

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Infusion Therapy Providers
Home Infusion Therapy Providers
Parenteral Nutrition Therapy Providers
Prosthetic Providers
Orthotic Providers
Oxygen Providers
Inhalation/Respiratory Therapists
Home Health Agencies
Managed Care Organizations

Memo #: 09-06
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From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
1-800-562-3022, option 2, or go to:
<http://hrsa.dshs.wa.gov/contact/prucontact.asp>

Subject: Fee Schedule and Coverage Table Updates for the Following Programs:

- **Wheelchairs, Durable Medical Equipment (DME) and Supplies**
- **Nondurable Medical Supplies and Equipment (MSE)**

Fee Schedule Updates for the Following Programs:

- **Enteral Nutrition**
- **Home Infusion Therapy/Parenteral Nutrition**
- **Oxygen**

Retroactive to dates of service January 1, 2009, the Department of Social and Health Services (DSHS) will:

- Implement a 9.5% rate decrease for selected codes identified by the Centers for Medicare and Medicaid Services (CMS). These codes are highlighted in the table in this memo.
- Begin using the Year 2009 Healthcare Common Procedural Coding System (HCPCS) Level II code and modifier updates;
- Update the “Wheelchairs & Accessories”, “Other DME”, “Medical Supplies and Equipment (MSE)”, “Enteral Nutrition”, “Home Infusion Therapy/Parenteral Nutrition” and “Oxygen” fee schedules;
- Update the *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*; and
- Update the *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*.

Maximum Allowable Fees

Due to a mandate in the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, CMS implemented a 9.5% rate decrease to codes that were included in the first round of the Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. **Retroactive to dates of service on and after January 1, 2009**, DSHS has adopted these fees for specific codes only. In addition to the fee decrease, CMS will implement additional pricing modifiers – specifically the KE modifier for accessory HCPCS codes that can be furnished in competitive and noncompetitive bidding categories, and the KL modifier for mail-order diabetic supply codes.

Retroactive to dates of service on and after January 1, 2009, DSHS requires providers to follow established billing practices and follow the CMS guidelines for billing with the KE and KL modifiers. Although CMS uses these modifiers for pricing purposes, DSHS is unable at this time to make these rate differentiations based on the usage of these modifiers.

Following the successful implementation of ProviderOne, DSHS may generate a mass adjustment that will pay and/or recoup reimbursement differences based on the correct use of these modifiers.

For further information, refer to the CMS article at the following link:
<https://www.noridianmedicare.com/dme/news/docs/2008/12-dec/mm6270revised.pdf>

The table on the following page shows codes with rate decreases.

Codes With Rate Decreases

A4233	A7032	B4152	E0271	E0431	E0960	E2614	K0814	K0841
A4234	A7033	B4153	E0272	E0434	E0978	E2615	K0815	K0842
A4235	A7034	B4154	E0277	E0439	E2208	E2616	K0816	K0843
A4236	A7035	B4155	E0292	E0470	E2209	E2620	K0820	K0848
A4253	A7036	E0130	E0293	E0471	E2361	E2621	K0821	K0849
A4256	A7037	E0135	E0294	E0472	E2363	K0040	K0822	K0850
A4258	A7038	E0140	E0295	E0562	E2365	K0041	K0823	K0851
A4259	A7039	E0141	E0296	E0601	E2402	K0733	K0824	K0852
A4604	A7046	E0143	E0297	E0776	E2601	K0734	K0825	K0853
A4615	B4034	E0144	E0300	E0910	E2602	K0735	K0826	K0854
A4616	B4035	E0147	E0303	E0911	E2603	K0736	K0827	K0855
A4617	B4036	E0148	E0304	E0912	E2604	K0737	K0828	K0856
A4620	B4081	E0149	E0305	E0940	E2605	K0800	K0829	K0857
A4636	B4082	E0154	E0310	E0950	E2606	K0801	K0835	K0858
A4637	B4083	E0155	E0316	E0951	E2607	K0802	K0836	K0859
A6550	B4087	E0156	E0371	E0952	E2608	K0806	K0837	K0860
A7000	B4088	E0157	E0372	E0955	E2611	K0807	K0838	K0861
A7030	B4149	E0158	E0373	E0956	E2612	K0808	K0839	K0862
A7031	B4150	E0159	E0424	E0957	E2613	K0813	K0840	K0863

2009 Code Updates

All policies previously published remain the same unless specifically identified as changed in this memo.

The new 2009 additions and deletions are available on the DSHS/HRSA Fee Schedules web page at <http://hrsa.dshs.wa.gov/RBRVS/index.html>.

Do not use HCPCS codes that are deleted in the “Year 2009 HCPCS” book for dates of service after December 31, 2008.

To view the fee schedule, effective January 1, 2009, visit DSHS’s/HRSA’s web site at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html>.

Coverage Tables

The revised coverage tables in DSHS’s/HRSA’s *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions* are available at <http://hrsa.dshs.wa.gov/download/bi.html#w>.

The revised coverage tables in DSHS’s/HRSA’s *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* are available at <http://hrsa.dshs.wa.gov/download/bi.html#n>.

Bill DSHS your usual and customary charge.

New and Deleted 2009 HCPCS Modifiers

Please review the 2009 HCPCS book for those modifiers that may be added or deleted for the current year. DSHS requires the use of HCPCS modifiers as listed in the fee schedules.

Billing Instructions Section Replacements

Attached are the following section replacements for DSHS's/HRSA's *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*:

Name of Billing Instructions	Sections
<i>Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions</i>	Sections D, E, and G

Attached are the following section replacements for DSHS's/HRSA's *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*:

Name of Billing Instructions	Sections
<i>Nondurable Medical Supplies and Equipment (MSE) Billing Instructions</i>	Section D and E

How do I conduct business electronically with DSHS?

You may conduct business electronically with DSHS by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How Can I Get DSHS's/HRSA's Provider Documents?

1. To obtain DSHS's/HRSA's provider numbered memoranda and billing instructions, go to DSHS's website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memos*** link). These may be downloaded and printed.
2. To request a paper copy, contact DSHS using one of the following methods:
 - a. Internet: <http://hrsa.dshs.wa.gov/download/hardcopyplease.html>. Follow the instructions on the web page.
 - b. Facsimile: 1-360-725-2144. Please include the following in your fax: i) your name and provider number; ii) the name of the document you would like mailed to you; and iii) the address you want DSHS to send the document to.
 - c. Telephone: 1-866-562-3022, Option 2. (Orders take up to one week to fill.)

Coverage

What is covered? [Refer to WAC 388-543-1100]

DSHS covers the following subject to the provisions of this billing instruction:

- Wheelchairs and other DME;
- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Orthotic Devices;
- Equipment and supplies for the management of diabetes;
- Replacement batteries (for covered, purchased, medically necessary DME equipment); and
- Bilirubin lights (limited to rentals for at-home newborns with jaundice).

What are the general conditions of coverage?

DSHS covers the services listed above when all of the following apply. They must be:

- Medically necessary (see Definitions section). The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;

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- Prior authorized (see *Prior Authorization* section); Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and DSHS is being billed for co-pay and/or deductible only:

The prescriber must use the Department of Social and Health Services (DSHS) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
 - ✓ Be no older than one year from the date the prescriber signs the prescription; and
 - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.
- Billed to the department as the payer of last resort only. DSHS does not pay first and then collect from Medicare.

Note: Effective March 1, 2008 DSHS began enforcing the requirement of the prescription form for all new prescriptions in accordance with WAC 388-543-1100(1).

See the *Wheelchair Fee Schedule* and *Other DME Fee Schedule* sections (I and J) for a complete list of covered medical equipment and related supplies, repairs, and labor charges.

Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What are other specific conditions of coverage?

Clients Residing in a Nursing Facility

DSHS covers the following for a client in a nursing facility:

The purchase and repair of a speech generating device (SGD) and one of the following:

- A powered or manual wheelchair for the exclusive full-time use of a permanently disabled nursing facility resident when the wheelchair is not included in the nursing facility's per diem rate; or
- A specialty bed or the rental of a specialty bed outside of the skilled nursing facility per-diem when:
 - ✓ The specialty bed is intended to help the client heal; and
 - ✓ The client's nutrition and laboratory values are within normal limits.

Note: A heavy duty bariatric bed is not considered a specialty bed.

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All other DME and supplies identified in this billing instruction are the responsibility of the nursing facility, in accordance with chapters 388-96 and 388-97 WAC.

Speech Generating Devices (SGD) [WAC 388-543-2200]

- DSHS considers all requests for SGDs on a case-by-case basis.
- The SGD requested must be for a severe expressive speech impairment, and the medical condition must warrant the use of a device to replace verbal communication (e.g., to communicate medical information).
- In order for DSHS to cover an SGD, the SGD must be a speech device intended for use by the individual who has a severe expressive speech impairment and have one of the following characteristics. For the purposes of these billing instructions, DSHS uses the Medicare definitions for "digitized speech" and "synthesized speech" that were in effect as of April 1, 2002. The SGD must have:
 - ✓ Digitized speech output, using pre-recorded messages;
 - ✓ Synthesized speech output requiring message formation by spelling and access by physical contact with the device; or
 - ✓ Synthesized speech output, permitting multiple methods of message formulation and multiple methods of device access.

Providers must submit a prior authorization request for SGDs. The request must be in writing and contain all of the following:

- A detailed description of the client's therapeutic history; including, at a minimum;
 - ✓ The medical diagnosis;
 - ✓ A physiological description of the underlying disorder;
 - ✓ A description of the functional limitations; and
 - ✓ The prognosis for improvement or degeneration.

A written assessment by a licensed speech language pathologist (SLP) that includes all of the following:

- The client's physical disability, condition, or impairment that requires equipment, such as a wheelchair, or a device to be specially adapted to accommodate an SGD, and an assessment by the prescribing physician, licensed occupational therapist, or physical therapist;

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- Documented evaluations and/or trials of each SGD that the client has tried. This includes less costly types/models, and the effectiveness of each device in promoting the client's ability to communicate with health care providers, caregivers, and others;
- The current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
- An assessment of whether the client's daily communication needs could be met using other natural modes of communication;
- A description of the functional communication goals expected to be achieved, and treatment options;
- Documentation that the client's speaking needs cannot be met using natural communication methods; and
- Documentation that other forms of treatment have been ruled out.

Evidence that the provider has shown or has demonstrated all of the following:

- The client has reliable and consistent motor response, which can be used to communicate with the help of an SGD;
- The client has demonstrated the cognitive and physical abilities to utilize the equipment effectively and independently to communicate;
- The client's treatment plan includes a training schedule for the selected device; and
- A prescription for the SGD from the client's treating physician.

Note: DSHS may require trial-use rental. All rental costs for the trial-use will be applied to the purchase price.

DSHS covers Speech Generating Devices (SGDs) only once every two years for a client who meets the above listed criteria. DSHS does not approve a new or updated component, modification, or replacement model for a SGD that can be repaired or modified. DSHS may make exceptions to this criteria based strictly on a finding of unforeseeable and significant changes to the client's medical condition. The prescribing physician is responsible for justifying why the changes in the client's medical condition were unforeseeable.

For the purchase of a SGD or related accessories or modifications, DSHS requires the provider to complete *The Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices* form (DSHS 15-310). To download the form visit DSHS at:

http://www1.dshs.wa.gov/word/ms/forms/15_310.doc

Bathroom/Shower Equipment [WAC 388-543-2300]

- DSHS considers a caster-style shower commode chair as the primary option for clients.
- DSHS considers a wheelchair-style shower commode chair only if the client meets both of the following:
 - ✓ Is able to propel the equipment; and
 - ✓ Has special positioning needs that cannot be met by a caster-style chair.

Note: All other circumstances will be considered on a case-by-case basis, based on medical necessity. (See also EPA criteria in Section G.)

Hospital Beds [WAC 388-543-2400]

DSHS limits beds covered to hospital beds for rental or purchase. DSHS bases the decision to rent or purchase a manual, semi-electric, or full electric hospital bed on the length of time the client needs the bed, as follows:

- Initially authorizes a maximum of two months rental for a short-term need. Upon request, DSHS may allow limitation extensions as medically necessary (see EPA criteria for hospital beds, section G);
- Determines rental on a month-to-month basis if a client's prognosis is poor;
- Considers a purchase, if the need is for more than six months;
- Approves up to six additional months, if the client continues to have a medical need for a hospital bed after six months. DSHS may approve rental for up to an additional six months. DSHS considers the equipment to be purchased after a total of twelve months rental;
- Considers a manual hospital bed the primary option when the client has full-time caregivers; and

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- Considers a full electric hospital bed only if the client meets all of the following criteria:
 - ✓ The client's medical need requires the client to be positioned in a way that is not possible in a regular bed;
 - ✓ The position cannot be attained through less costly alternatives (e.g., the use of bedside rails, a trapeze, pillows, bolsters, rolled up towels or blankets);
 - ✓ The client's medical condition requires immediate position changes;
 - ✓ The client is able to operate the controls independently; and
 - ✓ The client needs to be in the Trendelenburg position.

Note: DSHS considers a heavy duty bariatric hospital bed only if the client:

- Meets the criteria for either a manual or semi-electric hospital bed; and
- Weighs 420lbs or more or has a girth width greater than 36".

What if a service is covered but considered experimental or has restrictions or limitations? [WAC 388-543-1100 (3) and (4)]

- DSHS 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 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- DSHS evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165 (see page G.3 for limitation extensions).

How can I request that equipment/supplies be added to the "covered" list in this billing instruction? [WAC 388-543-1100 (7)]

An interested party may request DSHS to include new equipment/supplies in these billing instructions by sending a written request to DSHS's DME Program Management Unit (see *Important Contacts* section), plus all of the following:

- Manufacturer's literature;
- Manufacturer's pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.

What is not covered? [Refer to WAC 388-543-1300]

DSHS pays for durable medical equipment (DME) and related supplies and services only when medically necessary, listed as covered, meets the definition of DME and medical supplies (see *Definitions* section), and is prescribed by the provider requirements in this billing instruction (see *Provider Requirements* section).

DSHS considers all requests for covered DME, related supplies and services, and noncovered equipment and related supplies, and services, under the provisions of WAC 388-501-0165 which relate to medical necessity. When DSHS considers that a request does not meet the requirements for medical necessity, the definition(s) of covered item(s), or is not covered, the client may appeal that decision under the provisions of WAC 388-501-0165.

