multiple methods of message formulation and multiple methods of device access

HCA covers the following:

- One artificial larynx, any type, per client in a five-year period. Prior authorization is not required. HCPCS code L8500.
- One speech generating device (SGD), per client every two years. Prior authorization is required. HCPCS codes E2500, E2502, E2504, E2506, E2508, E2510, E2512.

Fee-for-service billing instructions

SGDs require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

When requesting authorization for SGD, providers must use *Speech Language Pathologist Evaluation for Speech Generating Devices* form, HCA 13-0127 is required. See [Where can I download HCA forms?](#)

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Rental, repair, batteries

HCA may require trial-use rental of an SGD. HCA applies the rental costs for the trial-use to the purchase price.

HCA pays for the repair or modification of an SGD when all of the following are met:

- All warranties are expired
- The cost of the repair or modification is less than 50 percent of the cost of a new SGD and the provider has supporting documentation
- The repair has a warranty for a minimum of 90 days

HCA pays for replacement batteries for a SGD in accordance with WAC [182-543-5500\(3\)](#).

HCA does not pay for back-up batteries for a SGD.

Ambulatory aids (canes, crutches, walkers, and related supplies)

HCA covers ambulatory aids with the limitation of one per client in a five-year period, including replacement underarm pads for crutches and replacement handgrips and tips for canes, crutches and walkers. Prior authorization is not required.

Breast pumps

HCA pays for the purchase of breast pumps with limitations.

Manual and electric breast pumps

HCA covers breast pumps without PA, with the limitation of one per client in a three-year period.

HCPCS Codes:

E0602: Breast pump, manual, any type

E0603: Breast pump, electric (ac and/or dc), any type

Hospital grade breast pumps

HCPCS:

E0604: Breast pump, hospital grade, electric (ac and / or dc), any type

The rental of hospital-grade breast pumps is covered with a limitation of 3 months. A prior authorization (PA) request may be submitted for an extension of the rental period beyond the 3-month limit.

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Medical necessity guidelines (routine):

The routine medical necessity guidelines for hospital grade breast pumps are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

- The infant, of a lactating parent, who is receiving milk experiences a prolonged hospitalization
- The parent has been discharged from the hospital; and
- One of the following conditions directly impacts the ability of the infant to feed from the parent:
 - Prematurity (including multiple gestation);
 - Neurologic disorder;
 - Genetic abnormality;
 - Anatomic or mechanical malformation (e.g., cleft lip or palate); or
 - Congenital malformation requiring surgery (e.g., respiratory, cardiac, gastrointestinal, or central nervous system malformation).

Fee-for-service billing instructions

Hospital grade breast pumps require prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

Negative pressure wound therapy (NPWT) for home use

HCA covers negative pressure wound therapy (NPWT), also referred to as subatmospheric pressure wound therapy or vacuum-assisted wound therapy, when it is used in the treatment of low or nonhealing wounds. NPWT involves the application of subatmospheric pressure to the open wound with the goal of creating a controlled, closed wound amenable to surgical closure, grafting, or healing by secondary intention. NPWT is thought to promote wound healing by providing a warm, moist wound bed while removing wound fluid.

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See the [Health Technology Clinical Committee \(HTCC\) decision](#) on Negative Pressure Wound Therapy (NPWT).

HCPCS Codes:

E2402: Negative pressure wound therapy electrical pump, stationary or portable
(Rental only)

A6550: Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories

A7000: Canister, disposable, used with suction pump, each
(limitation of 10 per 30 days and only allowed when billed in conjunction with E2402)

Medical necessity guidelines (routine):

The routine medical necessity guidelines for negative pressure wound therapy are as follows. Other clinical factors may also establish medical necessity based on credible evidence from the electronic health record (EHR) and a review under [WAC 182-501-0165](#):

- The client has an open wound, and requires application of NPWT during inpatient hospital stay
- The client shows healing within 30 days for continuation of service

Limitations of coverage:

- A complete wound therapy program must have been tried and failed prior to NPWT or the complete wound therapy programs are contraindicated.
- Maximum of 4 months of negative pressure wound therapy beginning when the device was applied during an inpatient stay and prior to discharge into a home setting.

Discontinuation of coverage:

- Any measurable degree of wound healing has failed to occur over the prior month. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound

OR

- Four months (including the time NPWT was applied in an inpatient setting prior to discharge to the home) have elapsed using a NPWT pump in the treatment of the most recent wound. Noncovered indicators: Treatment is not covered in patients with contraindications referred to by the [FDA Safety Communication dated February 24, 2011](#).

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Fee-for-service billing instructions

NPWT requires prior authorization (PA) to establish medical necessity. See the [Authorization](#) section of this guide for information regarding PA.

Documentation requirements

Providers must submit a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client. Avoid using the equipment's function as a justification.

When requesting authorization for NPWT, providers must use the *Negative Pressure Wound Therapy* form (HCA 13-726).

Coverage Table – Medical Equipment & Supplies

Coverage Table – Legends

Status Code Indicator

- BR = By Report (Invoice or price list required)
- D = Discontinued
- DC = Same/similar covered code in fee schedule
- DP = Service managed through a different program
- N = New
- P = Policy change

Modifiers

- KS = Noninsulin dependent
- KX = Insulin dependent
- NU = New Equipment
- RA = Replacement equipment
- RB = Replacement as part of repair
- RR = Equipment rental
- SC = Medically necessary service or supply

Policy/Comments - Legend

- EPA = Expedited Prior Authorization
- NF = Nursing Facility
- PA = Prior Authorization
- *Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.

Coverage Table

Note: Where used in the Coverage Table, a year means the period starting 365 days before the date of service.

For example: If a service is allowed once per client, per year, and it was provided on June 30, 2022, then the service would not be allowed for that client again until June 30, 2023.

Beds, mattresses, and related equipment

| | | | | Policy/Comments |
|-------------|------------|-------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4640 | RA | Replacement pad for use with medically necessary alternating pressure pad owned by patient | Purchase only. Included in NF daily rate. |
| | A6550 | | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories | Purchase only. PA required. Electrical pump, includes all supplies and accessories |
| | A7000 | NU | Canister, disposable, used with suction pump, each | Limit of 10 per client every 30 days. Allowed only when billed in conjunction with PA HCPCS code E2402. |
| N | A9286 | | Hygienic item or device, disposable or non-disposable, any type, each | For clients age 20 and younger. Limit one set per client during a five-year period. Use EPA #870001604 for mattress (twin). Use EPA #870001605 for pillowcases (set of 2). Requires <i>Bed and Pillow Encasements</i> form HCA 13-0052 to be completed and submitted with the claim. See Where can I download HCA forms? |
| BR | K0743 | | Suction pump, home model, portable, for use on wounds | PA required |
| | E0181 | NU/RR | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty | PA required for rental only. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0182 | NU | Pump for alternating pressure pad, for replacement only | Included in NF daily rate. |
| | E0183 | NU | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | Limit 1 per client every 5 years. Included in NF daily rate. |
| | E0184 | NU | Dry pressure mattress | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0185 | NU/RR | Gel or gel-like pressure pad for mattress, standard mattress length and width | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0186 | NU/RR | Air pressure mattress | For powered pressure reducing mattress see HCPCS code E0277. Considered purchased after 1 year's rental. PA required for rental. Included in NF daily rate. |
| BR | E0190 | | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | Purchase only. Limit 1 per year. Included in NF daily rate. |
| DC | E0193 | | Powered air flotation bed (low air loss therapy) | See E0194 |
| | E0194 | NU/RR | Air fluidized bed | Considered purchased after 1 year's rental. PA or EPA required. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E0196 | NU | Gel pressure mattress | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0197 | NU/RR | Air pressure pad for mattress, standard mattress length and width | Considered purchased after 1 year's rental. PA required for rental. Included in NF daily rate. |
| | E0198 | NU | Water pressure pad for mattress, standard mattress length and width | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0199 | NU | Dry pressure pad for mattress, standard mattress length and width | Limit of 1 per client every 5 years. Included in NF daily rate. |
| DC | E0255 | | Hospital bed, variable height, hi-lo, with any type side rails, with mattress | See HCPCS codes E0292 and E0305 or E0310. |
| DC | E0256 | | Hospital bed, variable height, hi-lo, with any type side rails, without mattress | See HCPCS codes E0293 and E0305 or E0310. |
| DC | E0260 | | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress | See HCPCS codes E0294 and E0305 or E0310. |
| DC | E0261 | | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress | See HCPCS codes E0295 and E0305 or E0310. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E0265 | | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress | See HCPCS codes E0296 and E0305 or E0310. |
| DC | E0266 | | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress | See HCPCS codes E0297 and E0305 or E0310. |
| | E0271 | NU | Mattress, innerspring | Limit of 1 per client every 5 years. Replacement only. Included in NF daily rate. |
| | E0272 | NU | Mattress, foam rubber | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0277 | NU/RR | Powered pressure-reducing air mattress | Considered purchased after 1 year's rental. PA or EPA required. Limit of 1 per client every 5 years. |
| | E0290 | NU | Hospital bed, fixed height, without side rails, with mattress | |
| | E0291 | NU | Hospital bed, fixed height, without side rails, without mattress | |
| | E0292 | NU/RR | Hospital bed, variable height, hi-lo, without side rails, with mattress | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. PA required. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0293 | NU/RR | Hospital bed, variable height, hi-lo, without side rails, without mattress | Considered purchased after 1 year's rental. Limited of 1 per client every 10 years. PA required. Included in NF daily rate. |
| | E0294 | NU/RR | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. PA or EPA required. Included in NF daily rate. |
| | E0295 | NU/RR | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. PA required. Included in NF daily rate. |
| | E0300 | NU/RR | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure | Considered purchased after 1 year's rental. PA required. Included in NF daily rate. |
| | E0301 | NU | 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, without mattress | PA required |
| DC | E0302 | | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress | See E0304 |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0303 | NU/RR | 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 | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. PA required. Included in NF daily rate. |
| | E0304 | NU/RR | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. PA required. Included in NF daily rate. |
| | E0305 | NU/RR | Bed side rails, half length | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. Rental requires PA or EPA. Included in NF daily rate. |
| | E0310 | NU/RR | Bed side rails, full length | Considered purchased after 1 year's rental. Limit of 1 per client every 10 years. Rental requires PA or EPA. Included in NF daily rate. |
| | E0316 | NU | Safety enclosure frame/canopy for use with hospital bed, any type | PA required. Included in NF daily rate. Frame/canopy for use with hospital bed. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0328 | | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress | Purchase only. Limit of 1 per client every 10 years. PA required. Included in NF daily rate. For clients age 20 and younger. Use form HCA 13-747. |
| | E0329 | | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress | Purchase only. Limit of 1 per client every 10 years. PA required. Included in NF daily rate. For clients age 20 and younger. Use form HCA 13-747. |
| | E0371 | NU/RR | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width | Considered purchased after 1 year's rental. PA or EPA required. |
| | E0372 | NU/RR | Powered air overlay for mattress, standard mattress length and width | Considered purchased after 1 year's rental. PA or EPA required. |
| | E0373 | NU/RR | Nonpowered advanced pressure reducing mattress | Considered purchased after 1 year's rental. PA or EPA required. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2402 | RR | Negative pressure wound therapy electrical pump, stationary or portable | Rental only. PA required. |

Fracture frames, trapeze, traction, and transfer equipment

| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E0830 | | Ambulatory traction device, all types, each | |
| | E0840 | NU | Traction frame, attached to headboard, cervical traction | |
| DC | E0849 | | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible | |
| | E0850 | NU | Traction stand, free standing, cervical traction | Limit of 1 per client every 5 years. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E0855 | | Cervical traction equipment not requiring additional stand or frame | |
| DC | E0856 | | Cervical traction device, with inflatable air bladder(s) | |
| | E0860 | NU | Traction equipment, overdoor, cervical | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0870 | NU | Traction frame, attached to footboard, extremity traction, (e.g., buck's) | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0880 | NU | Traction stand, free standing, extremity traction | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0890 | NU | Traction frame, attached to footboard, pelvic traction | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0900 | NU | Traction stand, free standing, pelvic traction, (e.g., buck's) | Limit of 1 per client every 5 years. Included in NF daily rate. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|---|
| | E0910 | NU/RR | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0911 | NU/RR | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0912 | NU/RR | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar | Considered purchased after 1 year rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0920 | NU/RR | Fracture frame, attached to bed, includes weights | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0930 | NU/RR | Fracture frame, free standing, includes weights | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0940 | NU/RR | Trapeze bar, free standing, complete with grab bar | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPSC Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0941 | NU/RR | Gravity assisted traction device, any type | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0946 | NU/RR | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0947 | NU | Fracture frame, attachments for complex pelvic traction | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0948 | NU | Fracture frame, attachments for complex cervical traction | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0705 | NU | Transfer device, any type, each | Limit of 1 per client every 5 years. Included in NF daily rate. |

