CareFirst
Family of health care plans

Durable Medical Equipment Which Require Pre-Authorization

Refer to the list of codes below when submitting DME authorizations.

Service	Service description	Effective date	Lines of Business
A9900	Miscellaneous DME supply, accessory, and/or service component of another hcpcs code	added prior to 5/1/23	HMO
A9999	Miscellaneous DME supply or accessory, not otherwise specified	added prior to 5/1/23	HMO
E0194	Air fluidized bed	added prior to 5/1/23	HMO
E0202	Phototherapy (bilirubin) light with photometer	added prior to 5/1/23	HMO
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	added prior to 5/1/23	HMO
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	added prior to 5/1/23	HMO
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	added prior to 5/1/23	HMO
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	added prior to 5/1/23	HMO
E0617	External defibrillator with integrated electrocardiogram analysis	added prior to 5/1/23	HMO
E0619	Apnea monitor, with recording feature	added prior to 5/1/23	HMO
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	added prior to 5/1/23	HMO
E0637	Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels	added prior to 5/1/23	HMO
E0638	Standing frame system, one position (e.g. Upright, supine or prone stander), any size including pediatric, with or without wheels	added prior to 5/1/23	HMO
E0641	Standing frame system, multi-position (e.g. Three-way stander), any size including pediatric, with or without wheels	added prior to 5/1/23	HMO
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	added prior to 5/1/23	HMO

Service	Service description	Effective date	Lines of Business
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	added prior to 5/1/23	HMO
E0720	Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation	added prior to 5/1/23	HMO
E0730	Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation	added prior to 5/1/23	HMO
E0731	Formfitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)	added prior to 5/1/23	HMO
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	added prior to 5/1/23	HMO
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	added prior to 5/1/23	HMO
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	added prior to 5/1/23	HMO
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	added prior to 5/1/23	HMO
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training system	added prior to 5/1/23	HMO
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	added prior to 5/1/23	HMO
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type	added prior to 5/1/23	HMO
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	8/1/23	All Commercial LOBs, excluding FEP
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	8/1/23	All Commercial LOBs, excluding FEP
E0986	Manual wheelchair accessory, push-rim activated power assist system	8/1/23	All Commercial LOBs, excluding FEP
E1002	Wheelchair accessory, power seating system, tilt only	8/1/23	All Commercial LOBs, excluding FEP
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	8/1/23	All Commercial LOBs, excluding FEP
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	8/1/23	All Commercial LOBs, excluding FEP
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	8/1/23	All Commercial LOBs, excluding FEP
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	8/1/23	All Commercial LOBs, excluding FEP
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	8/1/23	All Commercial LOBs, excluding FEP
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	8/1/23	All Commercial LOBs, excluding FEP
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	8/1/23	All Commercial LOBs, excluding FEP
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	8/1/23	All Commercial LOBs, excluding FEP
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/ platform, complete system, any type, each	8/1/23	All Commercial LOBs, excluding FEP
E1016	Shock absorber for power wheelchair, each	8/1/23	All Commercial LOBs, excluding FEP
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	8/1/23	All Commercial LOBs, excluding FEP
E1230	Power operated vehicle (three or four wheel non-highway) specify brand name and model number	added prior to 5/1/23	HMO
E1399	Durable medical equipment, miscellaneous	added prior to 5/1/23	HMO
E1700	Jaw motion rehabilitation system	added prior to 5/1/23	HMO
E1800	Dynamic adjustable elbow flexion/extension device, includes soft interface material	added prior to 5/1/23	HMO
E1801	Static progressive stretch elbow device, extension and/or flexion with or without range of motion adjustment, includes all components and accessories	added prior to 5/1/23	HMO
E1802	Dynamic adjustable forearm pronation/ supination device, includes soft interface material	added prior to 5/1/23	HMO
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	added prior to 5/1/23	HMO
E1806	Static progressive stretch wrist device, flexion and/or extension or without range ofmotion adjustment, includes all components and accessories	added prior to 5/1/23	HMO
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	added prior to 5/1/23	HMO