Note: Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by DSHS.

DSHS specifically excludes services and equipment in this billing instruction from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- Requested for a child who is eligible for services under the EPSDT program;
- Included as part of a managed care plan service package;
- Included in a waived program; or
- Part of one of the Medicare programs for qualified Medicare beneficiaries.

Services and equipment that are not covered include, but are not limited to:

- Services, procedures, devices, or the application of associated services that the Food and Drug Administration (FDA) and/or the Centers for Medicare and Medicaid (CMS) (formerly known as HCFA) consider investigative or experimental on the date the services are provided.
- Any service specifically excluded by statute;
- More costly services or equipment when DSHS determines that less costly, equally effective services or equipment are available;
- A client’s utility bills, even if the operation or maintenance of medical equipment purchased or rented by DSHS for the client contributes to an increased utility bill (refer to the Aging and Adult Services Administration (AASA) COPES program for potential coverage);
- Hairpieces or wigs;

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- Material or services covered under manufacturer's warranties;
- Procedures, prosthetics, or supplies related to gender dysphoria surgery;
- Shoe lifts less than one inch, arch supports, and nonorthopedic shoes;
- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;
- Prosthetic devices dispensed for cosmetic reasons;

Home improvements and structural modifications, including, but not limited to, the following:

- Automatic door openers for the house or garage;
- Electrical rewiring for any reason;
- Elevator systems, elevators;
- Lifts or ramps for the home;
- Saunas;
- Security systems, burglar alarms, call buttons, lights, light dimmers, motion detectors, and similar devices;
- Swimming pools; and
- Whirlpool systems, such as Jacuzzis, hot tubs, or spas.

Non-medical equipment, supplies, and related services, including but not limited to, the following:

- Back-packs, pouches, bags, baskets, or other carrying containers;
- Bedboards/conversion kits, and blanket lifters (e.g., for feet);
- Car seats for children under five, except for positioning car seats that are prior authorized. Refer to "Rented DME and Supplies" for car seats;
- Cleaning brushes and supplies, except for ostomy-related cleaners/supplies;
- Diathermy machines used to produce heat by high frequency current, ultrasonic waves, or microwave radiation;

Electronic communication equipment, installation services, or service rates including, but not limited to, the following:

- Devices intended for amplifying voices (e.g., microphones);
- Interactive communications computer programs used between patients and healthcare providers (e.g., hospitals, physicians), for self care home monitoring, or emergency response systems and services (refer to AASA COPES or outpatient hospital programs for emergency response systems and services);
- Two-way radios; and
- Rental of related equipment or services;

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- Environmental control devices, such as air conditioners, air cleaners/purifiers, dehumidifiers, portable room heaters or fans (including ceiling fans), heating or cooling pads;
- Ergonomic equipment;
- Exercise classes or equipment such as exercise mats, bicycles, tricycles, stair steppers, weights, or trampolines;
- Generators;
- Computer software other than speech generating, printers, and computer accessories (such as anti-glare shields, backup memory cards, etc.);
- Computer utility bills, telephone bills, Internet service, or technical support for computers or electronic notebooks;
- Any communication device that is useful to someone without severe speech impairment (e.g., cellular telephone, walkie-talkie, pager, or electronic notebook);
- Racing stroller/wheelchairs and purely recreational equipment;
- Room fresheners/deodorizers;
- Bidet or hygiene systems, paraffin bath units, and shampoo rings;
- Timers or electronic devices to turn things on or off, which are not an integral part of the equipment;
- Vacuum cleaners, carpet cleaners/deodorizers, and/or pesticides/insecticides; or
- Wheeled reclining chairs, lounge and/or lift chairs (e.g., geri-chair, posture guard, or lazy boy).

Personal and comfort items that do not meet the DME definition, including, but not limited to, the following:

- Bathroom items, such as antiperspirant, astringent, bath gel, conditioner, deodorant, moisturizers, mouthwash, powder, shampoo, shaving cream, shower cap, shower curtains, soap (including antibacterial soap), toothpaste, towels, and weight scales;
- Bedding items, such as bed pads, blankets, mattress covers/bags, pillows, pillow cases/covers; and sheets;
- Bedside items, such as bed trays, carafes, and over-the-bed tables;
- Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, and socks;
- Clothing protectors and other protective cloth furniture covering;
- Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, commercial sun screens, and tanning;
- Diverter valves for bathtub;
- Eating/feeding utensils;
- Emesis basins, enema bags, and diaper wipes;
- Health club memberships;
- Hot or cold temperature food and drink containers/holders;
- Hot water bottles and cold/hot packs or pads not otherwise covered by specialized therapy programs;
- Impotence devices;

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- Insect repellants;
- Massage equipment;
- Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See Chapter 388-530 WAC;
- Medicine cabinet and first aid items, such as adhesive bandages (e.g., Band-Aids, Curads), cotton balls, cotton-tipped swabs, medicine cups, thermometers, and tongue depressors;
- Page turners;
- Radios and televisions;
- Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services; and
- Toothettes and toothbrushes, waterpics, and peridental devices whether manual, battery-operated, or electric.

Certain wheelchair features and options are not considered by DSHS to be medically necessary or essential for wheelchair use. This includes, but is not limited to, the following:

- Attendant controls (remote control devices);
- Canopies, including those for stroller and other equipment;
- Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flap for cars);
- Identification devices (such as labels, license plates, name plates);
- Lighting systems;
- Speed conversion kits;
- Tie-down restraints, except where medically necessary for client owned vehicles; and
- Warning devices, such as horns and backup signals.

Note: DSHS evaluates a request for any equipment or devices that are listed as noncovered in this billing instruction under the provisions of WAC 388-501-0165. [Refer to WAC 388-543-1100(2)]

“Other” DME Coverage Table

Beds, Mattresses, and Related Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	A4640	RA or RB	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	No	Purchase only. Included in nursing facility daily rate.
	A6550		Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories.	Yes	Purchase only.
	A7000		Canister, disposable, used with suction pump, each	No	Purchase only. Limit of 5 per client every 30 days. Covered only when billed in conjunction with prior authorized E2402.
	E0181	NU RR	Pressure pad, alternating with pump; includes heavy duty.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

= Not covered by the DME program.
Ø = Not covered by DSHS.

D = Discontinued.
N = New

P = Policy change

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0182		Pump for alternating pressure pad.	No	Replacement purchase only. Included in nursing facility daily rate.
P	E0184		Dry pressure mattress.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0185	NU RR	Gel or gel-like pressure pad for mattress.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0186	NU RR	Air pressure mattress.	Rental requires PA.	For powered pressure reducing mattress see code E0277. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0187		Water pressure mattress.		
	E0190		Positioning cushion/pillow/wedge, any shape or size.	No	Purchase only. Included in nursing facility daily rate.

= Not covered by the DME program.
 Ø = Not covered by DSHS.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0193		Powered air flotation bed (low air loss therapy).		
	E0194	NU RR	Air fluidized bed.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
P	E0196		Gel pressure mattress.	Yes	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0197	NU RR	Air pressure pad for mattress (standard mattress length and width).	Rental requires PA.	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
P	E0198		Water pressure pad for mattress, standard mattress length and width.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility rate.
P	E0199		Dry pressure pad for mattress, standard mattress length and width.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
#	E0250		Hospital bed, fixed height, with any type side rails, with mattress.		

= Not covered by the DME program.
 Ø = Not covered by DSHS.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0251		Hospital bed, fixed height, with any type side rails, without mattress.		
#	E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress.		See E0292 and E0305 or E0310.
#	E0256		Hospital bed, variable height, hi-lo, with any type side rails, without mattress.		See E0293 and E0305 or E0310.
#	E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.		See E0294 and E0305 or E0310.
#	E0261		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.		See E0295 and E0305 or E0310.
#	E0265		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress.		See E0296 and E0305 or E0310.
#	E0266		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress.		See E0297 and E0305 or E0310.
#	E0270		Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress.		
P	E0271	NU	Mattress, inner spring.	No	Included in nursing facility daily rate. Limit of 1 per client every 5 years. Replacement only.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	E0272		Mattress, foam rubber (replacement only).	No	Included in nursing facility daily rate. Limit of 1 per client every 5 years. Purchase only.
#	E0273		Bed board.		
#	E0274		Over-bed table.		
	E0277	NU RR	Powered pressure-reducing air mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
#	E0280		Bed cradle, any type.		
#	E0290		Hospital bed, fixed height, without side rails, with mattress.		
#	E0291		Hospital bed, fixed height, without side rails, with mattress.		
P	E0292	NU RR	Hospital bed, variable height, hi-lo, without side rails, with mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in the nursing facility daily rate.
P	E0293	NU RR	Hospital bed, variable height, hi-lo, without side rails, without mattress.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	E0294	NU RR	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.
	E0295	NU RR	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
	E0296	NU RR	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
P	E0297	NU RR	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0300	NU RR	Pediatric crib, hospital grade, fully enclosed.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0301		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.		Included in nursing facility daily rate.
#	E0302		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.		Included in nursing facility daily rate.
P	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.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.
P	E0304	NU RR	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0305	NU RR	Bedside rails, half length, pair.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.
	E0310	NU RR	Bedside rails, full length, pair.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years. Included in nursing facility daily rate.
#	E0315		Bed accessory: board, table, or support device, any type.	No	
	E0316		Safety enclosure frame/canopy for use with hospital bed, any type.	Yes	Purchase only. Included in nursing facility daily rate.
N	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.	Yes	Purchase only. Included in nursing facility daily rate. Limit of 1 per client every 10 years.
N	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.	Yes	Purchase only. Included in nursing facility daily rate. Limit of 1 per client every 10 years.
#	E0370		Air pressure elevator for heel.	No	

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0371	NU RR	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E0372	NU RR	Powered air overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E0373	NU RR	Nonpowered advanced pressure reducing mattress.	PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental.
	E2402	RR	Negative pressure wound therapy electrical pump, stationary or portable.	Yes	Rental only.

Other Patient Room Equipment

	E0621		Sling or seat, patient lift, canvas or nylon.	No	Purchase only. Included in nursing facility daily rate.
#	E0625		Patient lift, bathroom or toilet, not otherwise classified.	No	
#	E0627		Seat lift mechanism incorporated into a combination lift-chair mechanism.	No	
#	E0628		Separate seat lift mechanism for use with patient owned furniture - electric.	No	
#	E0629		Separate seat lift mechanism for use with patient owned furniture -	No	

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			nonelectric.		
P	E0630	NU RR	Patient lift, hydraulic, with seat or sling.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. (Includes bath.) Included in nursing facility daily rate.
	E0635	NU RR	Patient lift, electric, with seat or sling.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0636		Multipositional patient support system, with integrated lift, patient accessible controls.		
#	E0639		Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.		
#	E0640		Patient lift, fixed system, includes all components/accessories.		
#	E0656		Segmental pneumatic appliance for use with pneumatic compressor, trunk.		
#	E0657		Segmental pneumatic appliance for use with pneumatic compressor, chest.		
#	E0769		Electrical stimulation or electromagnetic wound treatment		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			device, not otherwise classified.		
#	E0770		Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified.		
#	E0830		Ambulatory traction device, all types, each.		
	E0840		Traction frame, attached to headboard, cervical traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
#	E0841		Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs.		
#	E0849		Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible.		
	E0850		Traction stand, freestanding, cervical traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
#	E0855		Cervical traction equipment not requiring additional stand or frame.		
#	E0856		Cervical traction device, cervical collar with inflatable air bladder.		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0860		Traction equipment, overdoor, cervical.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0870		Traction frame, attached to footboard, simple extremity traction (e.g. Buck's).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0880		Traction stand, freestanding, extremity traction (e.g., Buck's).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0890		Traction frame, attached to footboard, pelvic traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0900		Traction stand, freestanding, pelvic traction (e.g., Buck's).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	E0910	NU RR	Trapeze bar, also known as patient helper, attached to bed with grab bar.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0911	NU RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0912	NU RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0920	NU RR	Fracture frame, attached to bed. Includes weights.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	E0930	NU RR	Fracture frame, freestanding, includes weights.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0940	NU RR	Trapeze bar, freestanding, complete with grab bar.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0941	NU RR	Gravity assisted traction device, any type.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0946	NU RR	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster).	Rental requires PA	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	E0947		Fracture frame, attachments for complex pelvic traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0948		Fracture frame, attachments for complex cervical traction.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0972		Wheelchair accessory, transfer board or device, each.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
P	E0705		Transfer board or device, any type, each.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Positioning Devices

	E0637	NU RR	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator).	Yes	Deemed purchased after one year's rental. Included in nursing facility daily rate.
	E0638		Standing frame system, any size including pediatric, with or without wheels (includes padding, straps, adjustable armrests, footboard and support blocks).	No	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.
#	E0641		Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, (includes padding, straps, adjustable armrests, footboard and support blocks.)		
#	E0642		Standing frame system, mobile dynamic stander, any size including pediatric, (includes padding, straps, adjustable armrests, footboard and support blocks.)		
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps).	<i>EPA #870000755 must be used when billing this item. See EPA Section G.</i>	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps).	EPA #870000756 must be used when billing this item. See EPA Section G.	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps).	<i>EPA #870000757 must be used when billing this item.</i> See EPA Section G.	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps).	<i>EPA #870000758 must be used when billing this item.</i> See EPA Section G.	Limit of 1 per client every 5 years. Purchase only. Included in nursing facility daily rate.