Positioning devices (standers) and patient lifts

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPSC Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0621 | NU | Sling or seat, patient lift, canvas or nylon | Limit of 2 per client, per year. Included in NF daily rate. |
| | E0630 | NU/RR | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. Includes bath. PA required for rental. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0635 | NU/RR | Patient lift, electric with seat or sling | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate. |
| | E0637 | NU/RR | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels | Limit of 1 per client every 5 years. PA required. Included in NF daily rate. Considered purchased after 1 year's rental. |
| | E0638 | NU | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels | Limit of 1 per client every 5 years. PA required. Included in NF daily rate. Considered purchased after 1 year's rental. |
| | E0639 | NU | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories | Limit of 1 per client every 5 years. PA required. Included in NF daily rate. |

Noninvasive bone growth/nerve stimulators

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0740 | NU/RR | Non-implanted pelvic floor electrical stimulator, complete system | Considered purchased after 1 year's rental. PA required. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0747 | NU | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications | Limit of 1 per client every 5 years. PA or EPA is required. |
| | E0748 | NU | Osteogenesis stimulator, electrical, non-invasive, spinal applications | Limit of 1 per client every 5 years. PA or EPA is required. |
| | E0760 | NU | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Limit of 1 per client every 5 years. PA or EPA is required. |

Communication devices

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2500 | NU | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time | PA required. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2502 | NU | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time | PA required. |
| | E2504 | NU | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | PA required. |
| | E2506 | NU | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time | PA required. |
| | E2508 | NU | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | PA required. |
| | E2510 | | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | Purchase only. PA required. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2512 | NU | Accessory for speech generating device, mounting system | PA required. |
| BR | E2599 | | Accessory for speech generating device, not otherwise classified | Purchase only. PA required. |
| | L8500 | | Artificial larynx, any type | Purchase only. Limit of 1 per client every 5 years. |

Ambulatory aids

| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4635 | | Underarm pad, crutch, replacement, each | Purchase only. Included in NF daily rate. |
| | A4636 | NU | Replacement, handgrip, cane, crutch, or walker, each | Included in NF daily rate. |
| | A4637 | NU | Replacement, tip, cane, crutch, walker, each | Included in NF daily rate. |
| | E0100 | NU | Cane, includes canes of all materials, adjustable or fixed, with tip | Limit of 1 per client every 5 years. Included in NF daily rate. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E0105 | NU | Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0110 | NU | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0111 | NU | Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0112 | NU | Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0113 | NU | Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip | Limit of 1 per client every 5 years. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0114 | NU | Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0116 | NU | Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0117 | NU | Crutch, underarm, articulating, spring assisted, each | PA required. |
| DC | E8000 | | Gait trainer, pediatric size, posterior support, includes all accessories and components | See HCPCS code E8001. |
| BR | E8001 | | Gait trainer, pediatric size, upright support, includes all accessories and components | Purchase only. PA required. Included in NF daily rate. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| DC | E8002 | | Gait trainer, pediatric size, anterior support, includes all accessories and components | See HCPCS code E8001. |
| | E0130 | NU | Walker, rigid (pickup), adjustable or fixed height | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0135 | NU | Walker, folding (pickup), adjustable or fixed height | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0140 | NU | Walker, with trunk support, adjustable or fixed height, any type | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0141 | NU | Walker, rigid, wheeled, adjustable or fixed height | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0143 | NU | Walker, folding, wheeled, adjustable or fixed height | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0144 | NU | Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat | Limit of 1 per client every 5 years. Included in NF daily rate. |

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| | | | | Policy/Comments |
|--------------------|-------------------|--------------------|--|--|
| Code Status | HCPSC Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0147 | NU | Walker, heavy duty, multiple braking system, variable wheel resistance | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0148 | NU | Walker, heavy duty, without wheels, rigid or folding, any type, each | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0149 | NU | Walker, heavy duty, wheeled, rigid or folding, any type | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0153 | NU | Platform attachment, forearm crutch, each | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0154 | NU | Platform attachment, walker, each | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0155 | NU | Wheel attachment, rigid pick-up walker, per pair | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0156 | NU | Seat attachment, walker | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0157 | NU | Crutch attachment, walker, each | Limit of 1 per client every 5 years. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0158 | NU | Leg extensions for walker, per set of four (4) | Limit of 1 per client every 5 years. Included in NF daily rate. |
| | E0159 | NU | Brake attachment for wheeled walker, replacement, each | Included in NF daily rate. |

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Bathroom equipment

All bathroom equipment accessories must have medical justification. See [WAC 182-543-7100\(5\)](#).

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| | E0163 | NU | Commode chair, mobile or stationary, with fixed arms | Purchase only. Limit 1 every 3 years. |
| | E0165 | NU | Commode chair, mobile or stationary, with detachable arms | Purchase only. Limit 1 every 3 years. |
| | E0167 | | Pail or pan for use with commode chair, replacement only | Purchase only. Limit 1 every 3 years. |
| | E0168 | NU | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | PA required. Use form HCA 13-872. Purchase only. Limit 1 every 3 years. |
| BR | E0168 | SC | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | PA required. Use form HCA 13-872 (Weight capacity: >600 lbs.) Purchase only. Limit 1 every 3 years. |
| | E0175 | | Foot rest, for use with commode chair, each | Purchase only. Limit 1 every 3 years. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | E0240 | | Bath/shower chair, with or without wheels, any size | PA required. Use form HCA 13-872 |
| BR | E0243 | | Toilet rail, each | Purchase only. Limit 1 every 3 years. |
| BR | E0244 | | Raised toilet seat | Purchase only. Limit 1 every 3 years. |
| BR | E0245 | | Tub stool or bench | Purchase only. Limit 1 every 3 years. |
| BR | E0247 | | Transfer bench for tub or toilet with or without commode opening | PA required. Use form HCA 13-872 |
| BR | E0248 | | Transfer bench, heavy duty, for tub or toilet with or without commode opening | PA required. Use form HCA 13-872 |
| BR | E0700 | | Safety equipment, device or accessory, any type | Purchase only. Included in NF daily rate. |

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Blood pressure monitoring

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| BR | A4660 | | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope | |
| | A4663 | | Blood pressure cuff only | Use for replacement BP cuffs |
| | A4670 | | Automatic blood pressure monitor | Limit of 1 per client, per 3 years. |
| | A9275 | | Home glucose disposable monitor, includes test strips | Purchase only. |

Miscellaneous medical equipment

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | A8000 | NU | Helmet, protective, soft, prefabricated, includes all components and accessories | Limit of 2 per client, per year. |
| | A8001 | NU | Helmet, protective, hard, prefabricated, includes all components and accessories | Limit of 2 per client, per year. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A8002 | NU | Helmet, protective, soft, custom fabricated, includes all components and accessories | Limit of 1 per client, per year. PA required. |
| BR | A8003 | NU | Helmet, protective, hard, custom fabricated, includes all components and accessories | Limit of 1 per client, per year. PA required. |
| BR | A8004 | NU | Soft interface for helmet, replacement only | Not allowed in addition to HCPCS codes A8000 – A8003. |
| | E0202 | RR | Phototherapy (bilirubin) light with photometer | Rental only. Includes all supplies. Limit of 5 days of rental per client, per 12-month period. |
| | E0602 | NU | Breast pump, manual, any type | Purchase only. Limit of 1 per client in a three-year period. |
| | E0603 | NU | Breast pump, electric (ac and/or dc), any type | Purchase only. Limit of 1 per client in a three-year period. |
| | E0604 | RR | Breast pump, hospital grade, electric (ac and / or dc), any type | Rental only PA or EPA is required . PA required for limitation extension. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| | E0650 | NU/RR | Pneumatic compressor, non-segmental home model | Considered purchased after 1 year's rental. Limit of 1 per client every 5 years. Rental requires PA or EPA is required. Included in NF daily rate. |
| | E0655 | NU | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm | |
| | E0660 | NU | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg | |
| | E0665 | NU | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm | |
| | E0666 | NU | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg | |
| | E0935 | RR | Continuous passive motion exercise device for use on knee only | Rental allowed for maximum of 21 days. Limits = per knee. PA or EPA is required. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0936 | RR | Continuous passive motion exercise device for use other than knee | PA required. Rental allowed for maximum of 21 days. |
| BR | E1399 | NU | Durable medical equipment, miscellaneous | Purchase only. PA required. |
| | E2000 | RR | Gastric suction pump, home model, portable or stationary, electric | Rental only. PA required. |
| | K0606 | | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | PA required |
| | K0607 | | Replacement battery for automated external defibrillator, garment type only, each | |
| | K0608 | | Replacement garment for use with automated external defibrillator, each | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | K0609 | | Replacement electrodes for use with automated external defibrillator, garment type only, each | |
| | K0739 | | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | For client-owned equipment only. PA required. |
| BR | T5001 | NU/RR | Positioning seat for persons with special orthopedic needs | Limit of 1 per client every 5 years. PA required. Use code for positioning car seat and special needs adaptive sitters and feeders. Included in NF daily rate. |

Other charges for medical equipment services

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A6549 | | Gradient compression garment, not otherwise specified | Limit of 2 per limb, every 6 months. PA required |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| | A7048 | | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each | Limit 4 per month |

Manual wheelchairs (covered HCPCS codes)

Wheelchairs (manual) – See [WAC 182-543-4000](#), [182-543-4100](#), [182-543-4200](#), [182-543-4300](#).

Prior authorization is required. Required forms: *Medical Necessity for Wheelchair Purchase (for home clients only -authorization)* form HCA 19-0008 or *Medical Necessity for Wheelchair Purchase (for nursing facility (NF) clients)* form HCA 19-0006. See [Where can I download HCA forms?](#)

(For CRT Wheelchairs - see [Complex Rehabilitation Technology Billing Guide](#))

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E1028 | NU | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory | PA required HCPCS code E1028 must be submitted on one line for correct payment. |
| | E1031 | NU | Rollabout chair, any and all types with casters 5" or greater | PA required |
| | E1060 | RR | Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests | EPA required |
| | K0001 | NU/RR | Standard wheelchair | EPA required for rental only |
| | K0002 | NU/RR | Standard hemi (low seat) wheelchair | PA required for rental only. |
| | K0003 | NU/RR | Lightweight wheelchair | PA required for rental only |
| | K0004 | NU | High strength, lightweight wheelchair | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | K0006 | NU/RR | Heavy duty wheelchair | PA required |
| BR | K0108 | NU | Wheelchair component or accessory, not otherwise specified | PA required |

Manual wheelchairs (noncovered HCPCS codes)

| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E1050 | | Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests | See HCPCS codes K0003 and E1226. |
| DC | E1070 | | Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest | See HCPCS codes K0003 and E1226. |
| DC | E1083 | | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest | See HCPCS code K0002 and K0003. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E1084 | | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests | See HCPCS code K0002 and K0003. |
| DC | E1085 | | Hemi-wheelchair, fixed full length arms, swing away detachable foot rests | See HCPCS code K0002 and K0003. |
| DC | E1086 | | Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests | See HCPCS code K0002 and K0003. |
| DC | E1087 | | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests | See HCPCS code K0004. |
| DC | E1088 | | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests | See HCPCS code K0004. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E1089 | | High strength lightweight wheelchair, fixed length arms, swing away detachable footrest | See HCPCS code K0004. |
| DC | E1090 | | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests | See HCPCS code K0004. |
| DC | E1092 | | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests | See HCPCS code K0007. |
| DC | E1093 | | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests | See HCPCS code K0007. |
| DC | E1100 | | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests | See HCPCS code K0003 and E1226. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E1130 | | Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests | See HCPCS code K0001. |
| DC | E1140 | | Wheelchair, detachable arms, desk or full length, swing away detachable footrests | See HCPCS code K0001. |
| DC | E1150 | | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests | See HCPCS code K0001. |
| DC | E1160 | | Wheelchair, fixed full length arms, swing away detachable elevating legrests | |
| DC | E1170 | | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests | See HCPCS code K0001 – K0005. |
| DC | E1171 | | Amputee wheelchair, fixed full length arms, without footrests or legrest | See HCPCS code K0001 – K0005. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E1172 | | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest | See HCPCS code K0001 – K0005. |
| DC | E1180 | | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests | See HCPCS code K0001 – K0005. |
| DC | E1190 | | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests | See HCPCS code K0001 – K0005. |
| DC | E1195 | | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests | See HCPCS code K0007. |
| DC | E1200 | | Amputee wheelchair, fixed full length arms, swing away detachable footrest | See HCPCS code K0001 – K0005. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| DC | E1221 | | Wheelchair with fixed arm, footrests | See HCPCS code K0001 – K0014. |
| DC | E1222 | | Wheelchair with fixed arm, elevating legrests | See HCPCS code K0001 – K0014. |
| DC | E1223 | | Wheelchair with detachable arms, footrests | See HCPCS code K0001 – K0014. |
| DC | E1224 | | Wheelchair with detachable arms, elevating legrests | See HCPCS code K0001 – K0014. |
| DC | E1240 | | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest | See HCPCS code K0003 or K0004. |
| DC | E1250 | | Lightweight wheelchair, fixed full length arms, swing away detachable footrest | See HCPCS code K0003 or K0004. |
| DC | E1260 | | Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest | See HCPCS code K0003 or K0004. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| DC | E1270 | | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests | See HCPCS code K0003 or K0004. |
| DC | E1280 | | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests | See HCPCS code K0007. |
| DC | E1285 | | Heavy duty wheelchair, fixed full length arms, swing away detachable footrest | See HCPCS code K0007. |
| DC | E1290 | | Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest | See HCPCS code K0007. |
| DC | E1295 | | Heavy duty wheelchair, fixed full length arms, elevating legrest | See HCPCS code K0007. |