Service	Service description	Effective date	Lines of Business
E1811	Static progressive stretch knee device, extension and/or flexion or without range of motion adjustment, includes all components and accessories	added prior to 5/1/23	HMO
E1812	Dynamic knee, extension/flexion device with active resistance control	added prior to 5/1/23	HMO
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	added prior to 5/1/23	HMO
E1816	Static progressive stretch ankle device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories	added prior to 5/1/23	HMO
E1820	Replacement soft interface material dynamic adjustable extension/ flexion device	added prior to 5/1/23	HMO
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	added prior to 5/1/23	HMO
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	added prior to 5/1/23	HMO
E1840	Dynamic adjustable shoulder flexion/ abduction/rotation device, includes soft interface material	added prior to 5/1/23	HMO
E1841	Dynamic adjustable shoulder device, with or without range of motion adjustment, includes all	added prior to 5/1/23	HMO
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	10/1/24	All Commercial LOBs, excluding FEP
E2300	Power wheelchair accessory, power seat elevation system	added prior to 5/1/23	HMO
E2301	Wheelchair accessory, power standing system, any type	added prior to 5/1/23	HMO
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	added prior to 5/1/23	HMO
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	added prior to 5/1/23	HMO
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
E2313	Power wheelchair accessory, harness for upgrade to expandable controller including all fasteners	added prior to 5/1/23	HMO
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	added prior to 5/1/23	HMO
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	8/1/23	All Commercial LOBs, excluding FEP
E2324	Power wheelchair accessory, chin cup for chin control interface	8/1/23	All Commercial LOBs, excluding FEP
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	8/1/23	All Commercial LOBs, excluding FEP
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	8/1/23	All Commercial LOBs, excluding FEP
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	8/1/23	All Commercial LOBs, excluding FEP
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	8/1/23	All Commercial LOBs, excluding FEP
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	8/1/23	All Commercial LOBs, excluding FEP
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	added prior to 5/1/23	HMO
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	8/1/23	All Commercial LOBs, excluding FEP
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	8/1/23	All Commercial LOBs, excluding FEP
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	8/1/23	All Commercial LOBs, excluding FEP
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	8/1/23	All Commercial LOBs, excluding FEP
E2362	Power wheelchair accessory, group 24 nonsealed lead acid	8/1/23	All Commercial LOBs, excluding FEP
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	8/1/23	All Commercial LOBs, excluding FEP
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	8/1/23	All Commercial LOBs, excluding FEP
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	8/1/23	All Commercial LOBs, excluding FEP
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	8/1/23	All Commercial LOBs, excluding FEP
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	8/1/23	All Commercial LOBs, excluding FEP
E2368	Power wheelchair component, drive wheel motor, replacement only	added prior to 5/1/23	HMO
E2369	Power wheelchair component, drive wheel gear box, replacement only	8/1/23	All Commercial LOBs, excluding FEP
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	added prior to 5/1/23	HMO
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	8/1/23	All Commercial LOBs, excluding FEP
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	8/1/23	All Commercial LOBs, excluding FEP
E2374	Power wheelchair accessory, hand or chin control, interface, standard remote joystick (not including controller) proportional, including related electronics and fixed mounting hardware, replacement only	added prior to 5/1/23	HMO
E2375	Power wheelchair accessory, non-expandable controller, includes all related electronics and mounting hardware, replacement only	added prior to 5/1/23	HMO
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	added prior to 5/1/23	HMO
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	8/1/23	All Commercial LOBs, excluding FEP
E2378	Power wheelchair component, actuator, replacement only	8/1/23	All Commercial LOBs, excluding FEP
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	added prior to 5/1/23	HMO
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	added prior to 5/1/23	HMO
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2386	"Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each"	added prior to 5/1/23	HMO
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	added prior to 5/1/23	HMO
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2390	Power wheelchair accessory, solid (rubber/ plastic) drive wheel tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
E2391	Power wheelchair accessory, solid (rubber/ plastic) caster tire (removable), any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2392	Power wheelchair accessory, solid (rubber/ plastic) caster tire with integrated wheel, any size replacement only, each	added prior to 5/1/23	HMO
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	8/1/23	All Commercial LOBs, excluding FEP
E2397	Power wheelchair accessory, lithium-based battery, each	8/1/23	All Commercial LOBs, excluding FEP
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics	added prior to 5/1/23	HMO
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	added prior to 5/1/23	HMO
E2610	Wheelchair seat cushion, powered	8/1/23	All Commercial LOBs, excluding FEP
E8000	(Invalid for medicare 2005.) Gait trainer, pediatric size, posterior support, includes all accessories and components	added prior to 5/1/23	HMO
E8001	(Invalid for medicare 2005.) Gait trainer, pediatric size, upright support, includes all accessories and components	added prior to 5/1/23	HMO
K0010	Standard-weight frame motorized/power wheelchair	8/1/23	All Commercial LOBs, excluding FEP
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	8/1/23	All Commercial LOBs, excluding FEP
K0012	Lightweight portable motorized/power wheelchair	8/1/23	All Commercial LOBs, excluding FEP
K0013	Custom motorized/power wheelchair base	8/1/23	All Commercial LOBs, excluding FEP
K0014	Other motorized/power wheelchair base	8/1/23	All Commercial LOBs, excluding FEP
K0098	Drive belt for power wheelchair, replacement only	8/1/23	All Commercial LOBs, excluding FEP
K0108	Wheelchair component or accessory, not otherwise specified	added prior to 5/1/23	HMO