Noninvasive Bone Growth/Nerve Stimulators

#	E0720		TENS, two lead, localized stimulation.		
P	E0730	NU RR	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation. Includes 4 lead wires, 4 electrodes, battery charger and gel.	PA or EPA. See EPA Section G.	Limit of 1 per client every 5 years.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0731		Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric).		
	E0740	NU RR	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer.	Yes	Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
#	E0744		Neuromuscular stimulator for scoliosis.		
#	E0745		Neuromuscular stimulator, electronic shock unit.		
#	E0746		Electromyography (EMG) biofeedback device.		
P	E0747		Osteogenesis stimulator, electrical noninvasive, other than spinal applications.	PA or EPA. See EPA Section G.	Purchase only. Limit of 1 per client every 5 years.
P	E0748		Osteogenesis stimulator, electrical noninvasive, spinal applications.	PA or EPA. See EPA Section G.	Purchase only. Limit of 1 per client every 5 years.
#	E0749		Osteogenesis stimulator, electrical, surgically implanted.		
#	E0752		Implantable neurostimulator electrode, each.		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0754		Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.		
#	E0755		Electronic salivary reflex stimulator (intraoral/noninvasive).		
#	E0756		Implantable neurostimulator pulse generator.		
#	E0757		Implantable neurostimulator radiofrequency receiver.		
#	E0758		Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.		
#	E0759		Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.		
P	E0760		Osteogenesis stimulator, low intensity ultrasound, noninvasive.	PA or EPA. See EPA Section G.	Purchase only. Limit of 1 per client every 5 years.
#	E0761		Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.		
#	E0762		Transcutaneous electrical joint stimulation device system, includes all accessories.		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0764		Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured.		
#	E0765		FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.		
#	K0600		Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.		

Communication Devices

#	E1902		Communication board, non-electronic augmentative or alternative communication device.		
	E2500		Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.	Yes	Purchase only.
	E2502		Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.	Yes	Purchase only.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2504		Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.	Yes	Purchase only.
	E2506		Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time.	Yes	Purchase only.
	E2508		Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.	Yes	Purchase only.
	E2510		Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.	Yes	Purchase only.
#	E2511		Speech generating software program, for personal computer or personal digital assistant.		
	E2512		Accessory for speech generating device, mounting system.	Yes	Purchase only
	E2599		Accessory for speech generating device, not otherwise classified.	Yes	Purchase only.
P	L8500		Artificial larynx, any type.	No	Purchase only. Limit of 1 per client every 5 years.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Ambulatory Aids

	A4635		Underarm pad, crutch, replacement, each.	No	Purchase only. Included in nursing facility daily rate.
	A4636		Replacement handgrip, cane, crutch, or walker, each.	No	Purchase only. Included in nursing facility daily rate.
	A4637		Replacement tip, cane, crutch, or walker, each.	No	Purchase only. Included in nursing facility daily rate.
	E0100		Cane; includes canes of all materials; adjustable or fixed, with tip.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0105		Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0110		Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0111		Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0112		Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0113		Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0114		Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0116		Crutch, underarm; other than wood; adjustable or fixed; each, with pad, tip and handgrip, with or without shock absorber, each.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0117		Crutch, underarm, articulating, spring assisted, each.	Yes	Purchase only.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0118		Crutch substitute, lower leg platform, with or without wheels, each.		
#	E8000		Gait trainer, pediatric size, posterior support, includes all accessories and components.		See code E8001.
	E8001		Gait trainer, pediatric size, upright support, includes all accessories and components.	Yes	Purchase only. Included in nursing facility daily rate.
#	E8002		Gait trainer, pediatric size, anterior support, includes all accessories and components.		See code E8001.
	E0130		Walker, rigid (pickup), adjustable or fixed height.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0135		Walker; folding (pickup), adjustable or fixed height.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0140		Walker, with trunk support, adjustable or fixed height, any type.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0141		Walker, rigid, wheeled, adjustable or fixed height.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0143		Walker, folding, wheeled, adjustable or fixed height.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility rate.
	E0144		Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0147		Walker, heavy duty, multiple braking system, variable wheel resistance (over 250 lbs).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0148		Walker, heavy duty, without wheels, rigid or folding, any type (over 250lbs).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0149		Walker, heavy duty, wheeled, rigid or folding, any type (over 250 lbs).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0153		Platform attachment, forearm crutch, each.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0154		Platform attachment, walker, each.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0155		Wheel attachment, rigid pick-up walker, per pair seat attachment, walker.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0156		Seat attachment, walker.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0157		Crutch attachment, walker, each.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0158		Leg extensions for walker, per set of four (4).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0159		Brake attachment for wheeled walker, replacement, each.	No	Purchase only. Included in nursing facility daily rate.

Bathroom Equipment

#	E0160		Sitz type bath or equipment, portable, used with or without commode.		
#	E0161		Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s).		
#	E0162		Sitz bath chair.		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0163	NU RR	Commode chair, stationary, with fixed arms.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0165	NU RR	Commode chair, stationary, with detachable arms.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0167		Pail or pan, for use with commode chair. (replacement)	No	Included in purchase price of commode. Purchase only. Included in nursing facility daily rate.
	E0168	NU RR	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each.	Rental requires PA.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
#	E0170		Commode chair with integrated seat lift mechanism, electric, any type.		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0171		Commode chair with integrated seat lift mechanism, non-electric, any type.		
#	E0172		Seat lift mechanism placed over or on top of toilet, any type.		
	E0175		Foot rest, for use with commode chair, each.	Yes	Purchase only. Included in nursing facility daily rate.
#	E0240		Bath/shower chair, with or without wheels, any size.		
	E0241		Bathtub wall rail, each.	No	Purchase only. Included in nursing facility daily rate.
	E0242		Bathtub rail, floor base.	No	Purchase only. Included in nursing facility daily rate.
	E0243		Toilet rail, each.	No	Purchase only. Included in nursing facility daily rate.
	E0244		Raised toilet seat.	No	Purchase only. Included in nursing facility daily rate.
	E0245		Tub stool or bench.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate.
	E0246	NU	Transfer tub rail attachment, each.	No	Purchase only. Included in nursing facility daily rate.
	E0247		Transfer bench for tub or toilet with or without commode opening.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0248		Transfer bench, heavy duty, for tub or toilet with or without commode opening (over 250 lbs).	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0275		Bed pan, standard, metal or plastic.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0276		Bed pan, fracture, metal or plastic.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0325		Urinal; male, jug-type, any	No	Purchase only. Limit of 1 per

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			material.		client every 5 years. Included in nursing facility daily rate.
	E0326		Urinal; female, jug-type, any material.	No	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E0350		Control unit for electronic bowel irrigation/evacuation system.	Yes	Purchase only. Included in nursing facility daily rate.
	E0352		Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system.	Yes	Purchase only. Included in nursing facility daily rate.
	E0700		Safety equipment (e.g., belt, harness or vest).	No	Purchase only. Included in the nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Bath seat without back).	<i>EPA #870000766 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Shower, hand-held).	Purchase only. EPA #870000759 <i>must be used when billing this item.</i> See EPA, Section G.	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU RR	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters).	Rental requires PA. EPA #870000771 <i>must be used when billing this item for purchase.</i> See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Adjustable bath/seat with back).	EPA #870000772 <i>must be used when billing this item.</i> See EPA Section G.	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat).	EPA #870000773 <i>must be used when billing this item.</i> See EPA Section G.	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps).	<i>EPA #870000774 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps).	<i>EPA #870000776 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps).	<i>EPA #870000777 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back).	<i>EPA #870000778 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.
	E1399	NU	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back).	<i>EPA #870000779 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. [Heavy duty bath chair (for clients over 250 lbs.)].	<i>EPA #870000767 must be used when billing this item. See EPA Section G.</i>	Purchase only. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

Blood Monitoring

	A4660		Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.	No	Purchase only. Limit of 1 per client every 5 years.
	A4663		Blood pressure cuff only.	No	Purchase only.
	A4670		Automatic blood pressure monitor.	No	Purchase only. Limit of 1 per client every 5 years.
	A9275		Home glucose disposable monitor, include test strips.	No	Purchase only.
	E0607		Home blood glucose monitor.	No	Purchase only. Limit of 1 per client, per 3 years.
	E2100		Blood glucose monitor with integrated voice synthesizer.	Yes	Purchase only. Limit of 1 per client, per 3 years.
#	E2101		Blood glucose monitor with integrated lancing/blood sample.		

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Support Devices/Orthotics

See the *Prosthetics and Orthotics Billing Instructions* for Support Devices/Orthotics Codes

Miscellaneous Durable Medical Equipment

N	A8000		Helmet, protective, soft, prefabricated, includes all components and accessories.	No	Purchase only.
N	A8001		Helmet, protective, hard, prefabricated, includes all components and accessories.	No	Purchase only.
N	A8002		Helmet, protective, soft, custom fabricated, includes all components and accessories.	Yes	Purchase only.
N	A8003		Helmet, protective, hard, custom fabricated, includes all components and accessories.	Yes	Purchase only.
N	A8004		Soft interface for helmet, replacement only	Yes	Not allowed in addition to A8000 – A8003.
	E0202	RR	Phototherapy (bilirubin) light with photometer.	No	Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.

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Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0602		Breast pump, manual, any type.	No	Purchase only. Limit of 1 per client per lifetime. Not allowed in combination with E0603 or E0604RR
	E0603	NU	Breast pump, electric, AC and/or DC, any type.	Yes	Purchase only. Limit of 1 per client per lifetime. Not allowed in combination with E0604RR or E0602.
	E0604	RR	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric, AC and/or DC.	PA or EPA. See EPA Section G.	Rental only. If client received a kit during hospitalization, an additional kit will not be covered. If client did not receive a kit – can bill with EPA.
	E0650	NU RR	Pneumatic compressor, nonsegmental home model.	Rental requires PA or EPA. See EPA Section G.	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure.		
#	E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure.		
	E0655		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm.	No	Purchase only.
	E0660		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg.	No	Purchase only.
	E0665		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm.	No	Purchase only.
	E0666		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg.	No	Purchase only.
#	E0667		Segmental pneumatic appliance for use with pneumatic compressor, full leg.		
#	E0668		Segmental pneumatic appliance for use with pneumatic compressor, full arm.		
#	E0669		Segmental pneumatic appliance for use with pneumatic compressor, half leg.		
#	E0671		Segmental gradient pressure pneumatic appliance, full leg.		
#	E0672		Segmental gradient pressure pneumatic appliance, full arm.		

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0673		Segmental gradient pressure pneumatic appliance, half leg.		
#	E0675		Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).		
#	E0676		Intermittent limb compression device (includes all accessories), not otherwise specified.		
#	E0691		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less		
#	E0692		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.		
#	E0693		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.		
#	E0694		Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.		
#	E0710		Restraint, any type (body, chest, wrist or ankle).		
	E0935	RR	Continuous passive motion exercise device for use on knee only (complete). Includes continuous passive motion softgoods kit.	PA or EPA. See EPA Section G.	Rental allowed for maximum of 10 days.

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0936	RR	Continuous passive motion exercise device for use other than knee.	Yes	Rental allowed for maximum of 10 days.
#	E1300		Whirlpool, portable (overtub type).		
#	E1310		Whirlpool, nonportable (built-in type).		
	E1399	NU	Durable medical equipment, miscellaneous. (Breast pump kit, electric).	<i>EPA #870000764 must be used when billing this item. See EPA Section G.</i>	Purchase only.
	E2000	RR	Gastric suction pump, home model, portable or stationary, electric.	Yes	Rental only.

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	K0606		Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.		
#	K0607		Replacement battery for automated external defibrillator, garment type only, each.		
#	K0608		Replacement garment for use with automated external defibrillator, each.		
#	K0609		Replacement electrodes for use with automated external defibrillator, garment type only, each.		
	T5001	NU RR	Positioning seat for persons with special orthopedic needs, for use in vehicles (5 years and older).	Rental and clients younger than 5 years of age require PA.	Included in nursing facility daily rate. Limit of 1 per client every 5 years.

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Other Charges for DME Services

#	A9281		Reaching/grabbing device, any type, any length, each.		
#	A9282		Wig, any type, each.		
#	E0200		Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.		
#	E0203		Therapeutic lightbox, minimum 10,000 lux, table top model.		
#	E0205		Heat lamp, with stand, includes bulb, or infrared element.		
#	E0210		Electric heat pad, standard.		
#	E0215		Electric heat pad, moist.		
#	E0217		Water circulating heat pad with pump.		
#	E0218		Water circulating cold pad with pump.		
#	E0220		Hot water bottle.		
#	E0221		Infrared heating pad system.		
#	E0225		Hydrocollator unit, includes pads.		
#	E0230		Ice cap or collar.		
#	E0231		Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.		

Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E0232		Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.		
#	E0235		Paraffin bath unit, portable (see medical supply code A4265 for paraffin).		
#	E0236		Pump for water circulating pad.		
#	E0238		Nonelectric heat pad, moist.		
#	E0239		Hydrocollator unit, portable.		
#	E0249		Pad for water circulating heat unit.		
	E1340		Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items).	Yes	For client-owned equipment only.
	E1399	NU RR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed).	Yes	Provide complete description including copy of manufacturer's product information and price catalog with request for authorization.

Wheelchairs

Wheelchair Coverage [Refer to WAC 388-543-2000]

The Department of Social and Health Services (DSHS) bases its decisions regarding requests for wheelchairs on medical necessity and on a case-by-case basis. The following apply when DSHS determines that a wheelchair is medically necessary for six months or less:

- ✓ If the client lives at home, DSHS rents a wheelchair for the client; or
- ✓ If the client lives in a nursing facility, the nursing facility must provide a house wheelchair as part of the per diem rate paid by the Aging and Adult Services Administration (AASA).
- For the purchase of a wheelchair or for wheelchair accessories or modifications for nursing facility clients, DSHS requires the provider to complete the *Medical Necessity for Wheelchair Purchase for Nursing Facilities (NF) Clients* form (DSHS 13-729) (an electronic version can be obtained at <http://www1.dshs.wa.gov/msa/forms/eforms.html>). An updated version of this form (including a title change) is available, and will be required effective March 1, 2007.
- For the purchase of a wheelchair or for wheelchair accessories or modifications for home clients, DSHS now requires the provider to complete the *Medical Necessity for Wheelchair Purchase (for home client only)* form (DSHS 13-727) (an electronic version can be obtained at <http://www1.dshs.wa.gov/msa/forms/eforms.html>). An updated version of this form (including a title change) is available, and will be required effective March 1, 2007.