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Power-operated vehicles (covered HCPCS codes)

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | K0800 | NU | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |
| | K0801 | NU | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |
| | K0802 | NU | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |
| | K0806 | NU | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |
| | K0807 | NU | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | K0808 | NU | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |
| BR | K0812 | NU | Power operated vehicle, not otherwise classified | PA required. Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. |

Wheelchair Cushions

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2601 | NU | General use wheelchair seat cushion, width less than 22 inches, any depth | |
| | E2602 | NU | General use wheelchair seat cushion, width 22 inches or greater, any depth | |
| | E2603 | NU | Skin protection wheelchair seat cushion, width less than 22 inches, any depth | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2604 | NU | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth | |
| | E2605 | NU | Positioning wheelchair seat cushion, width less than 22 inches, any depth | |
| | E2606 | NU | Positioning wheelchair seat cushion, width 22 inches or greater, any depth | |
| | E2607 | NU | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth | PA required |
| | E2608 | NU | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth | PA required |
| | E2622 | NU | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth | PA required |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E2623 | NU | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | PA required |
| | E2624 | NU | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth | PA required |
| | E2625 | NU | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | PA required |

Armrests and parts

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---------------------------------|--|
| | E0994 | NU | Arm rest, each | |
| | K0019 | NU | Arm pad, replacement only, each | |

Lower extremity positioning (leg rests, etc.)

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E0951 | NU | Heel loop/holder, any type, with or without ankle strap, each | |
| | E0952 | NU | Toe loop/holder, any type, each | |
| | E0995 | NU | Wheelchair accessory, calf rest/pad, replacement only, each | PA required |
| | K0038 | NU | Leg strap, each | PA required |
| | K0039 | NU | Leg strap, h style, each | PA required |
| | K0041 | NU | Large size footplate, each | PA required |
| | K0195 | NU | Elevating leg rests, pair (for use with capped rental wheelchair base) | PA required |

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Seat and positioning

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E0950 | NU | Wheelchair accessory, tray, each | PA required |
| | E0960 | NU | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware | PA required |
| | E0978 | NU | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each | PA required |
| | E0980 | NU | Safety vest, wheelchair | PA required |
| | E0981 | NU | Wheelchair accessory, seat upholstery, replacement only, each | PA required |
| | E0982 | NU | Wheelchair accessory, back upholstery, replacement only, each | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0992 | NU | Manual wheelchair accessory, solid seat insert | PA required |
| | E2231 | NU | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware | PA required |
| BR | E2291 | NU | Back, planar, for pediatric size wheelchair including fixed attaching hardware | PA required |
| BR | E2292 | NU | Seat, planar, for pediatric size wheelchair including fixed attaching hardware | PA required |
| BR | E2293 | NU | Back, contoured, for pediatric size wheelchair including fixed attaching hardware | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | E2294 | NU | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware | PA required |
| | E2611 | NU | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware | |
| | E2612 | NU | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware | |
| | E2613 | NU | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2614 | NU | Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware | PA required |
| | E2615 | NU | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware | PA required |
| | E2616 | NU | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware | PA required |

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Hand rims, wheel, and tires (includes parts)

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| | E0967 | NU | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each | PA required |
| | E2211 | NU | Manual wheelchair accessory, pneumatic propulsion tire, any size, each | PA required |
| | E2212 | NU | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each | PA required |
| | E2213 | NU | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2214 | NU | Manual wheelchair accessory, pneumatic caster tire, any size, each | PA required |
| | E2215 | NU | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each | PA required |
| | E2216 | NU | Manual wheelchair accessory, foam filled propulsion tire, any size, each | |
| | E2217 | NU | Manual wheelchair accessory, foam filled caster tire, any size, each | |
| | E2218 | NU | Manual wheelchair accessory, foam propulsion tire, any size, each | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2219 | NU | Manual wheelchair accessory, foam caster tire, any size, each | |
| | E2220 | NU | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each | |
| | E2221 | NU | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each | |
| | E2222 | NU | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each | |

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| | | | | Policy/Comments |
|--------------------|-------------------|--------------------|---|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E2224 | NU | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each | PA required |
| | E2225 | NU | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | PA required |
| | E2226 | NU | Manual wheelchair accessory, caster fork, any size, replacement only, each | PA required |
| | K0065 | NU | Spoke protectors, each | PA required |
| | K0069 | NU | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each | PA required |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | K0070 | NU | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each | PA required |
| | K0071 | NU | Front caster assembly, complete, with pneumatic tire, replacement only, each | PA required |
| | K0072 | NU | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each | PA required |
| | K0073 | NU | Caster pin lock, each | PA required |
| | K0077 | NU | Front caster assembly, complete, with solid tire, replacement only, each | PA required |

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Other accessories

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E0776 | NU/RR | Iv pole | PA required |
| | E0961 | NU | Manual wheelchair accessory, wheel lock brake extension (handle), each | Changed from pair to each with new description. PA required. |
| | E0971 | NU | Manual wheelchair accessory, anti-tipping device, each | PA required |
| | E0973 | NU | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each | PA required |
| | E1029 | NU | Wheelchair accessory, ventilator tray, fixed | PA required |
| | E1030 | NU | Wheelchair accessory, ventilator tray, gimbaled | PA required |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | E2207 | NU | Wheelchair accessory, crutch and cane holder, each | PA required |
| | E2208 | NU | Wheelchair accessory, cylinder tank carrier, each | PA required |
| | K0105 | NU | Iv hanger, each | PA required |

Miscellaneous repair only

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| | E2210 | NU | Wheelchair accessory, bearings, any type, replacement only, each | PA required |
| | E2619 | NU | Replacement cover for wheelchair seat cushion or back cushion, each | PA required |

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Syringes and needles

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | A4206 | | Syringe with needle, sterile, 1 cc or less, each | Included in NF daily rate |
| | A4207 | | Syringe with needle, sterile 2 cc, each | Included in NF daily rate |
| | A4208 | | Syringe with needle, sterile 3 cc, each | Included in NF daily rate |
| | A4209 | | Syringe with needle, sterile 5 cc or greater, each | Included in NF daily rate |
| | A4210 | | Needle-free injection device, each | Included in NF daily rate |
| | A4213 | | Syringe, sterile, 20 cc or greater, each | Included in NF daily rate |
| | A4215 | | Needle, sterile, any size, each | Included in NF daily rate |
| | A4322 | | Irrigation syringe, bulb or piston, each | Not allowed in combination with code A4320, A4355. Included in NF daily rate. |

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Blood monitoring/testing supplies

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4233 | | Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each | Limit 1 every 3 months |
| | A4234 | | Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each | Limit 1 every 3 months |
| | A4235 | | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each | Limit 1 every 3 months |
| | A4236 | | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4253 | KX/KS | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips | Included in NF daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.) Limits: 100/month for insulin dependent; 100/3 months noninsulin dependent; for children age 20 and younger insulin dependent, 300 test strips and 300 lancets per month (medical equipment providers must submit claims with EPA 870001265); Pharmacy POS providers must use EPA 85000000265 and must bill according to POS instructions – see the Prescription Drug Program Billing Guide |
| | A4255 | | Platforms for home blood glucose monitor, 50 per box | |
| | A4256 | | Normal, low and high calibrator solution / chips | Included in NF daily rate. |
| | A4258 | | Spring-powered device for lancet, each | 1 allowed per client, per 6 months. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|-------------------------|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4259 | KX/KS | Lancets, per box of 100 | Included in NF daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300; etc.) Limits: 100/month for insulin dependent; 100/3 months noninsulin dependent; for children age 20 and younger insulin dependent, 300 test strips and 300 lancets per month (medical equipment providers must submit claims with EPA 870001265); Pharmacy POS providers must use EPA 85000000265 and must bill according to POS instructions – see the Prescription Drug Program Billing Guide |

Antiseptics and germicides

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4244 | | Alcohol or peroxide, per pint | Max of 1 pint allowed per client, per 6 months. Included in NF daily rate. |
| | A4245 | | Alcohol wipes, per box | Max of 1 box allowed per client, per month. Included in NF daily rate. |
| | A4246 | | Betadine or phisoex solution, per pint | Max of 1 pint allowed per client, per month. Included in NF daily rate. |
| | A4247 | | Betadine or iodine swabs/wipes, per box | Max of 1 box allowed per client, per month. Included in NF daily rate |
| BR | A4248 | | Chlorhexidine containing antiseptic, 1 ml | Max of 1 box allowed per client, per month. Included in NF daily rate. |

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Bandages, dressings, and tapes

(Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the NF daily rate.)

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| BR | A4649 | | Surgical supply; miscellaneous | PA required |
| | A6010 | | Collagen based wound filler, dry form, sterile, per gram of collagen | PA required |
| | A6011 | | Collagen based wound filler, gel/paste, per gram of collagen | PA required |
| | A6021 | | Collagen dressing, sterile, size 16 sq. in. or less, each | |
| | A6022 | | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each | |
| | A6023 | | Collagen dressing, sterile, size more than 48 sq. in., each | PA required |
| | A6024 | | Collagen dressing wound filler, sterile, per 6 inches | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6025 | | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each | |
| | A6154 | | Wound pouch, each | |
| | A6196 | | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing | |
| | A6197 | | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | |
| | A6198 | | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing | |
| | A6199 | | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6203 | | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | |
| | A6204 | | Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | |
| | A6205 | | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | |
| | A6206 | | Contact layer, sterile, 16 sq. in. or less, each dressing | |
| | A6207 | | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6208 | | Contact layer, sterile, more than 48 sq. in., each dressing | |
| | A6209 | | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |
| | A6210 | | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | |
| | A6211 | | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |
| | A6212 | | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6213 | | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | |
| | A6214 | | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | |
| | A6215 | | Foam dressing, wound filler, sterile, per gram | |
| | A6216 | | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |
| | A6217 | | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6218 | | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |
| | A6219 | | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | |
| | A6220 | | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | |
| | A6221 | | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6222 | | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |
| | A6223 | | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing | |
| | A6224 | | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |

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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6229 | | Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | |
| | A6230 | | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |
| | A6231 | | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing | |
| | A6232 | | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6233 | | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing | |
| | A6234 | | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |
| | A6235 | | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | |
| | A6236 | | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6237 | | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | |
| | A6238 | | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | |
| | A6240 | | Hydrocolloid dressing, wound filler, paste, sterile, per ounce | |
| | A6241 | | Hydrocolloid dressing, wound filler, dry form, sterile, per gram | |
| | A6242 | | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6243 | | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | |
| | A6244 | | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |
| | A6245 | | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | |
| | A6246 | | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6247 | | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | |
| | A6248 | | Hydrogel dressing, wound filler, gel, per fluid ounce | |
| | A6251 | | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |
| | A6252 | | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6253 | | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |
| | A6254 | | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | |
| | A6255 | | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | |
| | A6256 | | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6257 | | Transparent film, sterile, 16 sq. in. or less, each dressing | |
| | A6258 | | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | |
| | A6259 | | Transparent film, sterile, more than 48 sq. in., each dressing | |
| | A6260 | | Wound cleanser, any type, any size | |
| BR | A6261 | | Wound filler, gel/paste, per fluid ounce, not otherwise specified | PA required |
| BR | A6262 | | Wound filler, dry form, per gram, not otherwise specified | PA required |
| | A6266 | | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6402 | | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | |
| | A6403 | | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing | |
| | A6404 | | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | |
| | A6407 | | Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6441 | | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard | |
| | A6442 | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard | |
| | A6443 | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard | |
| | A6444 | | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6445 | | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard | |
| | A6446 | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard | |
| | A6447 | | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard | |
| | A6448 | | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6449 | | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard | |
| | A6450 | | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard | |
| | A6451 | | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard | |

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6452 | | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard | |
| | A6453 | | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard | |
| | A6454 | | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard | |
| | A6455 | | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A6456 | | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard | |
| | A6457 | | Tubular dressing with or without elastic, any width, per linear yard | |
| BR | A6501 | | Compression burn garment, bodysuit (head to foot), custom fabricated | PA required |
| BR | A6502 | | Compression burn garment, chin strap, custom fabricated | PA required |
| BR | A6503 | | Compression burn garment, facial hood, custom fabricated | PA required |
| BR | A6504 | | Compression burn garment, glove to wrist, custom fabricated | PA required |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| BR | A6505 | | Compression burn garment, glove to elbow, custom fabricated | PA required |
| BR | A6506 | | Compression burn garment, glove to axilla, custom fabricated | PA required |
| BR | A6507 | | Compression burn garment, foot to knee length, custom fabricated | PA required |
| BR | A6508 | | Compression burn garment, foot to thigh length, custom fabricated | PA required |
| BR | A6509 | | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated | PA required |
| BR | A6510 | | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated | PA required |
| BR | A6511 | | Compression burn garment, lower trunk including leg openings (panty), custom fabricated | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A6512 | | Compression burn garment, not otherwise classified | PA required |
| BR | A6513 | | Compression burn mask, face and/or neck, plastic or equal, custom fabricated | PA required |
| BR | A6594 | | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each | PA required |
| BR | A6595 | | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each | PA required |
| BR | A6596 | | Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each | PA required |
| BR | A6597 | | Gradient compression bandage roll, elastic long stretch, linear yard, any width, each | PA required |

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|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A6598 | | Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each | PA required |
| BR | A6599 | | Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each | PA required |
| BR | A6600 | | Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each | PA required |
| BR | A6601 | | Gradient compression bandaging supply, high density foam pad, any size or shape, each | PA required |
| BR | A6602 | | Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each | PA required |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A6603 | | Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each | PA required |
| BR | A6604 | | Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each | PA required |
| BR | A6605 | | Gradient compression bandaging supply, padded foam, per linear yard, any width, each | PA required |
| BR | A6606 | | Gradient compression bandaging supply, padded textile, per linear yard, any width, each | PA required |
| BR | A6607 | | Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each | PA required |

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|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A6608 | | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each | PA required |
| BR | A6609 | | Gradient compression bandaging supply, not otherwise specified | PA required |
| | S8431 | | Compression bandage, roll | |

Tapes

| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4450 | | Tape, non-waterproof, per 18 square inches | Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the NF daily rate.) |
| | A4452 | | Tape, waterproof, per 18 square inches | |

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | A4461 | | Surgical dressing holder, non-reusable, each | |
| | A4463 | | Surgical dressing holder, reusable, each | |
| | A4465 | | Non-elastic binder for extremity | |

Ostomy supplies

(Note: Items in this category are not taxable)

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|---|
| | A4361 | | Ostomy faceplate, each | Max of 10 allowed per client, per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380. |
| | A4362 | | Skin barrier; solid, 4 x 4 or equivalent; each | For ostomy only. |
| | A4363 | | Ostomy clamp, any type, replacement only, each | |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|--|--|
| | A4364 | | Adhesive, liquid or equal, any type, per oz | Max of 4 allowed per client, per month. For ostomy or catheter. |
| | A4366 | | Ostomy vent, any type, each | |
| | A4367 | | Ostomy belt, each | Max of 2 allowed per client every 6 months. |
| | A4368 | | Ostomy filter, any type, each | Not allowed in combination with code A4418, A4419, A4423, A4424, A4425, or A4427. |
| | A4369 | | Ostomy skin barrier, liquid (spray, brush, etc.), per oz | |
| | A4371 | | Ostomy skin barrier, powder, per oz | |
| | A4372 | | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each | |
| | A4373 | | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4375 | | Ostomy pouch, drainable, with faceplate attached, plastic, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4377, or A4378. |
| | A4376 | | Ostomy pouch, drainable, with faceplate attached, rubber, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4377, or A4378. |
| | A4377 | | Ostomy pouch, drainable, for use on faceplate, plastic, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4375, A4376, or A4378. |
| | A4378 | | Ostomy pouch, drainable, for use on faceplate, rubber, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4375, A4376, or A4377. |
| | A4379 | | Ostomy pouch, urinary, with faceplate attached, plastic, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4381, A4382, or A4383. |
| | A4380 | | Ostomy pouch, urinary, with faceplate attached, rubber, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4381, A4382, or A4383. |
| | A4381 | | Ostomy pouch, urinary, for use on faceplate, plastic, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4379, A4380, A4382, or A4383. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4382 | | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each | Max of 10 allowed per month, per client. Not allowed in combination with code A4379, A4380, A4381, A4383. |
| | A4383 | | Ostomy pouch, urinary, for use on faceplate, rubber, each | Max of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4381, A4382. |
| | A4384 | | Ostomy faceplate equivalent, silicone ring, each | |
| | A4385 | | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each | |
| | A4387 | | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each | Max of 30 allowed per client, per month. |
| | A4388 | | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each | Max of 10 allowed per client, per month. |

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4389 | | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each | Max of 10 allowed per client, per month. |
| | A4390 | | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each | Max of 10 allowed per client, per month. |
| | A4391 | | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each | Max of 10 allowed per client, per month. |
| | A4392 | | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each | Max of 10 allowed per client, per month. |
| | A4393 | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each | Max of 10 allowed per client, per month. |

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| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|--|
| | A4394 | | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce | |
| | A4395 | | Ostomy deodorant for use in ostomy pouch, solid, per tablet | |
| | A4396 | | Ostomy belt with peristomal hernia support | |
| | A4398 | | Ostomy irrigation supply; bag, each | Max of 2 allowed per client, every 6 months. |
| | A4399 | | Ostomy irrigation supply; cone/catheter, with or without brush | Max of 2 allowed per client, every 6 months. |
| | A4400 | | Ostomy irrigation set | Max of 2 allowed per client, every 6 months. |
| | A4404 | | Ostomy ring, each | Max of 10 allowed per client, per month. |
| | A4405 | | Ostomy skin barrier, non-pectin based, paste, per ounce | |

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|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4406 | | Ostomy skin barrier, pectin-based, paste, per ounce | |
| | A4407 | | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each | |
| | A4408 | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each | |
| | A4409 | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each | |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4410 | | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each | |
| | A4411 | | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each | |
| | A4412 | | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each | Max of 10 allowed per client, every 30 days. |
| | A4413 | | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each | Max of 10 allowed per client, per month. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4414 | | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each | |
| | A4415 | | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each | |
| | A4416 | | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
| | A4417 | | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
| | A4418 | | Ostomy pouch, closed; without barrier attached, with filter (1 piece), each | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |

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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4419 | | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
| BR | A4421 | | Ostomy supply; miscellaneous | PA required |
| BR | A4422 | | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each | |
| | A4423 | | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
| | A4424 | | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each | Max of 10 allowed per client, per month. Not allowed in combination with A4368. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4425 | | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each | Max of 10 allowed per client, per month. Not allowed in combination with A4368. |
| | A4426 | | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each | Max of 10 allowed per client, per month. |
| | A4427 | | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each | Max of 10 allowed per client, per month. Not allowed in combination with A4368. |
| | A4428 | | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each | Max of 10 allowed per client, per month. |
| | A4429 | | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each | Max of 10 allowed per client, per month. |

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|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4430 | | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each | Max of 10 allowed per client, per month. |
| | A4431 | | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each | Max of 10 allowed per client, per month. |
| | A4432 | | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each | Max of 10 allowed per client, per month. |
| | A4433 | | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each | Max of 10 allowed per client, per month. |
| | A4434 | | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each | Max of 10 allowed per client, per month. |

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| | | | | Policy/Comments |
|--------------------|-------------------|--------------------|---|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4435 | | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each | Max of 10 allowed per client, per month. |
| BR | A4436 | | Irrigation supply; sleeve, reusable, per month | Max of 1 allowed per client, per month. PA required. |
| BR | A4437 | | Irrigation supply; sleeve, disposable, per month | PA required |
| | A4455 | | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce | Max of 3 allowed per client, per month. |
| | A5051 | | Ostomy pouch, closed; with barrier attached (1 piece), each | Max of 60 allowed per client, per month. |
| | A5052 | | Ostomy pouch, closed; without barrier attached (1 piece), each | Max of 60 allowed per client, per month. |
| | A5053 | | Ostomy pouch, closed; for use on faceplate, each | Max of 60 allowed per client, per month. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A5054 | | Ostomy pouch, closed; for use on barrier with flange (2 piece), each | Max of 60 allowed per client, per month. |
| | A5055 | | Stoma cap | Max of 30 allowed per client, per month. |
| | A5061 | | Ostomy pouch, drainable; with barrier attached, (1 piece), each | Max of 20 allowed per client, per month. |
| | A5062 | | Ostomy pouch, drainable; without barrier attached (1 piece), each | Max of 20 allowed per client, per month. |
| | A5063 | | Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each | Max of 20 allowed per client, per month. |
| | A5071 | | Ostomy pouch, urinary; with barrier attached (1 piece), each | Max of 20 allowed per client, per month. |
| | A5072 | | Ostomy pouch, urinary; without barrier attached (1 piece), each | Max of 20 allowed per client, per month. |

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| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A5073 | | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each | Max of 20 allowed per client, per month. |
| | A5081 | | Stoma plug or seal, any type | Max of 30 allowed per client, per month. |
| | A5082 | | Continent device; catheter for continent stoma | Max of 1 allowed per client, per month. |
| | A5083 | | Continent device, stoma absorptive cover for continent stoma | See code A6219. |
| | A5093 | | Ostomy accessory; convex insert | Max of 10 allowed per client, per month. |
| | A5120 | | Skin barrier, wipes or swabs, each | For ostomy only |
| | A5121 | | Skin barrier; solid, 6 x 6 or equivalent, each | For ostomy only |
| | A5122 | | Skin barrier; solid, 8 x 8 or equivalent, each | For ostomy only |
| | A5126 | | Adhesive or non-adhesive; disk or foam pad | Max of 10 allowed per client, per month. |

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Urological supplies

| | | | | Policy/Comments |
|-------------|------------|-------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4310 | | Insertion tray without drainage bag and without catheter (accessories only) | Max of 60 per client, per month. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, A4353, or A4354. Included in NF daily rate. |
| | A4311 | | Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4314, or A4338. Included in NF daily rate. |
| | A4312 | | Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4315, or A4344. Included in NF daily rate. |
| | A4313 | | Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4316, or A4346. Included in NF daily rate. |
| | A4314 | | Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4311, A4338, A4354, or A4357. Included in NF daily rate. |
| | A4315 | | Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4312, A4344, A4354, or A4357. Included in NF daily rate. |

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| | | | | Policy/Comments |
|--------------------|-------------------|--------------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4316 | | Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4313, A4346, A4354, or A4357. Included in NF daily rate. |
| | A4320 | | Irrigation tray with bulb or piston syringe, any purpose | Max of 30 allowed per client, per month. Not allowed in combination with code A4322 or A4355. Included in NF daily rate. |
| | A4326 | | Male external catheter with integral collection chamber, any type, each | Max of 60 allowed per client, per month. Included in NF daily rate. |
| | A4327 | | Female external urinary collection device; meatal cup, each | Included in NF daily rate |
| | A4328 | | Female external urinary collection device; pouch, each | Included in NF daily rate |
| | A4330 | | Perianal fecal collection pouch with adhesive, each | Included in NF daily rate |
| | A4331 | | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each | Included in NF daily rate Not allowed in combination with code A4354, A5105, A5113, or A5114. |
| | A4332 | | Lubricant, individual sterile packet, each | Included in NF daily rate |
| | A4333 | | Urinary catheter anchoring device, adhesive skin attachment, each | Included in NF daily rate |
| | A4334 | | Urinary catheter anchoring device, leg strap, each | Included in NF daily rate |