Service	Service description	Effective date	Lines of Business
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	added prior to 5/1/23	HMO
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	8/1/23	All Commercial LOBs, excluding FEP
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds	added prior to 5/1/23	HMO
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	added prior to 5/1/23	HMO
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0812	Power operated vehicle, not otherwise classified	8/1/23	All Commercial LOBs, excluding FEP
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO

Service	Service description	Effective date	Lines of Business
K0824	Power wheelchair, group 2 heavy duty, sling/ solid seat/back, patient weight capacity 301 to 450 pounds	added prior to 5/1/23	HMO
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	added prior to 5/1/23	HMO
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	added prior to 5/1/23	HMO
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	8/1/23	All Commercial LOBs, excluding FEP
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	8/1/23	All Commercial LOBs, excluding FEP
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/ back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/ solid seat/back, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/ solid seat/back, patient weight capacity 601 pounds or more	8/1/23	All Commercial LOBs, excluding FEP
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/ solid seat/back, patient weight capacity 301 to 450 pounds	added prior to 5/1/23	HMO
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0850	Power wheelchair, group 3 heavy duty, sling/ solid seat/back, patient weight capacity 301 to 450 pounds	added prior to 5/1/23	HMO
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	8/1/23	All Commercial LOBs, excluding FEP
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	8/1/23	All Commercial LOBs, excluding FEP
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/ solid seat/back patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/ solid seat/back, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	8/1/23	All Commercial LOBs, excluding FEP
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0870	Power wheelchair, group 4 heavy-duty, sling/ solid seat/back, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/ solid seat/back, patient weight 451 to 600 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, member weight capacity up to and including 300 pounds	added prior to 5/1/23	HMO
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/ solid seat/back, patient weight capacity 301 to 450 pounds	8/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	8/1/23	All Commercial LOBs, excluding FEP
K0898	Power wheelchair, not otherwise classified	8/1/23	All Commercial LOBs, excluding FEP
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	8/1/23	All Commercial LOBs, excluding FEP
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	added prior to 5/1/23	HMO
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	added prior to 5/1/23	HMO
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., Sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	added prior to 5/1/23	HMO
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s) any type	added prior to 5/1/23	HMO
L5973	Microprocessor-controlled feature for ankle and foot lower limb prosthetic	added prior to 5/1/23	HMO
L5999	Lower extremity prosthesis, not otherwise specified	added prior to 5/1/23	HMO
L7900	Male vacuum erection system	added prior to 5/1/23	HMO
L8042	Orbital prosthesis, provided by a non-physician	added prior to 5/1/23	HMO
L8499	Unlisted procedure for miscellaneous prosthetic services	added prior to 5/1/23	HMO
L8614	Cochlear device, includes all internal and external components	added prior to 5/1/23	HMO
L8616	Microphone for use with cochlear implant device, replacement	10/1/23	All Commercial LOBs, excluding FEP
L8619	Cochlear implant external speech processor and controller, integrated system, replacement	10/1/23	All Commercial LOBs, excluding FEP
L8628	Cochlear implant, external controller component, replacement	10/1/23	All Commercial LOBs, excluding FEP
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	10/1/23	All Commercial LOBs, excluding FEP