Manual Wheelchairs

DSHS considers rental or purchase of a manual wheelchair for a home client who is nonambulatory or has limited mobility and requires a wheelchair to participate in normal daily activities. DSHS determines the type of manual wheelchair based on the following:

- A **standard wheelchair** if the client's medical condition requires the client to have a wheelchair to participate in normal daily activities;

Wheelchairs, Durable Medical Equipment, and Supplies

- A **standard lightweight** wheelchair if the client's medical condition is such that the client:
 - ✓ Cannot self-propel a standard weight wheelchair; or
 - ✓ Requires custom modifications that cannot be provided on a standard weight wheelchair.
- A **high-strength lightweight wheelchair** for a client:
 - ✓ Whose medical condition is such that the client cannot self-propel a lightweight or standard weight wheelchair; or
 - ✓ 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:
 - ✓ Support a person weighing up to 300 pounds; or
 - ✓ 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:
 - ✓ Support a person weighing over 300 pounds; or
 - ✓ Accommodate a seat width over 22 inches wide.
- A **rigid wheelchair** for a client:
 - ✓ With a medical condition that involves severe upper extremity weakness;
 - ✓ Who has a high level of activity; and
 - ✓ Who is unable to self-propel any of the above categories of wheelchair.
- A custom **manufactured wheelchair** for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the above categories of wheelchairs.

Power-drive Wheelchairs

DSHS considers a power-drive wheelchair when the client's medical needs cannot be met by a less costly means of mobility. The prescribing physician must certify that the client can safely and effectively operate a power-drive wheelchair and that the client meets all of the following conditions:

- 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 provide the client the only means of independent mobility; and
- If a child, a power-drive wheelchair will enable a child to achieve age-appropriate independence and developmental milestones.

All other circumstances will be considered based on medical necessity and on a case-by-case basis. The following additional information is required for a three- or four-wheeled power-drive scooter-cart:

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

For the purchase of a wheelchair or for wheelchair accessories or modifications for home clients, DSHS has developed a form that may be used called the "Wheelchair Purchase Evaluation Form (for home clients only)" (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/eforms.html>).

Coverage of Multiple Wheelchairs

DSHS may cover two wheelchairs, a manual wheelchair and a power-drive wheelchair, for a noninstitutionalized client in certain situations. One of the following must apply:

- 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 radii;
- 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; or
- The client has a power-drive wheelchair, but also requires a manual wheelchair because the power-drive wheelchair cannot be transported to meet the client's community, workplace, or educational activities; the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. In these cases, DSHS requires the client's situation to meet 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; and
 - ✓ Cabulance, public buses, or personal transit are neither available, practical, nor possible for financial or other reasons.

All other circumstances are considered on a case-by-case basis, based on medical necessity. DSHS considers the power-drive wheelchair to be the client's primary chair when the client has both a power-drive wheelchair and a manual wheelchair.

Wheelchair Coverage Table

Manual Wheelchairs (Covered HCPCS Codes)

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1031	NU	Rollabout chair, any and all types with casters five inches or greater.	Yes	
#	E1039		Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.		
	E1060	RR	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.	Yes. See EPA Section G.	
	E1161	NU	Manual adult size wheelchair, includes tilt in space.	Yes	
	E1229	NU	Wheelchair, pediatric size, not otherwise specified.	Yes	
	E1231	NU	Wheelchair, pediatric size, tilt-in- space, rigid, adjustable, with seating system.	Yes	
	E1232	NU	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	Yes	

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1233	NU	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	Yes	
	E1234	NU	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system.	Yes	
	E1235	NU	Wheelchair, pediatric size, rigid, adjustable, with seating system.	Yes	
	E1236	NU	Wheelchair, pediatric size, folding, adjustable, with seating system.	Yes	
	E1237	NU RR	Wheelchair, pediatric size, rigid, adjustable, without seating system.	Yes	
	E1238	NU	Wheelchair, pediatric size, folding, adjustable, without seating system.	Yes	
	K0001	NU RR	Standard wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G (for rental only).	
	K0002	NU RR	Standard hemi (low seat) for wheelchair.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0003	NU RR	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G (for rental only).	
	K0004	NU	High strength, lightweight wheelchair.	Yes	
	K0005	NU	Ultralightweight wheelchair.	Yes	
	K0006	NU RR	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G.	
	K0007	NU	Extra heavy-duty wheelchair.	Yes	
	K0009	NU	Other manual wheelchair/base.	Yes	

Manual Wheelchairs (Noncovered HCPCS Codes)

#	E1037		Transport chair, pediatric size.		
#	E1038		Transport chair, adult size, patient weight capacity up to and including 300 pounds.		
#	E1050		Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0003 and E1226.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1070		Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See codes K0003 and E1226.
#	E1083		Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0002 or K0003.
#	E1084		Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0002 or K0003.
#	E1085		Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests.		See code K0002 or K0003.
#	E1086		Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0002 or K0003.
#	E1087		High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0004.
#	E1088		High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0004.
#	E1089		High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests.		See code K0004.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1090		High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0004.
#	E1092		Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0007.
#	E1093		Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests.		See code K0007.
#	E1100		Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0003 and E1226.
#	E1110		Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrests.		See codes K0003 and E1226.
#	E1130		Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests.		See code K0001.
#	E1140		Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0001.
#	E1150		Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See K0001.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1160		Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		
#	E1170		Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0001 - K0005.
#	E1171		Amputee wheelchair; fixed full-length arms, without footrests or legrests.		See codes K0001 - K0005.
#	E1172		Amputee wheelchair; detachable arms, desk or full-length, without footrests or legrests.		See codes K0001 - K0005.
#	E1180		Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See codes K0001 - K0005.
#	E1190		Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See codes K0001 - K0005.
#	E1195		Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0007.
#	E1200		Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests.		See codes K0001 - K0005.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1240		Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0003 or K0004.
#	E1250		Lightweight wheelchair; fixed full-length arms, swing-away, detachable, footrests.		See code K0003 or K0004.
#	E1260		Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0003 or K0004.
#	E1270		Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating legrests.		See code K0003 or K0004.
#	E1280		Heavy-duty wheelchair; detachable arms, desk or full-length, elevating legrests.		See code K0007.
#	E1285		Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests.		See code K0007.
#	E1290		Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0007.
#	E1295		Heavy-duty wheelchair; fixed full-length arms, elevating legrests.		See code K0007.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Power Wheelchairs (Covered HCPCS Codes)

	K0800	NU	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733
	K0801	NU	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0802	NU	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733.
	K0806	NU	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733.
	K0807	NU	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0808	NU	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733.
	K0812	NU	Power operated vehicle, not otherwise classified.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0998, E0999, K0069 – K0072, K0077, E2360 – E2372, E2381 – E2396 and K0733.
	K0813	NU	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					and E0982.
	K0814	NU	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0815	NU	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, , K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0816	NU	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0820	NU	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0821	NU	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0822	NU	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0823	NU	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0824	NU	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0825	NU	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0826	NU	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0827	NU	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0828	NU	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0829	NU	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0830	NU	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0831	NU	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0835	NU	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0836	NU	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0837	NU	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0838	NU	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0839	NU	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0840	NU	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0841	NU	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0842	NU	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0843	NU	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0848	NU	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0849	NU	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0850	NU	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0851	NU	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0852	NU	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0853	NU	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0854	NU	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0855	NU	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0856	NU	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0857	NU	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0858	NU	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0859	NU	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0860	NU	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0861	NU	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0862	NU	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0863	NU	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	K0864	NU	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0868	NU	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0869	NU	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0870	NU	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	K0871	NU	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0877	NU	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0878	NU	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0879	NU	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0880	NU	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0884	NU	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0885	NU	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0886	NU	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0890	NU	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.
	K0891	NU	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0898	NU	Power wheelchair, not otherwise classified.	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 and E0982.

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

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Special Size Wheelchairs - Power or Manual (Noncovered HCPCS Codes)

#	E1220		Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification).		See code K0009 or K0014.
#	E1221		Wheelchair with fixed arm, footrests.		See codes K0001 - K0014.
#	E1222		Wheelchair with fixed arm, elevating legrests.		See codes K0001 - K0014.
#	E1223		Wheelchair with detachable arms, footrests.		See codes K0001 - K0014.
#	E1224		Wheelchair with detachable arms, elevating legrests.		See codes K0001 - K0014.
#	K0899	NU	Power mobility device, not coded by sadmerc or does not meet criteria.	Yes	

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Wheelchair Modifications, Accessories, and Repairs

Cushions

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2601		General use wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2602		General use wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2603		Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2604		Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2605		Positioning wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2606		Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2607		Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2608		Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2609		Custom fabricated wheelchair seat cushion, any size.	Yes	
	E2610		Wheelchair seat cushion, powered.	Yes	
	K0734		Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	Yes	
	K0735		Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	Yes	
	K0736		Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	Yes	
	K0737		Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Custom Frame Up-Charges

	E1014		Reclining back, addition to pediatric wheelchair.	Yes	
	E1225		Manual wheelchair accessory, semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each.	Yes	
	E1226		Manual wheelchair accessory, fully reclining back, each.	Yes	
	E1227		Special height arms for wheelchair (up-charge by construction).	Yes	
	E1228		Special back height for wheelchair.	Yes	
#	E1296		Special wheelchair seat height from floor.		See code K0056.
	E1297		Special wheelchair seat depth, by upholstery.	Yes	
	E1298		Special wheelchair seat depth and/or width, by construction.	Yes	
	E2201		Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches.	Yes	
	E2202		Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2203		Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches.	Yes	
	E2204		Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches.	Yes	
	E2340		Power wheelchair accessory, nonstandard seat frame width, 20-23 inches.	Yes	
	E2341		Power wheelchair accessory, nonstandard seat frame width, 24-27 inches.	Yes	
	E2342		Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches.	Yes	
	E2343		Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches.	Yes	
	K0056		Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Armrests and Parts

	E0973		Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	Yes	
	E0994		Armrest, each (replacement only).	Yes	
	E2209		Wheelchair Accessory, Arm Trough, Each (includes attaching hardware).	Yes	
	K0015		Detachable, nonadjustable height armrest, each.	Yes	
	K0017		Detachable, adjustable height armrest, base, each (replacement only).	Yes	
	K0018		Detachable, adjustable height armrest, upper portion, each (replacement only).	Yes	
	K0019		Arm pad, each (replacement only).	Yes	
	K0020		Fixed, adjustable height armrest, pair.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Lower Extremity Positioning (legrests, etc.)

	E0951		Heel loop/holder, with or without ankle strap, each.	Yes	
	E0952		Toe loop/holder each.	Yes	
	E0990		Wheelchair accessory, elevating leg rest, complete assembly, each.	Yes	
	E0995		Wheelchair accessory, calf rest/pad, each.	Yes	
	K0037		High mount flip-up footrest, each.	Yes	
	K0038		Leg strap, each.	Yes	
	K0039		Leg strap, H style, each.	Yes	
	K0040		Adjustable angle footplate, each.	Yes	
	K0041		Large size footplate, each.	Yes	
	K0042		Standard size footplate, each	Yes	
	K0043		Footrest, lower extension tube, each.	Yes	
	K0044		Footrest, upper hanger bracket, each (replacement).	Yes	
	K0045		Footrest, complete assembly.	Yes	
	K0046		Elevating legrest, lower extension tube, each.	Yes	
	K0047		Elevating legrest, upper hanger bracket, each (replacement).	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0050		Ratchet assembly (replacement).	Yes	
	K0051		Cam release assembly, footrest or legrest, each (replacement).	Yes	
	K0052		Swingaway, detachable footrests, each.	Yes	
	K0053		Elevating footrests, articulating (telescoping), each.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Seating and Positioning

	E0950		Wheelchair accessory, tray, each (includes all attaching hardware).	Yes	
	E0955		Wheelchair accessory, headrest, cushioned, prefabricated, including (all standard) mounting hardware, each.	Yes	
	E0956		Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each.	Yes	
	E0957		Wheelchair accessory, medial-thigh support, prefabricated, including fixed mounting hardware, each.	Yes	
	E0960		Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	Yes	
	E0978		Wheelchair accessory, safety belt/pelvic strap, each.	Yes	
	E0980		Safety vest, wheelchair.	Yes	
	E0981		Wheelchair accessory, seat upholstery, replacement only, each.	Yes	
	E0982		Wheelchair accessory, back upholstery, replacement only, each.	Yes	
	E0992		Manual wheelchair accessory, solid	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			seat insert.		
#	E2230		Manual wheelchair accessory, manual standing system.		
N	E2231		Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	Yes	
	E2291		Back, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2292		Seat, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2293		Back, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2294		Seat, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
#	E2295		Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features.		
	E2611		General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2612		General use wheelchair back cushion, width 22 inches or greater,	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			any height, including any type mounting hardware.		
	E2613		Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2614		Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2615		Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2616		Positioning wheelchair back, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2617		Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	Yes	
	E2620		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2621		Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	K0669		Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Hand rims, Wheels, and Tires (includes parts)

	E0967		Manual wheelchair accessory, hand rim with projections, each.	Yes	
	E2211		Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	Yes	
	E2212		Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	Yes	
	E2213		Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each.	Yes	
	E2214		Manual wheelchair accessory, pneumatic caster tire, any size, each.	Yes	
	E2215		Manual wheelchair accessory, tube for pneumatic caster tire, any size, each.	Yes	
	E2216		Manual wheelchair accessory, foam filled propulsion tire, any size, each.	Yes	
	E2217		Manual wheelchair accessory, foam filled caster tire, any size, each.	Yes	
	E2218		Manual wheelchair accessory, foam propulsion tire, any size, each.	Yes	
	E2219		Manual wheelchair accessory, foam caster tire, any size, each. Code Added.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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 Ø = Not covered by DSHS.