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| | | | | Policy/Comments |
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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4335 | | Incontinence supply; miscellaneous | Included in NF daily rate (age 3 and older.) EPA required. |
| | A4336 | | Incontinence supply, urethral insert, any type, each | PA required |
| | A4338 | | Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | Max of 3 allowed per client, per month. Not allowed in combination with code A4311 or A4314. Included in NF daily rate. |
| | A4340 | | Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each | Max of 3 allowed per client, per month. Included in NF daily rate. |
| | A4344 | | Indwelling catheter, foley type, two-way, all silicone or polyurethane, each | May be all silicone or polyurethane. Max of 3 allowed per client, per month. Not allowed in combination with code A4312 or A4315. Included in NF daily rate. Note: Cannot be billed on the same date of service as A4314. |
| | A4346 | | Indwelling catheter; foley type, three way for continuous irrigation, each | Max of 3 allowed per client, per month. Not allowed in combination with code A4313 or A4316. Included in NF daily rate. |
| | A4349 | | Male external catheter, with or without adhesive, disposable, each | Max of 35 allowed per client, per month. Included in NF daily rate. |
| | A4351 | | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | Max of 120 allowed per client, per month. Not allowed in combination with code A4352 or A4353. |

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| | | | | Policy/Comments |
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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4352 | | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each | Max of 120 allowed per client, per month. Not allowed in combination with code A4351 or A4353. |
| | A4353 | | Intermittent urinary catheter, with insertion supplies | Max of 120 allowed per client, per month. Not allowed in combination with A4310, A4351, A4352, or A4354. Includes sterile no touch catheter systems. Included in NF daily rate. |
| | A4354 | | Insertion tray with drainage bag but without catheter | PA required. Not allowed in combination with A4310, A4314, A4315, A4316, A4353, A4357, A4358, and A5112. Included in NF daily rate. |
| | A4355 | | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each | Max of 30 allowed per client, per month. Not allowed in combination with A4320 and A4322. Included in NF daily rate. |
| | A4356 | | External urethral clamp or compression device (not to be used for catheter clamp), each | Max of 2 allowed per client, per year. Included in NF daily rate. |
| | A4357 | | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each | Max of 2 allowed per client, per month. Not allowed in combination with code A4314-A4316 or A4354. Included in NF daily rate. |
| | A4358 | | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each | Max of 2 allowed per client, per month. Not allowed in combination with code A5113, A5114, A4354, or A5105. Included in NF daily rate. |

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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4360 | | Disposable external urethral clamp or compression device, with pad and/or pouch, each | Max of 2 allowed per client, per month. |
| | A4402 | | Lubricant per ounce | Included in NF daily rate. For insertion of urinary catheters. |
| BR | A4453 | | Rectal catheter for use with the manual pump-operated enema system, replacement only | Requires PA. Rectal catheter for use with the manual pump-operated enema system (A4459), replacement only. |
| | A4456 | | Adhesive remover, wipes, any type, each | Max of 50 wipes allowed per client, per month. |
| BR | A4457 | | Enema tube, with or without adapter, any type, replacement only, each | PA required. Not allowed in combination with code A4459 |
| BR | A4459 | | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type | PA required. Manual pump enema systems are medically necessary for the management of neurogenic bowel when conservative bowel management methods have failed. Conservative methods include: diet modification (high fiber and fluid supplementation), minimization of constipating medications, osmotic and/or stimulant laxatives, prosecretory agents, suppositories, mini-enemas, digital stimulation, manual evacuation (lower motor neuron bowel), or enemas. |
| BR | A4520 | | Incontinence garment, any type, (e.g., brief, diaper), each | PA required. Included in NF daily rate. |

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|-------------|------------|-------------|---|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A5056 | | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each | |
| | A5057 | | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each | |
| | A5102 | | Bedside drainage bottle with or without tubing, rigid or expandable, each | Max of 2 allowed per client, per 6 months. Included in NF daily rate. |
| | A5105 | | Urinary suspensory with leg bag, with or without tube, each | Max of 2 allowed per client, per month. Not allowed in combination with code A4358, A5112, A5113, or A5114. Included in NF daily rate. |
| | A5112 | | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each | Max of 1 allowed per client, per month. Not allowed in combination with code A4354, A5105, A5113, or A5114. Included in NF daily rate. |
| | A5113 | RA | Leg strap; latex, replacement only, per set | Not allowed in combination with code A4358, A5105, or A5112. Included in NF daily rate. |
| | A5114 | RA | Leg strap; foam or fabric, replacement only, per set | Not allowed in combination with code A4358, A5105, or A5112. Included in NF daily rate. |
| | T4521 | | Adult sized disposable incontinence product, brief/diaper, small, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 24" – 32." Included in NF daily rate. |

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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | T4522 | | Adult sized disposable incontinence product, brief/diaper, medium, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 32" – 44." Included in NF daily rate. |
| | T4523 | | Adult sized disposable incontinence product, brief/diaper, large, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 45" – 58." Included in NF daily rate. |
| | T4524 | | Adult sized disposable incontinence product, brief/diaper, extra large, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 56" – 64." Included in NF daily rate. |
| | T4525 | 59 (To designate daytime use only) | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month. Included in NF daily rate. |

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| | | | | Policy/Comments |
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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | T4526 | 59 (To designate daytime use only) | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month. Recommended for waist sizes 32" – 44." Included in NF daily rate. |
| | T4527 | 59 (To designate daytime use only) | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month. Recommended for waist sizes 45" – 58." Included in NF daily rate. |
| | T4528 | 59 (To designate daytime use only) | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each | Medical exceptions to max quantity or age limitations require PA. Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month. Recommended for waist sizes 56" – 64." Included in NF daily rate. |
| | T4529 | | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Recommended for waist sizes 13" – 19" Max of 200 diapers purchased per client, per month. Included in NF daily rate. |

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| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | T4530 | 59 (To designate daytime use only) | Pediatric sized disposable incontinence product, brief/diaper, large size, each | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Max of 200 diapers purchased per client, per month. Included in NF daily rate. |
| | T4531 | 59 (To designate daytime use only) | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Max of 200 diapers purchased per client, per month. Included in NF daily rate. |
| | T4532 | 59 (To designate daytime use only) | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Max of 200 pull-ons, per client, per month. Included in NF daily rate. |
| | T4533 | 59 (To designate daytime use only) | Youth sized disposable incontinence product, brief/diaper, each | For clients age 6-20 Recommended for waist sizes 18" – 26". Max of 200 diapers purchased per client, per month. Included in NF daily rate. |
| | T4534 | 59 (To designate daytime use only) | Youth sized disposable incontinence product, protective underwear/pull-on, each | Medical exceptions to max quantity or age limit require PA. For clients age 6-20. Recommended for waist sizes 17" – 26" Max of 200 pull-ons purchased per client, per month. Included in NF daily rate. |

| | | | | Policy/Comments |
|-------------|------------|---------------------------------------|--|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | T4535 | 59 (To designate daytime use only) | Disposable liner/shield/guard/pad/undergarment, for incontinence, each | Medical exceptions to max quantity require PA. Not to be used inside any other product. For clients age 3 and older. Max of 200 pieces allowed per client, per month. Included in NF daily rate. |
| | T4536 | NU | Incontinence product, protective underwear/pull-on, reusable, any size, each | For clients age 3 and older. Max of 4 per client, per year. Included in NF daily rate. |
| | T4536 | RR | Incontinence product, protective underwear/pull-on, reusable, any size, each | For clients age 3 and older. Max of 150 allowed per client, per month. Included in NF daily rate. |
| | T4537 | NU | Incontinence product, protective underpad, reusable, bed size, each | Limit 42 per year. Not allowed in combination with code T4541 or T4537 (RR). |
| | T4537 | RR | Incontinence product, protective underpad, reusable, bed size, each | Limit 90 per month. Not allowed in combination with code T4541 or T4537 (NU). Included in NF daily rate. |
| | T4538 | RR | Diaper service, reusable diaper, each diaper | Medical exceptions to max quantity or age limit require PA. For clients age 3 and older. Max of 200 diapers allowed per client, per month. Included in NF daily rate. |
| | T4539 | NU | Incontinence product, diaper/brief, reusable, any size, each | Medical exceptions to max quantity or age limit require PA. For clients age 3 and older. Max of 36 diapers allowed per client, per month. Included in NF daily rate. |

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| | | | | Policy/Comments |
|-------------|------------|---------------------------------------|--|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | T4541 | | Incontinence product, disposable underpad, large, each | For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Max of 180 pieces allowed per client, per month. Not allowed in combination with code T4537 (NU) or T4537 (RR). Included in NF daily rate. |
| | T4543 | | Adult sized disposable incontinence product, protective brief/diaper, above extra large, each | For clients age 20 and older. Recommended for waist sizes 65" – 84" Max of 200 pieces purchased per client, per month. Included in NF daily rate. |
| | T4544 | 59 (To designate daytime use only) | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each | For clients age 6 and older. Recommended for waist sizes 65" and over. Max of 200 allowed for clients age 6 to 19, per month. Max of 150 allowed per clients age 20 and older, per month. Included in NF daily rate. |

Braces, belts, and supportive devices

| | | | | Policy/Comments |
|-------------|------------|-------------|---|---|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| BR | A4467 | | Belt, strap, sleeve, garment, or covering, any type | |
| | A4565 | | Slings | Max of 2 allowed per client, per year. Included in NF daily rate. |

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| | | | | Policy/Comments |
|--------------------|-------------------|--------------------|------------------------------|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | A4570 | | Splint | Max of 1 allowed per client per year. Included in NF daily rate. |
| | E0942 | | Cervical head harness/halter | Max of 1 allowed per client per year. Included in NF daily rate. |
| | E0944 | | Pelvic belt/harness/boot | Max of 1 allowed per client per year. Not allowed for use during pregnancy. Included in NF daily rate. |
| | E0945 | | Extremity belt/harness | Max of 1 allowed per client per year. Not allowed for use during pregnancy. Included in NF daily rate. |

Decubitus care products

| | | | | Policy/Comments |
|--------------------|-------------------|--------------------|-----------------------------------|--|
| Code Status | HCPCS Code | Modifier(s) | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| | E0188 | | Synthetic sheepskin pad | Max of 1 allowed per client per year. Included in NF daily rate. |
| | E0189 | | Lambswool sheepskin pad, any size | Max of 1 allowed per client per year. Included in NF daily rate. |
| | E0191 | | Heel or elbow protector, each | Max of 4 allowed per client per year. Included in NF daily rate. |

Miscellaneous supplies

| Code Status | HCPCS Code | Modifier(s) | Description | Policy/Comments (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|------------|-------------|---|---|
| | A4927 | | Gloves, non-sterile, per 100 | Quantities exceeding 2 units per month require PA. One unit = 100 gloves. Included in NF daily rate and in home health care rate. |
| | A4930 | | Gloves, sterile, per pair | Max of 30 per client, per month. Included in NF daily rate and in home health care rate. |
| | A6410 | | Eye pad, sterile, each | Max of 20 allowed per client, per month. Included in NF daily rate. |
| | A6411 | | Eye pad, non-sterile, each | Max of 1 allowed per client, per month. Included in NF daily rate. |
| | S8265 | | Haberman feeder for cleft lip/palate | |
| BR | E1832 | | Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | PA required |

Coverage/Limitations

Medical equipment and supplies

HCA covers nondurable medical equipment and supplies (MES) and related services, to include incontinent supplies. Prior authorization is not required.

See [WAC 182-543-5000](#) for Medical Supplies and Related Services.

HCA approves a client's use of a combination of incontinence products only when the client uses different products for daytime and nighttime use.

Example: Pull-up pants for daytime use and disposable diapers for nighttime use. The total quantity of all products used in combination must not exceed the monthly limitation for the product with the highest limit.

Note: Bill one size only of diapers or pull-up pants per month. HCA does not pay for multiple sizes.

For details and codes, see [Urological Supplies](#) in the Coverage table.

Coverage for Non-CRT Wheelchairs

HCA covers, with prior authorization (PA), manual and power-drive wheelchairs for clients who reside at home:

Note: For clients with complex needs and who require an individually configured complex rehabilitation technology (CRT) product, see HCA's [Complex Rehabilitation Technology Billing Guide](#).

What are the general guidelines for wheelchairs?

For manual or power-drive wheelchairs for clients who reside at home, requests for PA must include all the following:

- For a faxed submission, providers are required to submit the *General Information for Authorization* form, HCA 13-835, see [Where can I download HCA forms?](#)
- A functional mobility assessment completed by a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission, along with medical record documentation to support medical necessity.
- *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008 from the client's physician or therapist
- HCA's *Prescription* form, HCA 13-794

HCA does not pay for manual or power-drive wheelchairs that have been delivered to a client without PA from HCA, as described in this billing guide.