Service	Service description	Effective date	Lines of Business
L8690	Auditory osseointegrated device, includes all internal and external components	10/1/23	All Commercial LOBs, excluding FEP
L8691	Auditory osseointegrated device, external sound processor, replacement	10/1/23	All Commercial LOBs, excluding FEP
L8699	Prosthetic implant, not otherwise specified	added prior to 5/1/23	HMO
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	added prior to 5/1/23	HMO
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	added prior to 5/1/23	HMO
S1040	(Invalid for medicare 2002.) Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustments	added prior to 5/1/23	HMO
S8262	(Invalid for medicare 2002.) Mandibular orthopedic repositioning device, each	added prior to 5/1/23	HMO
S9123	(Invalid for medicare 2000.) Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500 – 99602 can be used)	added prior to 5/1/23	HMO
S9124	Nursing care, in the home; by licensed practical nurse, per hour	added prior to 5/1/23	HMO
S9434	(Invalid for medicare 2003.) Modified solid food supplements for inborn errors of metabolism	added prior to 5/1/23	HMO
S9435	(Invalid for medicare 2001.) Medical foods for inborn errors of metabolism	added prior to 5/1/23	HMO
V2623	Prosthetic eye, plastic, custom	added prior to 5/1/23	HMO
V2624	Polishing/resurfacing of occular prosthetic	added prior to 5/1/23	HMO
V2626	Enlargement of occular prosthesis	added prior to 5/1/23	HMO
V2628	Fabrication and fitting of occular conformer	added prior to 5/1/23	HMO
V5011	Fitting/oritentation/checking of hearing aid	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5020	Conformity Evaluation	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5030	Hearing aid, monaural, body worn, air conduction	1/1/24	FEP BlueFocus, Standard, and Basic Options

Service	Service description	Effective date	Lines of Business
V5040	Hearing aid, monaural, body worn bone conduction	Commercial: added prior to 5/1/23 FEP: 1/1/24	Commercial HMO, FEP BlueFocus, Standard,and Basic Options
V5050	Hearing aid, monaural, body worn, in the ear	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5060	Hearing aid, monaural, behind the ear	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5070	Glasses, air conduction	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5080	Glasses, bone conduction	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5090	Dispensing fee, unspecified hearing aid	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5100	Hearing aid, bilateral, body worn	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5110	Dispensing fee, bilateral	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5120	Binaural, body	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5130	Binaural, in the ear	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5140	Binaural, behind the ear	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5150	Binaural, glasses	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5160	Dispensing fee, binaural	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	1/1/24	FEP BlueFocus, Standard, and Basic Options

Service	Service description	Effective date	Lines of Business
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5190	Hearing aid, contralateral, monaural, glasses	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5200	Dispensing fee, contralateral, monaural	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5230	Hearing aid, contralateral routing system, binaural, glasses	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5240	Dispensing fee, contralateral routing system, binaural	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5241	Dispensing fee, monaural hearing aid, any type	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5243	Hearing aid, analog, monaural, ITC (in the canal)	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5244	Hearing aid, digitally programmable analog, monaural, CIC	1/1/24	FEP BlueFocus, Standard, and Basic Options

Service	Service description	Effective date	Lines of Business
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5248	Hearing aid, analog, binaural, CIC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5249	Hearing aid, analog, binaural, ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5250	Hearing aid, digitally programmable analog, binaural, CIC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5251	Hearing aid, digitally programmable analog, binaural, ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5252	Hearing aid, digitally programmable, binaural, ITE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5253	Hearing aid, digitally programmable, binaural, BTE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5254	Hearing aid, digital, monaural, CIC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5255	Hearing aid, digital, monaural, ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5256	Hearing aid, digital, monaural, ITE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5257	Hearing aid, digital, monaural, BTE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5258	Hearing aid, digital, binaural, CIC	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5259	Hearing aid, digital, binaural, ITC	1/1/24	FEP BlueFocus, Standard, and Basic Options

Service	Service description	Effective date	Lines of Business
V5260	Hearing aid, digital, binaural, ITE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5261	Hearing aid, digital, binaural, BTE	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5264	Ear mold/insert, not disposable, any type	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5265	Ear mold/insert, disposable, any type	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5267	Hearing aid or assistive listening device/ supplies/accessories, not otherwise specified	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5274	Assistive listening device, not otherwise specified	added prior to 5/1/23	HMO
V5275	Ear impression, each	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5298	Hearing aid, not otherwise classified	1/1/24	FEP BlueFocus, Standard, and Basic Options
V5299	Hearing service, miscellaneous	1/1/24	FEP BlueFocus, Standard, and Basic Options

Service	Service description
0616T	Iris prosthesis DME CPT® codes
0617T	
0618T	

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