D = Discontinued.
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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2220		Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each.	Yes	
	E2221		Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each.	Yes	
	E2222		Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each.	Yes	
	E2223		Manual wheelchair accessory, valve, any type, replacement only, each.	Yes	
	E2224		Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.	Yes	
	E2225		Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	Yes	
	E2226		Manual wheelchair accessory, caster fork, any size, replacement only, each.	Yes	
N	E2227		Manual wheelchair accessory, gear reduction drive wheel, each.	Yes	
#	E2228		Manual wheelchair accessory, wheel braking system and lock.		
	E2381		Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Yes	
	E2382		Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2383		Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Yes	
	E2384		Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Yes	
	E2385		Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Yes	
	E2386		Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Yes	
	E2387		Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Yes	
	E2388		Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	Yes	
	E2389		Power wheelchair accessory, foam caster tire, any size, replacement only, each.	Yes	
	E2390		Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	Yes	
	E2391		Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2392		Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	Yes	
	E2393		Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each.	Yes	
	E2394		Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	Yes	
	E2395		Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	Yes	
	E2396		Power wheelchair accessory, caster fork, any size, replacement only, each.	Yes	
	K0065		Spoke protectors, each.	Yes	
	K0069		Rear wheel assembly, complete, with solid tire, spokes or molded, each.	Yes	
	K0070		Rear wheel assembly, complete with pneumatic tire, spokes or molded, each.	Yes	
	K0071		Front caster assembly, complete, with pneumatic tire, each.	Yes	
	K0072		Front caster assembly, complete, with semipneumatic tire, each.	Yes	
	K0073		Caster pin lock, each.	Yes	
	K0077		Front caster assembly, complete, with solid tire, each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Other Accessories (manual and power)

	E0958		Manual wheelchair accessory, one-arm drive attachment, each.	Yes	
	E0959		Manual wheelchair accessory, adapter for amputee, each.	Yes	
	E0961		Manual wheelchair accessory, wheel lock brake extension (handle), each.	Yes	Changed from pair to each with new description.
	E0971		Manual wheelchair accessory, anti-tipping device, each.	Yes	
	E0974		Manual wheelchair accessory, anti-rollback device, each.	Yes	Changed from pair to each with new description.
	E1015		Shock absorber for manual wheelchair, each.	Yes	
	E1017		Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	Yes	
	E1020		Residual limb support system for wheelchair.	Yes	
	E1029		Wheelchair accessory, ventilator tray, fixed.	Yes	
	E1030		Wheelchair accessory, ventilator tray, gimbaled.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2206		Manual wheelchair accessory, wheel lock assembly, complete, each.	Yes	
	E2207		Wheelchair accessory, crutch and cane holder, each.	Yes	
	E2208		Wheelchair accessory, cylinder tank carrier, each.	Yes	
	K0105		IV hanger, each.	Yes	
	K0108		Other accessories.	Yes	

Manual Wheelchair Conversions

	E0983		Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	Yes	
	E0984		Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	Yes	
	E0985		Wheelchair accessory, seat lift mechanism.	Yes	
	E0986		Manual wheelchair accessory, push-rim activated power assist, each.	Yes	
	E1065		Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo).	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Power Wheelchair Add-on Functions and Controls

	E1002		Wheelchair accessory, power seating system, tilt only.	Yes	
	E1003		Wheelchair accessory, power seating system, recline only, without shear reduction.	Yes	
	E1004		Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	Yes	
	E1005		Wheelchair accessory, power seating system, recline only, with power shear reduction.	Yes	
	E1006		Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	Yes	
	E1007		Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	Yes	
	E1008		Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1009		Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	Yes	
	E1010		Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each.	Yes	
	E1016		Shock absorber for power wheelchair, each.	Yes	
	E1018		Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	Yes	
	E1028		Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory.	Yes	
	E2300		Power wheelchair accessory, power seat elevation system.	Yes	
	E2301		Power wheelchair accessory, power standing system.	Yes	
	E2310		Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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 Ø = Not covered by DSHS.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2311		Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
N	E2312		Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware.	Yes	
N	E2313		Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each.	Yes	
	E2321		Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	
	E2322		Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	
	E2323		Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.	Yes	

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D = Discontinued.
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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2324		Power wheelchair accessory, chin cup for chin control interface.	Yes	
	E2325		Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	Yes	
	E2326		Power wheelchair accessory, breath tube kit for sip and puff interface.	Yes	
	E2327		Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	Yes	
	E2328		Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware.	Yes	
	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.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2330		Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.	Yes	
	E2331		Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	Yes	
	E2351		Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	Yes	
	E2373		Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware.	Yes	
	E2374		Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2375		Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	Yes	
	E2376		Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	Yes	
	E2377		Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	Yes	
	E2399		Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware.	Yes	

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Batteries and Chargers

	E2360		Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	Yes	
	E2361		Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).	Yes	
	E2363		Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).	Yes	
	E2365		Power wheelchair accessory, U-1sealed lead acid battery, each (e.g. gell cell, absorbed glassmat).	Yes	
	E2366		Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	Yes	
	E2367		Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	Yes	
	E2371		Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gell cell, absorbed glassmat), each.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2372		Power wheelchair accessory, group 27 non-sealed lead acid battery, each.	Yes	
#	E2397		Power wheelchair accessory, lithium-based battery, each.		
	K0733		Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat).	Yes	

Miscellaneous Repair Only

	E1011		Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair).	Yes	
	E1340		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.)	Yes	
	E2205		Manual wheelchair accessory, hand rim without projections, any type, replacement only, each.	Yes	
	E2210		Wheelchair accessory, bearings, any type, replacement only, each.	Yes	
	E2368		Power wheelchair component, motor, replacement only.	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2369		Power wheelchair component, gear box, replacement only.	Yes	
	E2370		Power wheelchair component, motor and gear box combination, replacement only.	Yes	
	E2619		Replacement cover for wheelchair seat cushion or back cushion, each.	Yes	
	K0098		Drive belt for power wheelchair.	Yes	

Accessories (Noncovered HCPCS Codes)

#	E0177		Water pressure pad or cushion, nonpositioning.		
#	E0966		Manual wheelchair accessory, headrest extension, each.		
#	E0968		Commode seat, wheelchair.		
#	E0969		Narrowing device, wheelchair.		
#	E0970		No. 2 footplates, except for elevating legrest.		See codes K0037 and K0042.
#	E2362		Power wheelchair accessory, group 24 non-sealed lead acid battery, each.		
#	E2364		Power wheelchair accessory, U-1 non-sealed lead acid battery, each.		
#	K0195		Elevating leg rest, pair (for use with capped rental wheelchair base).		

Note: All modifications, accessories, and repairs require prior authorization.

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Authorization

What is prior authorization?

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

Which items and services require prior authorization?

[Refer to WAC 388-543-1600]

DSHS bases its determination about which durable medical equipment (DME) and related supplies and services require PA or expedited prior authorization (EPA) on utilization criteria. DSHS considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

DSHS requires providers to obtain PA for the following:

- Augmentative communication devices (ACDs);
- Certain By Report (BR) DME and supplies as specified in this billing instruction;
- Blood glucose monitors requiring special features;
- Certain equipment rentals as specified in this billing instruction;
- Decubitus care products and supplies;
- Equipment parts and labor charges for repairs or modifications and related services;
- Orthopedic shoes and selected orthotics;
- Positioning car seats for children under five years of age;
- Wheelchairs, wheelchair accessories, wheelchair modifications, air, foam, and gel cushions, and repairs;
- Wheelchair-style shower/commode chairs;
- Other DME not specifically listed in this billing instruction and submitted as a miscellaneous procedure code; and
- Limitation extensions.

Wheelchairs, Durable Medical Equipment, and Supplies

DSHS requires providers to obtain PA for the following items and services **if the provider fails to meet the expedited prior authorization criteria in this billing instruction** (See “*What is expedited prior authorization?*” within this section). This includes, but is not limited to, the following:

- Decubitus care mattresses, including flotation or gel mattress;
- Hospital beds;
- Low air loss flotation system;
- Osteogenic stimulator, noninvasive; and
- Transcutaneous electrical nerve stimulators.

General Policies for Prior Authorization (PA) [WAC 388-543-1800]

For PA requests, DSHS requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. DSHS does not accept general standards of care or industry standards for generalized equipment as justification.

- When DSHS receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date DSHS receives the request.

All written authorization requests must include a prescription as follows:

- The prescription must be written by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC).

Exception: Dual eligible Medicare/Medicaid clients where Medicare is the primary payer and DSHS is billed for co-pay and/or deductible only.

- The prescriber must use the Health and Recovery Services (HRS) Prescription Form, DSHS 13-794 to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html> and
- The prescription (DSHS 13-794) must:
 - ✓ Be signed and dated by the prescriber;
 - ✓ Must be dated less than one year from the date the prescriber signs the prescription; and
 - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

Wheelchairs, Durable Medical Equipment, and Supplies

Note: Effective March 1, 2008 DSHS began enforcing the requirement of the prescription form for all new prescriptions in accordance with WAC 388-543-1100(1).

Note: For prescriptions

- Prescriber's signature must have credentials and currently we do not accept stamped or electronic signatures;
- Should be legible;
- The signature date is the valid date of the prescription;
- For a new request - prescriptions can be no older than 90 days;
- For extensions - prescriptions must be less than 1 year old.

DSHS requires certain forms to be completed by the prescriber and therapist (if applicable) for specific equipment. These include:

- #13-729 Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility;
- #13-727 Wheelchair Purchase Evaluation Form (for home clients only);
- #13-726 Negative Pressure Wound Therapy;
- #13-728 Low Air-Loss Therapy Systems;
- #13-747 Hospital Bed Evaluation;
- #15-310 Speech Language Pathologist (SLP) Evaluation For speech Generating Devices;
- Nonrequired Forms (may be submitted to provide the medical evidence necessary to make a decision):

For Other DME, use Durable Medical Equipment form, DSHS 13-831.

All forms must be complete (no blanks) and must be signed by the clinician (to include credentials).

These forms can be downloaded by visiting DSHS/HRSA online at:

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

If a letter of medical necessity (LMN) is obtained for the services provided please remember the following:

- The letter must be signed and dated by the clinician (to include credentials);

Wheelchairs, Durable Medical Equipment, and Supplies

- When using chart notes, they must be signed and dated by the clinician (to include credentials);
- The letter should include client specific justification for the service and all related accessories/items;
- The prescription must be dated prior to LMN and/or chart notes used as a LMN;
- There should be documentation in the client's file of tried and failed less costly alternatives.

DSHS requires certain information from providers in order 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; and
- Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

DSHS authorizes by report (BR) items that require PA and are listed in the fee schedule (<http://hrsa.dshs.wa.gov/RBRVS/Index.html>) only if medical necessity is established and the provider furnishes all of the following information to DSHS:

- A detailed description of the item or service to be provided;
- The cost or charge for the item;
- A copy of the manufacturer's invoice, price-list or catalog with the product description for the item being provided; and
- A detailed explanation of how the requested item differs from an already existing code description.

DSHS does not reimburse for purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the requesting provider makes such a request, DSHS requires the provider to request PA and explain the following:

- 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.

DSHS requires PA for all equipment repairs. When submitting a PA request for equipment repair the equipment must have a serial number. If the equipment did not come with a serial number, or the number is no longer legible, or the serial number is no longer on the equipment, then the provider must assign a new one, attach it to the equipment and inform DSHS on their company letterhead.

Wheelchairs, Durable Medical Equipment, and Supplies

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

DSHS authorizes rental equipment for a specific period of time. The provider must request authorization from DSHS for any extension of the rental period.

Note: If a provider does not obtain prior authorization, DSHS will deny the claim, and the client cannot be held financially responsible for the service.

The authorization number will be released for equipment that has received prior authorization after DSHS has been provided:

- The date of delivery; and
- The serial number of the equipment

This may be provided by contacting the DME toll-free line or by faxing or mailing the information to the DME Authorization Unit.

Authorization Extensions

DSHS requires that providers request an authorization extension when the standard approval period of 3 months for written requests and 1 month for telephone requests has been exceeded.

Providers must submit a request for an authorization extension for the following:

- Written requests have gone beyond 3 months from the date of approval; or
- Telephone requests have gone beyond 1 month from the date of approval, unless otherwise specified.

DSHS denies claims submitted past the approval period if an authorization extension has not been granted.

- DSHS does not reimburse for purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the requesting provider makes such a request, DSHS requires the provider to submit for PA and explain the following:
 - ✓ 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.

Wheelchairs, Durable Medical Equipment, and Supplies

- A provider may resubmit a request for PA for an item or service that DSHS has denied. DSHS requires the provider to include new documentation that is relevant to the request.
- DSHS authorizes rental equipment for a specific period of time. The provider must request authorization from DSHS for any extension of the rental period.

Note: Written requests for prior authorization must be submitted to DSHS on a CMS-1500 Claim Form with the date of service left blank and a copy of the prescription attached.

What is a Limitation Extension?

A limitation extension is when DSHS allows additional units of service for a client when the provider can verify that the additional units of service are medically necessary. Limitation extensions require authorization.

Note: Requests for limitation extensions must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups cover all services.

How do I request a limitation extension?

In cases where the provider feels that additional services are still medically necessary for the client, the provider must request DSHS-approval in writing.

The request must state the following in writing:

1. The name and PIC number of the client;
2. The provider's name, provider number and fax number;
3. Additional service(s) requested;
4. Copy of last prescription and date dispensed;
5. The primary diagnosis code and HCPCS code; and
6. Client-specific clinical justification for additional services.

Send your written request for a limitation extension to:

Write:

Division of Medical Benefits and Care Management
DME Program Management Unit
PO Box 45506
Olympia, WA 98504-5506
1-360-586-5299 (fax)

What is Expedited Prior Authorization (EPA)?

The expedited prior authorization process is designed to eliminate the need for written and telephone requests for prior authorization for selected durable medical equipment (DME) procedure codes. DSHS allows payment during a continuous 12-month period for this process.

To bill DSHS for DME that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits must be the code number of the product and documented medical condition that meets the EPA criteria. Enter the EPA number on the CMS-1500 Claim Form in the **Authorization Number** field or in the **Authorization** or **Comments** field when billing electronically. With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in **field 19** of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726
--

If you are only billing one EPA number on a paper CMS-1500 Claim Form, please continue to list the 9-digit EPA number in field 23 of the claim form.

Example: The 9-digit EPA number for rental of a semi-electric hospital bed for a client that meets all of the EPA criteria would be **870000725** (870000 = first 6 digits, 725 = product and documented medical condition).

Reminder: EPA numbers are only for those products listed on the following pages.

EPA numbers are not valid for:

- Other DME requiring prior authorization through the DME program;
- Products for which the documented medical condition does not meet **all** of the specified criteria; or
- Over-limitation requests.