When HCA determines that a wheelchair is medically necessary, according to the process found in WAC [182-501-0165](#), for 6 months or less, HCA rents a wheelchair for clients who live at home.

Note: For clients that do not live at home, see [Clients Residing in a Skilled Nursing Facility](#).

Does HCA cover the rental or purchase of a manual wheelchair?

HCA covers the rental or purchase of a manual wheelchair for clients who reside at home and are nonambulatory or who have limited mobility and require a wheelchair to participate in normal daily activities. See the [Coverage Table](#) in this guide for details on policy and requirements.

Note: For clients that do not live at home, see [Clients Residing in a Skilled Nursing Facility](#).

HCA determines the type of manual wheelchair for a client residing at home as follows:

- A standard wheelchair if the client's medical condition requires the client to have a wheelchair to participate in normal daily activities
- A standard lightweight wheelchair if the client's medical condition does not allow the client to use standard weight wheelchair because of one of the following:
 - The client cannot self-propel a standard weight wheelchair.
 - Custom modifications cannot be provided on a standard weight wheelchair
- A high-strength lightweight wheelchair for a client who meets one of the following:
 - Whose medical condition doesn't allow the client to self-propel a lightweight or standard weight wheelchair
 - Requires custom modifications that cannot be provided on a standard weight or lightweight wheelchair
- A heavy-duty wheelchair for a client who requires a specifically manufactured wheelchair designed to meet one of the following:
 - Support a person weighing 300 pounds and over
 - Accommodate a seat width up to 22 inches wide (not to be confused with custom heavy-duty wheelchairs)
- A custom heavy-duty wheelchair for a client who requires a specifically manufactured wheelchair designed to meet one of the following:
 - Support a person weighing 300 pounds and over
 - Accommodate a seat width over 22 inches wide
- A rigid wheelchair for a client who meets all the following:
 - Has a medical condition that involves severe upper extremity weakness
 - Has a high level of activity
 - Is unable to self-propel any of the above types of wheelchairs
- A custom manufactured wheelchair for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the categories of wheelchairs listed in this billing guide.
- Pediatric wheelchairs/positioning strollers having a narrower seat and shorter depths more suited to pediatric patients, usually adaptable to modifications for a growing child.

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Does HCA cover power-drive wheelchairs?

HCA covers power-drive wheelchairs when the prescribing provider certifies that all the following clinical criteria are met:

- The client can independently and safely operate a power-drive wheelchair
- The client's medical condition negates his or her ability to self-propel any of the wheelchairs listed in the manual wheelchair category
- A power-drive wheelchair will do one of the following:
 - Provide the client the only means of independent mobility
 - Enable a child to achieve age-appropriate independence and developmental milestones

Note: All the following additional information is required for a three or four-wheeled power-drive scooter/power-operated vehicle (POV):

- The prescribing provider certifies that the client's condition is stable.
- The client is unlikely to require a standard power-drive wheelchair within the next two years.

What are the guidelines for clients with multiple wheelchairs?

When HCA approves a power-drive wheelchair for a client who already has a manual wheelchair, the power-drive wheelchair becomes the client's primary chair, unless the client meets the criteria for dual wheelchairs.

HCA pays to maintain only the client's primary wheelchair unless HCA approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client.

HCA pays for one manual wheelchair and one power-drive wheelchair for noninstitutionalized clients only when one of the following circumstances applies:

- The architecture of the client's home is completely unsuitable for a power-drive wheelchair, such as narrow hallways, narrow doorways, steps at the entryway, and insufficient turning radius
- The architecture of the client's home bathroom is such that power-drive wheelchair access is not possible, and the client needs a manual wheelchair to safely and successfully complete bathroom activities and maintain personal cleanliness
- The client has a power-drive wheelchair, but also requires a manual wheelchair because the power-drive wheelchair cannot be transported to meet the

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client's community, workplace, or educational activities. In this case, the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. HCA requires the client's situation to meet both of the following conditions:

- The client's activities that require the second wheelchair must be located farther than one-fourth of a mile from the client's home.
- Cabulance, public buses, or personal transit are not available, practical, or possible for financial or other reasons.

Note: When HCA approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client who meets one of the criteria for dual wheelchairs, HCA will pay to maintain both wheelchairs.

Modifications, Accessories, and Repairs for Non-CRT Wheelchairs

What are the requirements for modifications, accessories, and repairs to noncomplex rehabilitation technology (CRT) wheelchairs?

HCA covers wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line-item charges. Prior authorization (PA) is required. The accessories and modifications must be medically necessary. To receive payment, providers must submit all the following to HCA:

- For a faxed submission, a completed *General Information for Authorization* form, HCA 13-835, see [Where can I download HCA forms?](#)
- A completed *Prescription* form, HCA 13-794
- For new modifications, a functional mobility assessment completed by a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission, along with medical record documentation to support medical necessity.
- A completed *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008
- The make, model, and serial number of the wheelchair to be modified
- The modification requested
- Any specific information regarding the client's medical condition that necessitates the modification

Note: All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

DC = Same/similar covered code in fee schedule

DP = Service managed through a different program

PA = Prior Authorization Required

N = New

P = Policy change

Transit option restraints

HCA pays for transit option restraints for public and private transportation.

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Non-CRT wheelchair repairs

HCA covers non-CRT wheelchair repairs. Prior authorization (PA) is required. The equipment must remain medically necessary for the client at the time of repairs. To receive payment, providers must submit all the following to HCA:

- For faxed submission, the *General Information for Authorization* form, HCA 13-835, see [Where can I download HCA forms?](#) (see [Authorization](#) for more information)
- A functional mobility assessment completed by a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission, along with medical record documentation to support medical necessity.
- A completed *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008
- The make, model, and serial number of the wheelchair to be repaired
- The repair requested

Note: PA is required for the repair and modification of client-owned equipment.

Clients Residing in a Skilled Nursing Facility

What does the per diem rate include for a skilled nursing facility?

HCA's skilled nursing facility per diem rate, established in [chapter 74.46 RCW](#), [chapter 388-96 WAC](#), and [chapter 388-97 WAC](#), includes any reusable and disposable medical supplies that may be required for a skilled nursing facility client, unless otherwise specified within this billing guide.

HCA pays for the following covered medical equipment and related supplies outside of the skilled nursing facility per diem rate, when medically necessary, subject to the limitations in this billing guide:

- Wheelchairs – one per client in a 5-year period
- Speech generating devices (SGD)
- Specialty beds

Manual and power-drive wheelchairs

HCA pays for one manual or one power-drive wheelchair for clients with prior authorization (PA), when medically necessary according to the requirements in [WAC 182-542-5700](#). See [Authorization](#) section in this guide for information regarding PA.

Requests for PA must meet all the following:

- Be for the exclusive full-time use of a skilled nursing facility resident
- Not be included in the skilled nursing facility's per diem rate
- Include a copy of the telephone order, signed by the provider, for the wheelchair assessment, dated within 90 days of the PA submission
- A functional mobility assessment for mobility equipment completed by either a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission, along with medical record documentation to support medical necessity
- A qualifying face-to-face encounter with the treating provider within 6 months prior to the start of services
- Include a completed *Medical Necessity for Wheelchair Purchase for Nursing Facility Clients* form, HCA 19-0006. This form must be client specific and completed by ONLY the referring therapist. Suppliers may not complete this form.

HCA pays for wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line-item charges, with prior authorization (PA). To receive payment, providers must submit all of the following to HCA:

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- A completed *Prescription* form, HCA 13-794, dated within 90 days of the PA submission. See [Where can I download HCA forms?](#)
- For new modifications, a functional mobility assessment, addressing the new modifications, completed by a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission, along with medical record documentation to support medical necessity
- A completed *Medical Necessity for Wheelchair Purchase for Nursing Facility Clients* form, HCA 19-0006. This form must be client specific and completed by ONLY the referring therapist. Suppliers may not complete this form.
- The make, model, and serial number of the wheelchair to be modified
- The modification requested.
- Specific information regarding the client's medical condition that necessitates modification and continued medical necessity to the wheelchair

HCA pays for wheelchair repairs. Prior authorization (PA) is required. To receive payment, providers must submit all the following to HCA:

- A completed *Medical Necessity for Wheelchair Purchase for Nursing Facility (NF) Clients* form, HCA 19-0006. This form must be client specific and completed by ONLY the referring therapist. Suppliers may not complete this form.
- The make, model, and serial number of the wheelchair to be repaired
- The repair requested

The equipment must remain medically necessary for HCA to cover repairs.

The skilled nursing facility must provide a house wheelchair as part of the per diem rate when the client resides in a skilled nursing facility.

When the client is eligible for both Medicare and Medicaid and is residing in a skilled nursing facility in lieu of hospitalization, under Part A, HCA does not reimburse for medical equipment and related supplies, prosthetics, orthotics, medical supplies, related services, and related repairs and labor charges under fee-for-service (FFS).

Speech generating devices (SGD)

HCA pays for the purchase and repair of a speech generating device (SGD). Prior authorization (PA) is required. HCA pays for replacement batteries for SGDs in accordance with WAC [182-543-5500\(3\)](#).

Specialty beds

HCA pays for the purchase or rental of a specialty bed (a heavy-duty bariatric bed is not a specialty bed) when both of the following apply. Prior authorization (PA) is required.

- The specialty bed is intended to help the client heal.
- The client's nutrition and laboratory values are within normal limits.

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HCA considers decubitus care products to be included in the skilled nursing facility per diem rate and does not reimburse for these separately. (See [Warranty](#) for more information.)

What does HCA pay for outside the per diem rate?

HCA pays for the following medical supplies for a client in a skilled nursing facility outside the skilled nursing facility per diem rate:

- Medical supplies or services that replace all or parts of the function of a permanently impaired or malfunctioning internal body organ

This includes, but is not limited to the following:

- Colostomy and other ostomy bags and necessary supplies. (see WAC [388-97-1060\(3\)](#), nursing homes/quality of care)
- Urinary retention catheters, tubes, and bags, excluding irrigation supplies.
- Supplies for intermittent catheterization programs, for the following purposes:
 - Long term treatment of atonic bladder with a large capacity
 - Short term management for temporary bladder atony
- Surgical dressings required because of a surgical procedure, for up to six weeks post-surgery

Authorization

What is authorization?

Authorization is HCA's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Prior authorization (PA), expedited prior authorization (EPA), and limitation extensions (LE) are forms of authorization.**

HCA requires providers to obtain authorization for covered medical equipment and related supplies as follows:

- As described in this billing guide
- As described in chapter [182-501 WAC](#), chapter [182 502 WAC](#), and chapter [182 543 WAC](#)
- When the clinical criteria required in this billing guide are not met

What is prior authorization (PA)?

HCA requires providers to obtain PA for certain items and services before delivering that item or service to the client, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer. The item or service must also be delivered to the client before the provider bills HCA.

Providers may submit PA requests online through direct data entry into ProviderOne. See HCA's [prior authorization webpage](#) for details.

Facility or therapist letterhead must be used for any documentation that does not appear on an HCA form.

Note: For more information on requesting authorization, see Requesting Prior Authorization in HCA's [ProviderOne Billing and Resource Guide](#).

When HCA receives the initial request for PA, the prescription(s) for those items or services must not be older than six months from the date HCA receives the request.

HCA requires certain information from providers to prior authorize the purchase or rental of equipment. This information includes, but is not limited to, the following:

- The manufacturer's name
- The equipment model and serial number
- A detailed description of the item
- Any modifications required, including the product or accessory number as shown in the manufacturer's catalog

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For PA requests, HCA requires the prescribing provider to provide a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.

Medical record documentation, sourced from the client's Electronic Health Record (EHR), must provide credible evidence, as outlined in WAC 182-501-0165, to substantiate criteria for medical necessity as specified in this billing guide.

HCA does not pay for the purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request PA and submit one of the following to HCA:

- Why the existing equipment no longer meets the client's medical needs

OR

- Why the existing equipment could not be repaired or modified to meet those medical needs

AND

- Upon request, documentation showing how the client's condition met the criteria for PA or EPA

A provider may resubmit a request for PA for an item or service that HCA has denied. HCA requires the provider to include new documentation that is relevant to the request.

When a service requires authorization, the provider must properly request authorization in accordance with HCA's rules, this billing guide, and provider notices.

Note: HCA's authorization of service(s) does not guarantee payment.