DSHS requires request for prior authorization process must be used when a situation does not meet the criteria for a selected DME code, or a requested rental exceeds the limited rental period indicated. Providers must submit the request to the DME Program Management Unit or call the authorization toll-free number at 1-800-292-8064 (see *Important Contacts* section). [WAC 388-543-1900(3)]

Wheelchairs, Durable Medical Equipment, and Supplies

Expedited Prior Authorization Guidelines:

- A. **Medical Justification (criteria)** - All information must come from the client's prescribing physician or therapist with an appropriately completed prescription. DSHS does not accept information obtained from the client or from someone on behalf of the client (e.g. family).
- B. **Documentation** - The billing provider **must keep** documentation of the criteria in the client's file. Upon request, a provider must provide documentation to DSHS showing how the client's condition met the criteria for EPA. Keep documentation file for six (6) years. [Refer to WAC 388-543-1900(4)]

Note: DSHS may recoup any payment made to a provider under this section if the provider did not follow the expedited authorization process and criteria. Refer to [WAC 388-502-0100], [WAC 388-543-1900(5)]

EPA Criteria Coding List

Code	Criteria	Code	Criteria
RENTAL MANUAL WHEELCHAIRS			
Procedure Code: K0001 RR		Procedure Code: K0006 RR	
700	<p>Standard manual wheelchair with all styles of arms, footrest, and/or legrests</p> <p>Up to 2 months continuous rental in a 12-month period if all of the following criteria are met. 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 him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file); 4) Does not have a rental hospital bed; and 5) Has a length of need, as determined by the prescribing physician, that is less than 6 months. 	710	<p>Heavy-duty Manual Wheelchair with all styles of arms, footrests, and/or legrests</p> <p>Up to 2 months continuous rental in a 12-month period if all of 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 him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file); 4) Does not have a rental hospital bed; and 5) Has a length of need, as determined by the prescribing physician, that is less than 6 months.
Procedure Code: K0003 RR		Procedure Code: E1060 RR	
705	<p>Lightweight Manual Wheelchair with all styles of arms, footrests, and/or legrests</p> <p>Up to 2 months continuous rental in a 12-month period if all of 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 him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file); 4) Does not have a rental hospital bed; and 5) Has a length of need, as determined by the prescribing physician, that is less than 6 months. 	715	<p>Fully Reclining Manual Wheelchair with detachable arms, desk or full-length and swing-away or elevating legrests</p> <p>Up to 2 months continuous rental in a 12-month period if all of 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 to 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; and 4) Has a length of need, as determined by the prescribing physician, that is less than 6 months.
Please see note on next page.			

Note (For Rental Manual Wheelchairs):

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, the normal prior authorization process is required. At this time, a new authorization number will be assigned.
- 4) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including **all** of the specified criteria) must be documented in the client's file.
- 5) 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, and in the hospital they are included in the Diagnoses Related Group (DRG) payment.
- 6) DSHS 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 vendor of service is expected to supply the client with an equivalent loaner.
- 7) You may bill for only one procedure code, per client, per month.
- 8) All accessories are included in the reimbursement of the wheelchair rental code. They may not be billed separately.

RENTAL/PURCHASE HOSPITAL BEDS

Procedure Code: E0292 RR & E0310 RR OR E0305 RR

720 Manual Hospital Bed with mattress with or without bed rails

Up to 11 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or less;
- 2) Has a medical condition 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 he/she is in the bed;
- 5) Does not have full-time caregivers; and
- 6) Does **not** also have a rental wheelchair.

Procedure Code: E0294 RR & E0310 RR OR E0305 RR

725 Semi-Electric Hospital Bed with mattress with or without Bed Rails

Up to 11 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 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);

Continued on next page.

Wheelchairs, Durable Medical Equipment, and Supplies

- 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 independently and safely operate the bed controls; and
- 5) Does **not** have a rental wheelchair.

Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 800.292.8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including all of the specified criteria) must be documented in the client's file. Monthly updates from the prescribing physician justifying continued rental, including length of need/life expectancy, must also be included in the client's file.
- 4) Authorization 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.
- 5) If length of need is greater than 12 months, as stated by the prescribing physician, a prior authorization for purchase must be requested either in writing or via the toll-free line.

- 6) 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, and in the hospital they are included in the DRG payment.
- 7) DSHS 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 vendor of service is expected to supply the client with an equivalent loaner.
- 8) Hospital beds **will not** be provided:
 - a. As furniture;
 - b. To replace a client-owned waterbed;
 - c. For a client who does not own a standard bed with mattress, box spring, and frame; or
 - d. 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.
- 9) Only one type of bed rail is allowed with each rental.
- 10) Mattress may **not** be billed separately.
- 11) You must have a completed Hospital Bed Evaluation form (DSHS 13-747).

Procedure Code: E0294 NU

726 Semi-Electric Hospital Bed with mattress with or without bed rails

Initial purchase if **all** of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or more;
- 2) Has tried positioning devices such as: pillows, bolsters, foam wedges, and/or 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);

Continued on next page.

Wheelchairs, Durable Medical Equipment, and Supplies

- 3) Has one of the following diagnosis:
 - a. Quadriplegia;
 - b. Tetraplegia;
 - c. Duchenne's M.D.;
 - d. ALS;
 - e. Ventilator Dependant; or
 - f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees.
- 4) Must be able to independently and safely operate the bed controls.

Documentation Required:

- 1) Life expectancy, in months and/or years.
- 2) Client diagnosis including ICD-9-CM code.
- 3) Date of delivery and serial #.
- 4) Written documentation indicating client has not been previously provided a hospital bed, purchase or rental (i.e. written statement from client or caregiver).
- 5) You **must** have a completed Hospital Bed Evaluation form (DSHS 13-747). (See page D.5)

Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This 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.
- 3) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 4) Hospital beds **will not** be covered:
 - a. As furniture;
 - b. To replace a client-owned waterbed;
 - c. For a client who does not own a standard bed with mattress, box spring and frame; or
 - d. 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.

LOW AIR LOSS THERAPY SYSTEMS

Procedure Code: E0371 & E0372 RR

730 Low Air Loss Mattress Overlay

Initial 30-day rental followed by one additional 30-day rental in a 12-month period if **all** of the following criteria are met. The client:

- 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); and
- 5) Has appropriate nutritional program to heal ulcers.

Procedure Code: E0277 & E0373 RR

735 Low Air Loss Mattress without bed frame

Initial 30-day rental followed by an additional 30 days rental in a 12-month period if **all** of the following criteria are met. The client:

- 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); and
- 6) Has appropriate nutritional program to heal ulcers.

740 Low Air Loss Mattress without bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

Procedure Code: E0194 RR

750 Air Fluidized Flotation System including bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

For All Low Air Loss Therapy Systems

Documentation Required:

- 1) A "Low Air Loss Therapy Systems" form must be completed for each rental segment and signed and dated by nursing staff in facility or client's home (an electronic version can be obtained at <http://www1.dshs.wa.gov/msa/forms/eforms.htm>)
- 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:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 800.292.8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

NONINVASIVE BONE GROWTH/NERVE STIMULATORS

Procedure Code: E0730 RR

760 Transcutaneous Electrical Nerve Stimulator (TENS)

Up to 2 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Demonstrates a condition that is causing chronic intractable pain, defined as pain that is of long duration that has been difficult to manage;
- 2) Has a pain level documented at 6 or greater on a scale of one to 10;
- 3) Has a date of onset at least 6 months ago;
- 4) Has had no surgery within the previous 3 months;
- 5) Is receiving continual pain and/or anti-inflammatory medication;
- 6) Has had at least 5 physical therapy visits during the past 6 months with no perceptible improvement in pain relief or activity level; and
- 7) Has an objective of decreasing/discontinuing medications and increasing level of activity.

Procedure Code: E0730 NU

761 Transcutaneous Electrical Nerve Stimulator (TENS)

Purchase unit after 2 months of EPA or prior authorized rental if **all** of the following criteria are met. The client:

- 1) Is using the unit 6 or more hours per day or 2 or more hours per day for the Alpha Stim brand;
- 2) Has a pain level documented at 5 or less on a scale of one to 10;
- 3) Has been a reduction in prescription medication use for chronic intractable pain condition; and
- 4) Has an increased activity level.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E0747 NU & E0760 NU

765 Non-Spinal Bone Growth Stimulator

Allowed **only** for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 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.

Procedure Code: E0748 NU

770 Spinal Bone Growth Stimulator

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. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.

Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 800.292.8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

Procedure Code: E0604 RR

800 Breast pump, electric

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets **all** of the following:
 - a. Has a hospitalized premature newborn;
 - b. Has been discharged from the hospital; and
 - c. Is taking breast milk to hospital to feed newborn.

Procedure Code: E0935 RR

810 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:

- 1) Frozen joints;
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E0650 RR

820 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:

- 1) Medically effective;
- 2) Medically necessary; and
- 3) A long-term, permanent need.

Procedure Code: E1399

755 Prone stander, child size (child up to 48" tall). Includes padding, chest, and foot straps. Purchase of 1 every 5 years per client when the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

756 Prone stander, youth size (child up to 58" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

757 Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

758 Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of 1 per client every 5 years allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

759 Shower, hand-held. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

764 Breast pump kit for electric breast pump. Purchase allowed when all of the following criteria are met:

- 1) When needed for use with an authorized electric breast pump; (either prior authorization or EPA);
- 2) Client is not in a nursing facility.
- 3) Prescribed by a physician.
- 4) Client did not receive a kit at hospital.

Procedure Code: E1399

766 Bath seat without back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

767 Heavy duty bath chair (for clients over 250lbs.) Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E1399

771 Padded or unpadded shower/commode chair, wheeled, with casters. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

772 Adjustable bath seat with back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

773 Adjustable bath/shower chair with back, padded seat. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

774 Pediatric bath chair; includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

776 Youth bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

777 Adult bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

778 Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

779 Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 800.292.8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

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Coverage/Limitations

What is covered? [Refer to WAC 388-543-1100]

The Department of Social and Health Services (DSHS) covers the following subject to the provisions of this billing instruction:

- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Disposable/nonreusable supplies; and
- Compliance packaging.

Note: For a complete listing of covered medical equipment and related supplies, refer to the MSE *Coverage Table*.

What are the general conditions of coverage?

DSHS covers the services listed above only when all of the following apply. The services must be:

- Medically necessary (see *Definitions* section). DSHS requires the provider or client to submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see section E, *Prior Authorization*);

Nondurable Medical Supplies and Equipment

- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and DSHS is being billed for co-pay and/or deductible only.

The prescriber must use the Health and Recovery Services Administration (DSHS) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must be:

- Signed and dated by the prescriber;
- No older than one year from the date the prescriber signs the prescription; and
- For the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.
- Billed to the department as the payer of last resort only. For example, DSHS does not pay first and then collect from Medicare second.

Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value is on a case-by-case basis.

What are other specific conditions of coverage?

Disposable/Nonreusable Supplies

Most disposable/nonreusable supplies do not require prior approval; however, DSHS requires that supplies be medically necessary and be the least costly alternative. When providers do not bill the least costly alternative. The prescribing provider must keep documentation in the client's file that provides medical justification for the more expensive item.

Note: Billing provisions are limited to a one-month supply only.

- For a complete list of program limitations, refer to the *Coverage Table*.
- Barrier creams listed in the Ostomy Supplies section of the MSE fee schedule are to be used for Ostomy diagnosis only. DSHS does not allow them for incontinence.

Clients Residing in a Nursing Facility

DSHS reimburses for supplies required for nursing facility resident care through the nursing facility fixed per diem rate except for the following, which are reimbursed separately:

- ✓ Supplies or services replacing all or parts of the function of a permanently impaired or malfunctioning internal body organ:
 - Colostomy (and other ostomy) bags and necessary supplies; and
 - Urinary retention catheters, tubes, and bags (does not include irrigation supplies);
- ✓ Supplies for intermittent catheterization programs (the catheter is inserted and removed each time the procedure is done); and
- ✓ Surgical dressings required as a result of a surgical procedure (does not include decubitus care). Allowed for up to six (6) weeks postsurgery.

- **Disposable Incontinent Products [Refer to WAC 388-543-1150]**

Specifications

- ✓ **All** adult and children's diapers, incontinent pants, pull-up training pants, underpads, diaper doublers, and liners/shields **must** meet the following specifications to be covered by DSHS:
 - Padding provides uniform protection.
 - Product is hypoallergenic.
 - Adhesives and glues used during construction are not water-soluble and form continuous seals at the edges of the absorbent core to minimize leakage.
 - All materials used in construction of the product are safe for clients' skin and are harmless if ingested.
 - Product meets flammability requirements of both federal law and industry standards.

In addition to the specifications on the preceding page, the following specifications must be met for each of the following types of products:

✓ ***Adult Briefs/Children's Diapers***

- Hourglass shaped with formed leg contours.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious; at least 1 mm thickness designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- There are at least four refastenable tapes (two on each side) for briefs; two refastenable tapes (one on each side) for diapers. The tapes should have an adhesive coating that will release from the backsheet without tearing it. The tape adhesive permits a minimum of three fastening/unfastening cycles or has a continuous waistband or side panels with a tear away feature.
- Inner lining is made of soft, absorbent material.

(Briefs and diapers should have a wetness indicator that clearly indicates degree of wetness.)

✓ ***Pull-up Training Pants/Incontinent Pants***

- Made like regular underwear with an elastic waist.
- Absorbent filler core is at least ½ inch from elastic leg gathers.
- Leg gathers consist of at least three strands of elasticized materials.
- Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
- Backsheet is moisture impervious, at least 1 mm thickness, designed to protect clothing and linens.
- Topsheet resists moisture return to skin.
- Inner lining is made of soft, absorbent material.

(Pants should have a wetness indicator that clearly indicates degree of wetness.)

Nondurable Medical Supplies and Equipment

- ✓ ***Underpads***
 - Absorbency layer is within 1½ inches from the edge of the underpad.
 - Manufactured with a waterproof backing material and withstands temperatures not to exceed 140° F.
 - Covering or facing sheet is made with non-woven, porous materials having a high degree of permeability allowing fluids to pass through and into absorbent filler. Patient contact surface is soft and durable. Filler material is highly absorbent: fluff filler, with polymers, heavy weight fluff filler or equivalent.
 - Four-ply, non-woven facing, sealed on all four sides.

- ✓ ***Liners/Shields (Including pads and undergarments)***
 - Product has channels to direct fluid throughout the absorbent area, **and** gathers to assist in controlling leakage, **and/or** is contoured to permit a more comfortable fit.
 - Product has a waterproof backing to protect clothing and linens.
 - Inner liner resists moisture return to skin.
 - Absorbent core consists of cellulose fibers mixed with absorbent gelling materials.
 - Undergarments may be belted or unbelted.
 - Undergarments are to be contoured for good fit, with three elastic gathers per leg.
 - Product has pressure sensitive tapes on reverse side to fasten to underwear.

Limitations:

Any exception to exceed the following limitations requires prior authorization:

- ✓ The monthly quantity limitation is a maximum allowance. The client is to receive only the amount medically necessary for one month.
- ✓ Disposable diapers or pants or rental of reusable diapers or pants are not allowed in combination with any other disposable diapers or pants or reusable diapers or pants with the following exception:
 - ✓ Modifier “59,” to designate daytime only usage may be used to allow a combination of diapers, pants, and liners. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- ✓ Undergarments are to be billed as liners/pads, not diapers or incontinent pants.

Nondurable Medical Supplies and Equipment

- ✓ Liners/pads will not be allowed in combination with any disposable diapers, pants or rental of reusable diapers or pants with the following exception:
 - ✓ Modifier “59,” to designate daytime only usage may be used to allow a combination of liners, diapers, and pants. However, the quantity of the combined products is not to exceed the monthly limitation (300 for children/youth and 240 for adults).
- ✓ Underpads are for use on client’s bed for incontinence protection only.
- ✓ Diaper doublers require prior authorization. Also see expedited prior authorization criteria on pages E.5 and E.6.

What if a service is covered but considered experimental or has restrictions or limitations? [WAC 388-543-1100 (3) and (4)]

- DSHS 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 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- DSHS evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165 (see page E.3 for limitation extensions).

How can I request that equipment/supplies be added to the “covered” list in these billing instructions?

[Refer to WAC 388-543-1100 (7)]

An interested party may request DSHS to include new MSE in these billing instructions by sending a written request to DSHS’s DME Program Management Unit (see *Important Contacts* section). Include all of the following:

- Manufacturer’s literature;
- Manufacturer’s pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.

What is not covered? [Refer to WAC 388-543-1300]

DSHS specifically excludes services and equipment in this billing instruction from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- Required as a result of an EPSDT screening;
- Included as part of a managed care plan service package;
- Included in a waived program; or
- Part of one of the Medicare programs for Qualified Medicare Beneficiaries.

DSHS specifically excludes the following services and equipment from fee-for-service scope of coverage:

- Services, procedures, treatment, devices, drugs, or the application of associated services that the department of the Food and Drug Administration (FDA) and/or the Health Care Financing Administration (HCFA) consider investigative or experimental on the date the services are provided;
- Any service specifically excluded by statute;
- More costly services or equipment when DSHS determines that less costly, equally effective services or equipment are available;
- Bilirubin lights, except as rentals, for at-home newborns with jaundice;
- Procedures, prosthetics, or supplies related to gender dysphoria surgery;
- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;

Nondurable Medical Supplies and Equipment

- Non-medical equipment, supplies, and related services, including but not limited to, the following:
 - ✓ Cleaning brushes and supplies, except for ostomy-related cleaners/supplies;
 - ✓ Identification bracelets;
 - ✓ Instructional materials, such as pamphlets and videotapes;
 - ✓ Recreational equipment;
 - ✓ Room fresheners/deodorizers;
 - ✓ Sitz bath, bidet or hygiene systems, paraffin bath units, and shampoo rings;
 - ✓ Timers or electronic devices to turn things on or off;
 - ✓ Carpet cleaners/deodorizers, and/or pesticides/insecticides; or

- Personal and comfort items including, but not limited to, the following:
 - ✓ Bathroom items, such as antiperspirant, astringent, bath gel, conditioner, deodorant, moisturizers, mouthwash, powder, sanitary napkins (e.g., Kotex), shampoo, shaving cream, shower cap, shower curtains, soap, toothpaste, towels, and weight scales;
 - ✓ Bedding items, such as bed pads, blankets, mattress covers/bags, pillows, and sheets;
 - ✓ Bedside items, such as bed trays, carafes, and over-the-bed tables;
 - ✓ Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, and socks;
 - ✓ Clothing protectors and other protective cloth furniture coverings as protection against incontinence;
 - ✓ Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, sun screens, and tanning;
 - ✓ Diverter valves for bathtub;
 - ✓ Eating/feeding utensils;
 - ✓ Emesis basins, enema bags, and diaper wipes;
 - ✓ Hot or cold temperature food and drink containers/holders;
 - ✓ Hot water bottles and cold/hot packs or pads;
 - ✓ Insect repellants;
 - ✓ Massage equipment;
 - ✓ Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See chapter 388-530 WAC;
 - ✓ Medicine cabinet and first aid items, such as adhesive bandages (e.g., Band-Aids, Curads), cotton balls, cotton-tipped swabs, medicine cups, thermometers, and tongue depressors;
 - ✓ Page turners;
 - ✓ Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services; and
 - ✓ Toothettes and toothbrushes, waterpics, and peridental devices whether manual, battery-operated, or electric.

Nondurable MSE Coverage Table

Syringes and Needles

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4206		Syringe with needle, sterile 1cc, each.	No	Included in nursing facility daily rate.
	A4207		Syringe with needle, sterile 2cc, each.	No	Included in nursing facility daily rate.
	A4208		Syringe with needle, sterile 3cc, each.	No	Included in nursing facility daily rate.
	A4209		Syringe with needle, sterile 5cc or greater, each.	No	Included in nursing facility daily rate.
	A4210		Needle free injection device, each.	No	Included in nursing facility daily rate.
#	A4211		Supplies for self-administered injections.		
	A4215		Needle, sterile, any size, each.	No	Included in nursing facility daily rate.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

KS – NonInsulin Dependent

NU – Purchase

RB – Replacement as part of repair

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4236		Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each.	No	
#	A4252		Blood ketone test or reagent strip, each.		
	A4253	KX or KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips.	No	Included in nursing facility daily rate. 1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.)
#	A4255		Platforms for home blood glucose monitor, 50 per box.		
	A4256		Normal, low and high calibrator solution/chips.	No	Included in nursing facility daily rate.
	A4258		Spring-powered device for lancet, each.	No	One (1) allowed per client every 6 months. Included in nursing facility daily rate.

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**Nondurable Medical Supplies
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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4259	KX or KS	Lancets, per box of 100.	No	Included in nursing facility daily rate. 1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300, etc.)

Pregnancy-Related Testing Kits and Nursing Equipment Supplies

	T5999		Supply, not otherwise specified. (Pregnancy testing kit, 1 test per kit.	Yes	Not allowed for clients enrolled in the Family Planning Only or TAKE CHARGE programs.
	E1399		Supply, not otherwise specified (Breast pump kit for electric breast pump.)	Yes. You must use EPA # 870000764 when billing this item.	Purchase only.

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- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Antiseptics and Germicides

	A4244		Alcohol or peroxide, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per 6 months.
	A4245		Alcohol wipes, per box (of 200).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
	A4246		Betadine or pHisoHex solution, per pint.	No	Included in nursing facility daily rate. Maximum of one (1) pint allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4247		Betadine or iodine swabs/wipes, per box (of 100).	No	Included in nursing facility daily rate. Maximum of one (1) box allowed per client per month.
#	A4248		Chlorhexidine containing antiseptic 1 ml.		
	T5999		Supply, not otherwise specified. (Disinfectant spray, 12 oz.)	Yes. You must use EPA # 870000853 when billing this item.	Included in nursing facility daily rate. Maximum of one (1) per client per 6 months.

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NU – Purchase

RB – Replacement as part of repair

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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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 nursing facility daily rate.)

	A4649		Surgical supply; miscellaneous.	Yes	
P	A6010		Collagen based wound filler, dry form, sterile, per gram of collagen.	Yes	
P	A6011		Collagen based wound filler, gel/paste, sterile, per gram of collagen.	Yes	
P	A6021		Collagen dressing, sterile, pad size 16 sq. in. or less, each.	No	
P	A6022		Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each.	No	
P	A6023		Collagen dressing, sterile, pads size more than 48 sq. in.	Yes	
p	A6024		Collagen dressing wound filler, sterile, per 6 inches.	No	
	A6025		Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each.	No	

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- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6154		Wound pouch, each.	No	
P	A6196		Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing.	No	
P	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.	No	
P	A6198		Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing.	No	
P	A6199		Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches.	No	
	A6200		Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6201		Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6202		Composite dressing, pad size more than 48 sq. in., without	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			adhesive border, each dressing.		
P	A6203		Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
P	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.	No	
P	A6205		Composite dressing, sterile, pad size more than 48 sq. in. with any size adhesive border, each dressing.	No	
P	A6206		Contact layer, sterile, 16 sq. in. or less, each dressing.	No	
P	A6207		Contact layer, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
P	A6208		Contact layer, sterile, more than 48 sq. in., each dressing.	No	
P	A6209		Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	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.	No	
P	A6211		Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6212		Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
P	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.	No	
P	A6214		Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
P	A6215		Foam dressing, wound filler, sterile, per gram.	No	
	A6216		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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.	No	
	A6218		Gauze, non-impregnated, non-sterile pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6219		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
P	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.	No	
P	A6221		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
P	A6222		Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	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.	No	
P	A6224		Gauze, impregnated with other than water, normal saline or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6228		Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
P	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.	No	
P	A6230		Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6231		Gauze, impregnated, hydrogel, for direct wound contact sterile, pad size 16 sq. in. or less, each dressing.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	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.	No	
P	A6233		Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing.	No	
P	A6234		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
P	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.	No	
P	A6236		Hydrocolloid dressing, wound cover sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6237		Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
P	A6238		Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in., but less than or	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			equal to 48 sq. in., with any size adhesive border, each dressing.		
P	A6239		Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
P	A6240		Hydrocolloid dressing, wound filler, paste, sterile, per fluid oz.	No	
P	A6241		Hydrocolloid dressing, wound filler, dry form, sterile, per gram.	No	
P	A6242		Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
P	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.	No	
P	A6244		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6245		Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			border, each dressing.		
P	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.	No	
P	A6247		Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
P	A6248		Hydrogel dressing, wound filler, sterile, gel, per fluid oz.	No	
#	A6250		Skin sealants, protectants, moisturizers, ointments, any type, any size.		
P	A6251		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
P	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.	No	

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KS – NonInsulin Dependent

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NU – Purchase

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- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	A6253		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6254		Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	No	
P	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.	No	
P	A6256		Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	No	
P	A6257		Transparent film, sterile, 16 sq. in. or less, each dressing.	No	
P	A6258		Transparent film, sterile, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing.	No	
P	A6259		Transparent film, sterile, more than 48 sq. in., each dressing.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
P	A6260		Wound cleaners, sterile, any type, any size (per ounce).	No	
P	A6261		Wound filler, gel/paste, sterile, per fluid ounce, not elsewhere classified.	Yes	
P	A6262		Wound filler, dry form, sterile, per gram, not elsewhere classified.	Yes	
P	A6266		Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6402		Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	No	
	A6403		Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing.	No	
	A6404		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	No	
P	A6407		Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard.	No	
#	A6413		Adhesive bandage, first-aid type, any size, each.		
	A6441		Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6442		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	No	
	A6443		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6444		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard.	No	
	A6445		Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	No	
	A6446		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6447		Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	No	
	A6448		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard.	No	
	A6449		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6450		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6451		Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6452		High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6453		Self-adherent bandage, elastic, non-knitted/non-woven,width less than three inches, per yard.	No	
	A6454		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to three inches and less than five inches, per yard.	No	
	A6455		Self-adherent bandage, elastic, non-knitted/non-woven,width greater than or equal to five inches, per yard.	No	

Note: Billing provision limited to a one-month supply. One month equals 30 days. Unless needed for the first 6 weeks of post surgery, all bandages, dressings, and tapes are included in the nursing facility daily rate.

KX – Insulin Dependent

P = Policy change

KS – NonInsulin Dependent

RR – Rental

NU – Purchase

RA – Replacement

RB – Replacement as part of repair

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6456		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	No	
	A6457		Tubular dressing with or without elastic, any width, per linear yard.	No	
	A6501		Compression burn garment, bodysuit (head to foot), custom fabricated.	Yes	
	A6502		Compression burn garment, chin strap, custom fabricated.	Yes	
	A6503		Compression burn garment, facial hood, custom fabricated.	Yes	
	A6504		Compression burn garment, glove to wrist, custom fabricated.	Yes	
	A6505		Compression burn garment, glove to elbow, custom fabricated.	Yes	
	A6506		Compression burn garment, glove to axilla, custom fabricated.	Yes	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A6507		Compression burn garment, foot to knee length, custom fabricated.	Yes	
	A6508		Compression burn garment, foot to thigh length, custom fabricated.	Yes	
	A6509		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated.	Yes	
	A6510		Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated.	Yes	
	A6511		Compression burn garment, lower trunk including leg openings (panty), custom fabricated.	Yes	
	A6512		Compression burn garment, not otherwise classified.	Yes	
	A6513		Compression burn mask, face and/or neck, plastic or equal, custom fabricated.	Yes	
	S8431		Compression bandage, roll.	No	
	T5999		Supply, not otherwise specified (Dressing other.)	Yes	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Tapes

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

	A4450		Tape, non-waterproof, per 18 square inches.	No	
	A4452		Tape, waterproof, per 18 square inches.	No	
N	A4461		Surgical dressing holder, non-reusable, each.	No	
N	A4463		Surgical dressing holder, reusable, each.	No	
	A4465		Nonelastic binder for extremity.	No	

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RB – Replacement as part of repair

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Ostomy Supplies

(Note: Items in This Category are not Taxable)

	A4361		Ostomy faceplate, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380.
	A4362		Skin barrier, solid, four by four or equivalent, each.	No	For ostomy only.
	A4363		Ostomy clamp, any type, replacement only, each.		
	A4364		Adhesive; liquid, or equal, any type, per oz.	No	Maximum of 4 allowed per client per month. For ostomy or catheter.
	A4365		Adhesive remover wipes, any type, per 50.	No	Maximum of one (1) box allowed per client per month.