When authorization is not properly requested, HCA rejects and returns the request to the provider for further action. HCA does not consider the rejection of the request to be a denial of service.

Authorization requirements in this billing guide are not a denial of service to the client. HCA may recoup any payment made to a provider if HCA later determines that the service was not properly authorized or did not meet the EPA criteria. See WAC [182-502-0100\(1\)\(c\)](#).

Note: See HCA's [ProviderOne Billing and Resource Guide](#) and review the Prior Authorization (PA) chapter for more information on requesting authorization

How do I request prior authorization (PA)?

When a procedure's EPA criteria has not been met or the covered procedure requires PA, providers must request PA from HCA. Procedures that require PA are listed in the fee schedule. HCA does not retrospectively authorize any health care services that require PA after they have been provided except when a client has delayed certification of eligibility.

Online direct data entry into ProviderOne

Providers may submit a PA request online through direct data entry into ProviderOne (see HCA's [prior authorization webpage](#) for details).

Fax Request to (866) 668-1214

If providers choose to submit a faxed PA request, the following must be provided:

- The *General Information for Authorization* form, HCA 13-835. See [Where can I download HCA forms?](#) This form must be page one of the faxed request and must be typed. Do not include a fax cover sheet.

Providers and suppliers must submit ALL of the following with a request for prior authorization:

- Credible evidence as outlined in [WAC 182-501-0165](#).
- Any HCA forms as outlined in this billing guide.
- Medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment rather than what the equipment does for the client.
- Medical record documentation, sourced from the client's Electronic Health Record (EHR), that provides credible evidence as outlined in WAC 182-501-0165, to substantiate criteria for medical necessity as specified under the [Coverage Determination Process](#) section of this billing guide.
- The client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify frequency of use or replacement, if applicable. Mere submission of an HCA form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information. Reference [Documentation Matters Toolkit | CMS](#).

Note: Applicable forms may be downloaded from HCA's [Billers and Providers webpage](#).

For expedited prior authorization (EPA), a client must meet the clinically appropriate EPA criteria outlined within this billing guide. The appropriate EPA

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number must be used when the provider bills HCA (see [What is expedited prior authorization \(EPA\)?](#)).

What is expedited prior authorization (EPA)?

The expedited prior authorization (EPA) process is designed to eliminate the need for online or faxed submission for prior authorization for selected medical equipment procedure codes.

HCA requires a provider to create an authorization number for EPA for selected medical equipment procedure codes. The authorization number must be used when the provider bills HCA.

Upon request, a provider must provide documentation to HCA showing how the client's condition met the criteria for EPA.

Prior authorization is required when a situation does not meet the EPA criteria for medical equipment procedure codes. See HCA's [Prior authorization webpage](#) for details.

HCA may recoup any payment made to a provider if the provider did not follow the required expedited authorization process and criteria.

HIPAA 5010 does not allow multiple authorization (prior/expedited) numbers per claim. If billing an electronic claim, enter the EPA at the claim level in the *Prior Authorization* section.

Suppliers are reminded that EPA numbers are only for those products listed on the following pages. EPA numbers are not valid for:

- Other medical equipment requiring PA.
- Products for which the documented medical condition does not meet all the specified criteria.
- Over-limitation requests.

Providers must request prior authorization when a situation does not meet the criteria for a selected medical equipment code. See HCA's [Prior authorization webpage](#) for details.

Note: See HCA's [ProviderOne Billing and Resource Guide](#) for more information on requesting authorization.

What is a limitation extension (LE)?

HCA limits the amount, frequency, or duration of certain covered ME, and related supplies, and reimburses up to the stated limit without requiring prior authorization (PA).

Certain covered items have limitations on quantity and frequency. These limits are designed to avoid the need for PA for items normally considered medically necessary and for quantities sufficient for a 30-day supply for one client.

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HCA requires a provider to request PA for a limitation extension (LE) to exceed the stated limits for ME, and medical supplies. See HCA's [Prior authorization webpage](#) for details.

HCA evaluates requests for LE under the provisions of WAC [182-501-0169](#).

EPA Criteria Coding List

What are the expedited prior authorization (EPA) criteria for equipment rental?

Note: The following pertains to expedited prior authorization (EPA) numbers 870000700 - 870000820:

1. If the medical condition does not meet **all** the specified criteria, prior authorization (PA) must be obtained. See HCA's [Prior authorization webpage](#) for details.
2. It is the supplier's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the allowed time period, or to determine if the client has already established EPA through another supplier during the specified time period.
3. For extension of authorization beyond the EPA amount allowed, the normal PA process is required.
4. A valid authorized practitioner's prescription is required as described in WAC [182-543-2000\(2\)\(c\)](#)
5. Documentation of the length of need/life expectancy must be kept in the client's file, as determined by the prescribing provider and medical justification (including **all** the specified criteria).

Rental Manual Wheelchairs

- The EPA rental is allowed only one time, per client, per 12-month period.
- If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate. Rentals in the hospital are included in the Diagnoses Related Group (DRG) payment.
- HCA does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The supplier of service is expected to supply the client with an equivalent loaner.
- Providers may bill for only one procedure code, per client, per month.

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- All accessories are included in the reimbursement of the wheelchair rental code. They may not be billed separately.

Rental Manual Wheelchairs

| | | | | Criteria |
|--------------|----------|-----------|---|--|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| K0001 | RR | 870000700 | Standard manual wheelchair with all styles of arms, footrest and/or leg rests | <p>Up to 2 months continuous rental in a 12-month period if all the following criteria are met.</p> <p>The client:</p> <ol style="list-style-type: none"> 1. Weighs 250 lbs. or less. 2. Requires a wheelchair to participate in normal daily activities. 3. Has a medical condition that renders the client totally non-weight bearing or is unable to use other aids for mobility, such as crutches or walker (reason must be documented in the client's file). 4. Does not have a rental hospital bed. 5. Has a length of need, as determined by the prescribing provider, that is less than 6 months. |
| K0003 | RR | 870000705 | Lightweight manual wheelchair with all styles of arms, footrests and/or leg rests | <p>Up to 2 months continuous rental in a 12-month period if all the following criteria are met. The client:</p> <ol style="list-style-type: none"> 1. Weighs 250 lbs. or less. 2. Can self-propel the lightweight wheelchair and is unable to propel a standard weight wheelchair. 3. Has a medical condition that renders the client totally non-weight bearing or is unable to use other aids for mobility, such as crutches or walker (reason must be documented in the client's file). 4. Does not have a rental hospital bed. 5. Has a length of need, as determined by the prescribing provider, that is less than 6 months. |

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| | | | | Criteria |
|--------------|----------|-----------|---|--|
| HCPSC Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| K0006 | RR | 870000710 | Heavy-duty manual wheelchair with all styles of arms, footrests, and/or leg rests | <p>Up to 2 months continuous rental in a 12-month period if all the following criteria are met. The client:</p> <ol style="list-style-type: none"> 1. Weighs over 250 lbs. 2. Requires a wheelchair to participate in normal daily activities. 3. Has a medical condition that renders the client totally non-weight bearing or is unable to use other aids for mobility, such as crutches or walker (reason must be documented in the client's file). 4. Does not have a rental hospital bed. 5. Has a length of need, as determined by the prescribing provider, that is less than 6 months |
| E1060 | RR | 870000715 | Fully reclining manual wheelchair with detachable arms, desk or full-length and swing-away or elevating leg rests | <p>Up to 2 months continuous rental in a 12-month period if all the following criteria are met. The client:</p> <ol style="list-style-type: none"> 1. Requires a wheelchair to participate in normal daily activities and is unable to use other aids for mobility, such as crutches or walker (reason must be documented in the client's file). 2. Has a medical condition that does not allow them to sit upright in a standard or lightweight wheelchair (must be documented). 3. Does not have a rental hospital bed. 4. Has a length of need, as determined by the prescribing provider, that is less than 6 months. |

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Rental of manual or semi-electric hospital bed

- The EPA rental is allowed only one time, per client, per 12-month period.
- Prior authorization (PA) must be requested for the 12th month of rental, at which time the equipment will be considered purchased. The authorization number will be pended for the serial number of the equipment. In such cases, the equipment the client has been using must have been new on or after the start of the rental contract or is documented to be in good working condition. A 1-year warranty will take effect as of the date the equipment is considered purchased if equipment is not new. Otherwise, normal manufacturer warranty will be applied.
- If length of need is greater than 12 months, as stated by the prescribing provider, a PA for purchase must be requested.
- If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate. Rentals in the hospital are included in the DRG payment.
- HCA does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The supplier of service is expected to supply the client with an equivalent loaner.
- Hospital beds *will not* be provided:
 - As furniture
 - To replace a client-owned waterbed
 - For a client who does not own a standard bed with mattress, box spring, and frame
 - If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom
- Only one type of bed rail is allowed with each rental.
- Mattress may not be billed separately.

Rental/Purchase Hospital Beds

| | | | | Criteria |
|--|----------|-----------|---|---|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0292 E0310 E0305 | RR | 870000720 | Manual hospital bed with mattress with or without bed rails | <p>The client:</p> <ol style="list-style-type: none"> 1. Has a length of need/life expectancy that is 12 months or less. 2. Has a medical conditional that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file). 3. Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file). 4. Has a medical condition that necessitates upper body positioning at no less than a 30-degree angle the majority of time the client is in the bed. 5. Has full-time caregivers. 6. Does not also have a rental wheelchair. |

| | | | | Criteria |
|--|----------|-----------|--|--|
| HCPSC Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0294 E0310 E0305 | RR | 870000725 | Semi-electric hospital bed with mattress with or without bed rails | <p>Up to 11 months continuous rental in a 12-month period if all the following criteria are met. The client:</p> <ol style="list-style-type: none"> 1. Has a length of need/life expectancy that is 12 months or less. 2. Has tried pillows, bolsters, and/or rolled up blankets/towels in own bed, and determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file). 3. Has a chronic or terminal condition such as COPD, CHF, lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation. 4. Must be able to operate the bed controls independently and safely. 5. Does not have a rental wheelchair. 6. Has a completed <i>Hospital Bed Evaluation</i> form, HCA 13-747. See Where can I download HCA forms? |

Purchase of manual or semi-electric hospital bed

The EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.

- For hospital beds, the date of delivery to the client and serial number of the hospital bed must be submitted prior to payment.
- It is the supplier's responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- Hospital beds *will not* be covered:
 - As furniture
 - To replace a client-owned waterbed
 - For a client who does not own a standard bed with mattress, box spring and frame
 - If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom

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Purchase of hospital beds

| | | | | Criteria |
|-------------|----------|-----------|--|---|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0294 | NU | 870000726 | Semi-electric hospital bed with mattress with or without bed rails | <p>Initial purchase if all the following criteria are met. The client:</p> <ol style="list-style-type: none"> Has a length of need/life expectancy of 12 months or more. Has tried positioning devices like pillows, bolsters, foam wedges, rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file). Has one of the following diagnoses: <ol style="list-style-type: none"> Quadriplegia Tetraplegia Duchenne's M.D. ALS Ventilator dependent COPD or CHF with aspiration risk or shortness of breath that causes the need for immediate position change of more than 30 degrees. Must be able to operate the bed controls independently and safely. <p>Documentation Required:</p> <ol style="list-style-type: none"> Life expectancy, in months and/or years. Client diagnosis including ICD code. Date of delivery and serial number. Written documentation that client has not previously had a hospital bed, purchase, or rental (i.e., written statement from client or caregiver). A completed <i>Hospital Bed Evaluation</i> form, HCA 13-747. See Where can I download HCA forms? |

Low air loss therapy systems

| | | | | Criteria |
|------------------------------|----------|-----------|---|---|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0371 E0372 | RR | 870000730 | Low air loss mattress overlay | Initial 30-day rental followed by one additional 30-day rental in a 12-month period if all the following criteria are met. The client: <ol style="list-style-type: none"> 1. Is bed-confined 20 hours per day during rental of therapy system. 2. Has at least one stage 3 decubitus ulcer on trunk of body. 3. Has acceptable turning and repositioning schedule. 4. Has timely labs (every 30 days). 5. Has appropriate nutritional program to heal ulcers. |
| E0277 E0373 | RR | 870000735 | Low air loss mattress without bed frame | Initial 30-day rental followed by an additional 30-day rental in a 12-month period if all the following criteria are met. The client: <ol style="list-style-type: none"> 1. Is bed-confined 20 hours per day during rental of therapy system. 2. Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body. 3. Has ulcers on more than one turning side. 4. Has acceptable turning and repositioning schedule. 5. Has timely labs (every 30 days). 6. Has appropriate nutritional program to heal ulcers. |
| E0277 E0373 | RR | 870000740 | Low air loss mattress without bed frame | Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery. |

| | | | | Criteria |
|--------------|----------|-----------|--|---|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0194 | RR | 870000750 | Air fluidized flotation system including bed frame | <p>Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.</p> <p>For All Low Air Loss Therapy Systems</p> <p>Documentation Required:</p> <ol style="list-style-type: none"> 1. A <i>Low Air-Loss Therapy Systems</i> form, HCA 13-728, must be completed for each rental segment and signed and dated by nursing staff in facility or client's home. See Where can I download HCA forms? 2. A new form must be completed for each rental segment. 3. A re-dated prior form will not be accepted. 4. A dated picture must accompany each form. |

Note: The EPA rental is allowed only one time, per client, per 12-month period.

Noninvasive bone growth/nerve stimulators

| | | | | Criteria |
|------------------------------|----------|-----------|-----------------------------------|---|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0747 E0760 | NU | 870000765 | Non-spinal bone growth stimulator | <p>Allowed only for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met.</p> <p>The client:</p> <ol style="list-style-type: none"> 1. Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal and metatarsal) after 6 months has elapsed since the date of injury without healing. 2. Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery. |

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| HCPCS Codes | Modifier | EPA Code | Description | Criteria (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|----------|-----------|-------------------------------|--|
| E0748 | NU | 870000770 | Spinal bone growth stimulator | <p>Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met.</p> <p>The client:</p> <ol style="list-style-type: none"> 1. Has a failed spinal fusion where a minimum of 9 months has elapsed since the last surgery. 2. Is post-op from a multilevel spinal fusion surgery. 3. Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion. |

Note: The EPA rental is allowed only one time, per client, per 12-month period.

Miscellaneous medical equipment

| HCPCS Codes | Modifier | EPA Code | Description | Criteria (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
|-------------|----------|-----------|-----------------------|--|
| E0604 | RR | 870000800 | Breast pump, electric | <p>Unit may be rented for up to 3 months when one of the following conditions directly impacts the ability of the infant to feed from the parent:</p> <ol style="list-style-type: none"> 1. Prematurity (including multiple gestation); 2. Neurologic disorder; 3. Genetic abnormality; 4. Anatomic or mechanical malformation (e.g., cleft lip or palate); or 5. Congenital malformation requiring surgery (e.g., respiratory, cardiac, gastrointestinal, or central nervous system malformation). |

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| | | | | Criteria |
|------------------------------|----------|-----------|---|--|
| HCPCS Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| E0935 | RR | 870000810 | Continuous passive motion system (CPM) | Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following: <ol style="list-style-type: none"> 1. Frozen joints 2. Intra-articular tibia plateau fracture 3. Anterior cruciate ligament injury 4. Total knee replacement |
| E0650 | RR | 870000820 | Extremity pump | Up to 2 months rental during a 12-month period for treatment of severe edema. Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be all of the following: <ol style="list-style-type: none"> 1. Medically effective 2. Medically necessary 3. A long-term, permanent need |
| A4253 A4259 | | 870001263 | Blood glucose test strips/lancets | For pregnant people with gestational diabetes, HCA pays for the quantity necessary to support testing as directed by the client's provider For pregnant people with gestational diabetes, HCA pays for the quantity necessary to support testing as directed by the client's provider, up to 12 months postpartum. |
| A4253 A4259 | | 870001265 | Blood glucose test strips/lancets for children through age 20 | 100 over limit – for children only |
| A4927 | | 870001262 | Additional gloves for clients who live in an assisted living facility | Will be allowed up to the quantity necessary as directed by the client's provider, not to exceed a total of 400 per month. Allowed for Place of Service 13 (assisted living and adult family home) and 14 (group home). |

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| | | | | Criteria |
|--------------|----------|-----------|--|--|
| HCPSC Codes | Modifier | EPA Code | Description | (Note: Billing provisions are limited to a one-month supply. One month equals 30 days.) |
| A4335 | | 870000851 | Incontinence supply, use for diaper doublers, each (age 3 and older) | <p>Purchase of 90 per month allowed when the product is:</p> <ol style="list-style-type: none"> Used for extra absorbency at nighttime only. Prescribed by a physician. Used inside of a brief, diaper, or pull-on. |
| A4335 | | 870000852 | Incontinence supply, use for diaper doublers, each (age 3 and older) | <p>Up to equal amount of diapers/briefs received if one of the following criteria for clients is met:</p> <ol style="list-style-type: none"> Tube fed On diuretics or other medication that causes frequent/large amounts of output Brittle diabetic with blood sugar problems |
| A9286 | | 870001604 | Hygienic item, bed encasement, mattress (twin) (age 20 and younger) | See <i>Bed and Pillow Encasements</i> form HCA 13-0052. See Where can I download HCA forms? |
| A9286 | | 870001605 | Hygienic item, bed encasement, pillowcases (set of 2) (age 20 and younger) | See <i>Bed and Pillow Encasements</i> form HCA 13-0052. See Where can I download HCA forms? |

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Billing

All claims must be submitted electronically to HCA, except under limited circumstances. For more information about this policy change, see [Paperless Billing at HCA](#). For providers approved to bill paper claims, see HCA's [Paper Claim Billing Resource](#).

What are the general billing requirements?

Providers must follow HCA's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

Billing for By Report (BR) items:

HCA evaluates each by-report (BR) item, procedure, or service individually to determine its medical necessity, appropriateness, and reimbursement value. HCA's reimbursement rate is based on a percentage of the manufacturer's list price or manufacturer's suggested retail price (MSRP), or a percentage of the wholesale acquisition cost (WAC). HCA uses specific percentages for these calculations. See [WAC 182-543-9000](#).

Please note that to accurately determine the MSRP and consider any supplier discounts, an itemized **invoice** is required rather than a **quote**. The invoice should include the manufacturer's list price, any applicable discounts, and the final cost to the supplier. Providing the correct documentation is essential for the evaluation process.

What billing requirements are specific to medical equipment and supplies?

Equipment

A provider must not bill HCA for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.

HCA does not pay a medical equipment provider for medical supplies used in conjunction with a provider office visit. HCA pays for these supplies when it is appropriate. See HCA's [Physician-Related Services/Health Care Professional Services Billing Guide](#).

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Supplies

When billing HCA for medical supplies, the claim must be for a single date of service, with at least 30 days in between claims.

Examples:

- For a date of service (DOS) in the month of May, use 5/15/19-5/15/19 on the first claim. For the next claim with a date of service in June, use 6/14/19-6/14/19 (30 days between dates of service).
 - May claim: 5/15/2019-5/15/2019, 200 units
 - June claim: 6/14/2019-6/14/2019, 200 units
- If the claim is for a limit over the allowed amount and HCA has authorized a limitation extension, bill on two separate lines: one claim line for the allowed amount and one claim line for the exceeded limit. The claim line with the additional authorized limit must include the authorization number.
 - May claim line 1: 5/15/2019-5/15/2019, 200 units
 - May claim line 2: 5/15/2019-5/15/2019, 100 units, authorization #
 - June claim line 1: 6/14/2019-6/14/2019, 200 units
 - June claim line 2: 6/14/2019-6/14/2019, 100 units, authorization #

Note: Use date spans when billing for rentals only

How does a provider bill for a managed care client?

If a fee-for-service (FFS) client enrolls in an HCA-contracted managed care organization (MCO), all the following apply:

- HCA stops paying for any rented equipment on the last day of the month preceding the month in which the client becomes enrolled in the MCO.
- The MCO determines the client's continuing need for the equipment and is responsible for paying the provider.
- A client may become an MCO enrollee before HCA completes the purchase of the prescribed medical equipment. HCA considers the purchase complete when the product is delivered and HCA is notified of the serial number. If the client becomes an MCO enrollee before HCA completes the purchase, the following occur:
 - HCA rescinds HCA's authorization with the supplier until the MCO's provider evaluates the client.
 - HCA requires the authorized practitioner to write a new prescription if the provider determines the equipment is still medically necessary as defined in WAC [182-500-0070](#).
 - The MCO's applicable reimbursement policies apply to the purchase or rental of the equipment.

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- A client may be disenrolled from an MCO and placed into fee-for-service before the MCO completes the purchase of prescribed medical equipment.
 - HCA rescinds the MCO's authorization with the supplier until the client's provider evaluates the client.
 - HCA requires the authorized practitioner to write a new prescription if the provider determines the equipment is still medically necessary as defined in WAC [182-500-0070](#).
 - HCA's applicable reimbursement policies apply to the purchase or rental of the equipment.

How does a provider bill for clients eligible for Medicare and Medicaid?

If a client is eligible for both Medicare and Medicaid, all the following apply:

- HCA requires a provider to accept Medicare assignment before any Medicaid reimbursement.
- Under WAC [182-502-0110\(3\)](#):
 - If the service provided is covered by Medicare and Medicaid, HCA pays the lesser amount allowed, minus the amount already paid.
 - If the service provided is covered by Medicare but is not covered by HCA, HCA pays the deductible and/or coinsurance up to Medicare's allowed amount for qualified Medicare beneficiary (QMB) clients only.

What is included in the rate?

HCA's payment rate for purchased or rented covered medical equipment, related supplies, and related services include:

- Any adjustments or modifications to the equipment required within three months of the date of delivery, or are covered under the manufacturer's warranty. This does not apply to adjustments required because of changes in the client's medical condition.
- Any pick-up and/or delivery fees or associated costs (e.g., mileage, travel time, gas, etc.).
- Telephone calls.
- Shipping, handling, and/or postage.
- Routine maintenance of medical equipment, including:
 - Testing
 - Cleaning
 - Regulating
 - Assessing the client's equipment

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- Fitting and/or set-up.
- Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies.

Where can I find the fee schedules for medical equipment and supplies?

See HCA's [fee schedule](#).

Where can HCA's required forms be found?

The following forms can be downloaded from HCA's [Forms and publications webpage](#):

Negative Pressure Wound Therapy form, HCA 13-726

Medical Necessity for Wheelchair Purchase (for home client only) form, HCA 19-0008

Low Air-Loss Therapy Systems form, HCA 13-728

Medical Necessity for Wheelchair Purchase for Nursing Facilities (NF) Clients form, HCA 19-0006

Hospital Bed Evaluation form, HCA 13-747

Bathroom Equipment form, HCA 13-872

Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices form, HCA 13-0127

Limitation Extension Request Incontinent Supplies and Gloves form, HCA 13-870

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers and Providers webpage](#), under [ProviderOne Resources, Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the [ProviderOne 5010 companion guides on the HIPAA Electronic Data Interchange \(EDI\) webpage](#).

The following claim instructions relate to medical equipment providers:

| Code | To be used for |
|------|--------------------------|
| 12 | Client's residence |
| 13 | Assisted living facility |
| 14 | Group home |

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| Code | To be used for |
|------|--------------------------|
| 32 | Nursing facility |
| 31 | Skilled nursing facility |
| 99 | Other |

Warranty

When do I need to make warranty information available?

Providers must make all the following warranty information available to HCA upon request:

- Date of purchase
- Applicable serial number
- Model number or other unique identifier of the equipment
- Warranty period, available to HCA upon request

When is the dispensing provider responsible for costs?

The dispensing provider who furnishes the equipment, supply or device to a client is responsible for any costs incurred to have a different provider repair the equipment when all the following apply:

- Any equipment that HCA considers purchased requires repair during the applicable warranty period.
- The provider refuses or is unable to fulfill the warranty.
- The equipment, supply or device continues to be medically necessary.

If the rental equipment, supply, or device must be replaced during the warranty period, HCA recoups 50% of the total amount previously paid toward rental and eventual purchase of the equipment, supply, or device delivered to the client when both of the following occur:

- The provider is unwilling or unable to fulfill the warranty.
- The equipment, supply, or device continues to be medically necessary.

Minimum warranty periods

| Item | Type | Warranty |
|---|---|--------------------|
| Wheelchair frames (purchased new) and wheelchair parts | Powerdrive (depending on model) | 1 year - lifetime |
| Wheelchair frames (purchased new) and wheelchair parts | Ultralight | Lifetime |
| Wheelchair frames (purchased new) and wheelchair parts | Active Duty Lightweight (depending on model) | 5 years – lifetime |
| Wheelchair frames (purchased new) and wheelchair parts | All others | 1 year |
| Electrical components | All electrical components whether new or replacement parts including batteries | 6 months – 1 year |
| Medical equipment | All other medical equipment not specified above (excludes disposable/non-reusable supplies) | 1 year |