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NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4366		Ostomy vent, any type, each.	No	
	A4367		Ostomy belt, each.	No	Maximum of two (2) allowed per client every six months.
	A4368		Ostomy filter, any type, each.	No	
	A4369		Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	No	
	A4371		Ostomy skin barrier, powder, per oz.	No	
	A4372		Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear with built-in convexity, each.	No	
	A4373		Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each.	No	
	A4375		Ostomy pouch, drainable, with faceplate attached, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4377.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4376		Ostomy pouch, drainable, with faceplate attached, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4378.
	A4377		Ostomy pouch, drainable, for use on faceplate, plastic, each.	No	Maximum of 10 allowed per client per month.
	A4378		Ostomy pouch, drainable, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month.
	A4379		Ostomy pouch, urinary, with faceplate attached, plastic, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361, A4381 or A4382.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4380		Ostomy pouch, urinary, with faceplate attached, rubber, each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with code A4361 or A4383.
	A4381		Ostomy pouch, urinary, for use on faceplate, plastic, each.	No	Maximum of 10 allowed per client per month.
	A4382		Ostomy pouch, urinary, for use on faceplate, heavy plastic, each.	No	Maximum of 10 allowed per client per month.
	A4383		Ostomy pouch, urinary, for use on faceplate, rubber, each.	No	Maximum of 10 allowed per client per month.
	A4384		Ostomy faceplate equivalent, silicone ring, each.	No	
	A4385		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4387		Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 30 allowed per client per month.
	A4388		Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4389		Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4390		Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4391		Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4392		Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.
	A4393		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each.	No	Maximum of 10 allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4394		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce.	No	
	A4395		Ostomy deodorant for use in ostomy pouch, solid, per tablet.	No	
#	A4396		Ostomy belt with peristomal hernia support.		
	A4397		Irrigation supply; sleeve, each.	No	Maximum of one (1) allowed per client per month.
	A4398		Ostomy irrigation supply; bag, each.	No	Maximum of two (2) allowed per client every 6 months.
	A4399		Ostomy irrigation supply; cone/catheter, including brush.	No	Maximum of two (2) allowed per client every 6 months.
	A4400		Ostomy irrigation set.	No	Maximum of two (2) allowed per client every 6 months.
	A4404		Ostomy ring, each.	No	Maximum of 10 allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4405		Ostomy skin barrier, non-pectin based, paste, per ounce.	No	
	A4406		Ostomy skin barrier, pectin based, paste, per ounce.	No	
	A4407		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	No	
	A4408		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	No	
	A4409		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4x4 inches or smaller, each.	No	
	A4410		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4411		Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each.	No	

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4412		Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	No	Maximum 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.	No	Maximum of 10 allowed per client per month.
	A4414		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each.	No	
	A4415		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each.	No	
	A4416		Ostomy pouch, closed, with barrier attached, with filter (one piece), each.	No	Maximum 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 (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4418		Ostomy pouch, closed; without barrier attached, with filter (one piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4419		Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.
	A4420		Ostomy pouch, closed; for use on barrier with locking flange (two piece), each.	No	Maximum of 30 allowed per client per month.
	A4421		Ostomy supply; miscellaneous.	Yes	
	A4422		Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	No	
	A4423		Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each.	No	Maximum of 30 allowed per client per month. Not allowed in combination with A4368.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4424		Ostomy pouch, drainable, with barrier attached, with filter (one piece), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4425		Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each.	No	Maximum of 10 allowed per client per month. Not allowed in combination with A4368.
	A4426		Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each.	No	Maximum of 10 allowed per client per month.
	A4427		Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each.	No	Maximum 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 (one piece), each.	No	Maximum of 10 allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4429		Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4430		Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	No	Maximum of 10 allowed per client per month.
	A4431		Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each.	No	Maximum 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 (two piece), each.	No	Maximum of 10 allowed per client per month.
	A4433		Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each.	No	Maximum of 10 allowed per client per month.
	A4434		Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each.	No	Maximum of 10 allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4455		Adhesive remover or solvent (for tape, cement, or other adhesive), per oz.	No	Maximum of 3 allowed per client per month.
	A5051		Ostomy pouch, closed; with barrier attached (one piece) each.	No	Maximum of 60 allowed per client per month.
	A5052		Ostomy pouch, closed; without barrier attached (one piece) each.	No	Maximum of 60 allowed per client per month.
	A5053		Ostomy pouch, closed; for use on faceplate each.	No	Maximum of 60 allowed per client per month.
	A5054		Ostomy pouch, closed; for use on barrier with flange (two piece) each.	No	Maximum of 60 allowed per client per month.
	A5055		Stoma cap.	No	Maximum of 30 allowed per client per month.
	A5061		Ostomy pouch, drainable; with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5062		Ostomy pouch, drainable; without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5063		Ostomy pouch, drainable; for use on barrier with flange (two piece system) each.	No	Maximum of 20 allowed per client per month.
	A5071		Ostomy pouch, urinary, with barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5072		Ostomy pouch, urinary, without barrier attached (one piece) each.	No	Maximum of 20 allowed per client per month.
	A5073		Ostomy pouch, urinary, for use on barrier with flange (two piece) each.	No	Maximum of 20 allowed per client per month.
	A5081		Continent device; plug for continent stoma.	No	Maximum of 30 allowed per client per month.
	A5082		Continent device; catheter for continent stoma.	No	Maximum of one (1) allowed per client per month.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	A5083		Continent device, stoma absorptive cover for continent stoma. See code A6219.		
	A5093		Ostomy accessory, convex insert.	No	Maximum of 10 allowed per client per month.
	A5120		Skin barrier, wipes or swabs, each.	No	Ostomy only.
	A5121		Skin barrier, solid, 6 x 6 or equivalent, each.	No	For ostomy only.
	A5122		Skin barrier, solid, 8 x 8 or equivalent, each.	No	For ostomy only.
	A5126		Adhesive or non-adhesive; disk or foam pad. Maximum of 10 allowed per client per month.	No	
#	A5131		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.		

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
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Urological Supplies

	A4310		Insertion tray without drainage bag and without catheter (accessories only).	Yes	Maximum of 120 per client, per month. Included in nursing facility daily rate. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, or A4354.
	A4311		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4338.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4312		Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way all silicone.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4344.
	A4313		Insertion tray without drainage bag with indwelling catheter, Foley type, three-way for continuous irrigation.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310 or A4346.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4314		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.).	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4311, A4338, A4354 or A4357.
	A4315		Insertion tray with drainage bag, with indwelling catheter, Foley type, two-way all silicone.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4310, A4312, A4344, A4354 or A4357.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4326		Male external catheter specialty type with integral collection chamber, each.	No	Maximum of 60 allowed per client per month. Included in nursing facility daily rate.
	A4327		Female external urinary collection device; metal cup, each.	No	Included in nursing facility daily rate.
	A4328		Female external urinary collection device; pouch, each.	No	Included in nursing facility daily rate.
	A4330		Perianal fecal collection pouch with adhesive, each.	No	Included in nursing facility daily rate.
	A4331		Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each.	No	Not to be used with Procedure Code A4358. Included in nursing facility daily rate.
	A4332		Lubricant, individual sterile packet, for insertion of urinary catheter, each.	No	Included in nursing facility daily rate.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4333		Urinary catheter anchoring device, adhesive skin attachment, each.	No	Included in nursing facility daily rate.
	A4334		Urinary catheter anchoring device, leg strap, each.	No	Not allowed in combination with code A4358. Included in nursing facility daily rate.
	A4335		Incontinence supply; miscellaneous. [Diaper Doublers. Each].	Yes. See EPA criteria in Section E.	Included in nursing facility daily rate. (age 3 and up)
	A4338		Indwelling catheter; Foley type, two-way latex, with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily rate.
	A4340		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each.	No	Maximum of 3 allowed per client per month. Included in nursing facility daily

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate.
	A4344		Indwelling catheter, Foley type, two-way, all silicone, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.
	A4346		Indwelling catheter, Foley type, three-way for continuous irrigation, each.	No	Maximum of 3 allowed per client, per month. Included in nursing facility daily rate.
	A4349		Male external catheter, with or without adhesive, disposable, each.	No	Maximum allowable of 60 per client, per month. Included in nursing facility daily rate.
	A4351		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	No	Maximum of 120 allowed per client per month. Not allowed in combination

Note: Billing provision limited to a one-month supply. One month equals 30 days.

KX – Insulin Dependent
P = Policy change
KS – NonInsulin Dependent

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RA – Replacement
RB – Replacement as part of repair
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4354		Insertion tray with drainage bag but without catheter.	Yes	Maximum of 120 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4310, A4353, A4357-A4358, and A5112.
	A4355		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each.	No	Maximum of 30 allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with A4320, A4322.
	A4356		External urethral clamp or compression device (not to be used for catheter clamp), each.	No	Maximum of two (2) allowed per client per year. Included in nursing facility daily rate.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A4357		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4314- A4316 or A4354.
	A4358		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.
	A4402		Lubricant, per oz.	No	Included in nursing facility daily rate. (For insertion of

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					urinary catheters.)
	A4520		Incontinence garment, any type, (e.g. brief, diaper), each.	Yes	Included in nursing facility daily rate.
	A5102		Bedside drainage bottle, with or without tubing, rigid or expandable, each.	No	Maximum of two (2) allowed per client per 6 months. Included in nursing facility daily rate.

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**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	A5105		Urinary suspensory; with leg bag, with or without tube.	No	Maximum of two (2) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A4358, A4359, A5112, A5113 or A5114.
	A5112		Urinary leg bag; latex.	No	Maximum of one (1) allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code A5113 or A5114.

Note: Billing provision limited to a one-month supply. One month equals 30 days.

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RB – Replacement as part of repair
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4523		Adult sized disposable incontinence product, brief/diaper, large, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. *
	T4524		Adult sized disposable incontinence product, brief/diaper, extra large, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 19 and up. Maximum of 240 diapers purchased per client, per month. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					usage.
	T4527		Adult sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

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P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4528		Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each.	No	Age 6 and up. Maximum of 150 pieces allowed per adult, per month, per month. 300 allowed for ages 6-19. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4529		Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. *
	T4530		Pediatric sized disposable incontinence product, brief/diaper, large size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent	RR – Rental	RA – Replacement
P = Policy change		RB – Replacement as part of repair
KS – NonInsulin Dependent	NU – Purchase	# - Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4531		Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each.	Medical exceptions to maximum quantity or age limitation require PA.	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.
	T4532		Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each.	No	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4533		Youth sized disposable incontinence product, brief/diaper, each.	No	3-18 years of age. Maximum of 300 diapers purchased per client per month. Included in nursing facility daily rate. *
	T4534		Youth sized disposable incontinence product, protective underwear/pull-on, each.	Medical exceptions to maximum quantity or age limitation require PA.	6-18 years of age. Maximum of 300 allowed per client per month. Included in nursing facility daily rate. See * unless modifier 59 is used to designate daytime only usage.

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4537	NU	Incontinence product, protective underpad, reusable, bed size, each.	No	Limit 42 per year. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (RR).
	T4537	RR	Incontinence product, protective underpad, reusable, bed size, each.	No	Limit 90 per month. Included in nursing facility daily rate. Not allowed in combination with code T4541, T4542, or T4537 (NU).
	T4538	RR	Diaper service, reusable diaper, each diaper.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 240 diapers allowed per client per month. Included in nursing facility daily

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

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RR – Rental
NU – Purchase

RA – Replacement
RB – Replacement as part of repair
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					rate. *
	T4539	NU	Incontinence product, diaper/brief, reusable, any size, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 36 diapers allowed per client per month. Included in nursing facility daily rate.
#	T4540		Incontinence product, protective underpad, reusable, chair size, each.		
	T4541		Incontinence product, disposable underpad, large, each.		For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					combination with code T4537 (NU) or T4537 (RR).

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent	RR – Rental	RA – Replacement
P = Policy change		RB – Replacement as part of repair
KS – NonInsulin Dependent	NU – Purchase	# - Not Covered

**Nondurable Medical Supplies
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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	T4542		Incontinence product, disposable underpad, small size, each.		Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).
N	T4543		Disposable incontinence product, brief/diaper, bariatric, each	Yes	3-18 years of age. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent

RR – Rental

RA – Replacement

P = Policy change

RB – Replacement as part of repair

KS – NonInsulin Dependent

NU – Purchase

- Not Covered

**Nondurable Medical Supplies
and Equipment**

	E0945		Extremity belt/harness.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
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Decubitus Care Products

	E0188		Synthetic sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0189		Lambswool sheepskin pad.	No	Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.
	E0191		Heel or elbow protector, each.	No	Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.

Transcutaneous Electrical Nerve Stimulator (TENS) Supplies

	A4556		Electrodes, pair.	No	
	A4557		Lead wires, e.g., apnea monitors, tens., pair.	No	
	A4558		Conductive paste or gel.	No	
	A4595		Electrical stimulator supplies, 2 lead, per month, (TENS, NMES).	No	Includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Maximum of two (2) per month allowed with patient-owned 4-lead TENS unit.
	A4630		Replacement batteries, medically necessary, transcutaneous electrical nerve stimulator (TENS) owned by patient.	No	

Miscellaneous Supplies

#	A4250		Urine test or reagent strips or tablets (100 tablets or strips).	No	
#	A4265		Paraffin, per pound.	No	
#	A4281		Tubing for breast pump, replacement.	No	
#	A4282		Adapter for breast pump, replacement.	No	
#	A4283		Cap for breast pump bottle, replacement.	No	
#	A4284		Breast shield and splash protector for use with breast pump, replacement.	No	
#	A4285		Polycarbonate bottle for use with breast pump, replacement.	No	
#	A4286		Locking ring for breast pump, replacement.	No	
#	A4290		Sacral nerve stimulation test lead, each.		
#	A4458		Enema bag with tubing, reusable.		
#	A4559		Coupling gel/paste, for use with ultrasound device, per ounce.		
#	A4561		Pessary, rubber, any type.		
#	A4562		Pessary, non rubber, any type.		
#	A4633		Replacement bulb/lamp for ultraviolet light therapy system, each.		
#	A4634		Replacement bulb for therapeutic light box, tabletop model.		

**Nondurable Medical Supplies
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#	A4639		Replacement pad for infrared heating pad system, each.		
	A4927		Gloves, non sterile, per box of 100.	Quantities exceeding 9 units per month require PA.	1 unit = box of 100. Included in nursing facility daily rate and in Home Health Care rate.
#	A4928		Surgical mask, per 20.		
	A4930		Gloves, sterile, per pair.		Included in nursing facility daily rate and in Home Health Care rate.
#	A4931		Oral thermometer, reusable, any type, each.		
#	A4932		Rectal thermometer, reusable, any type, each.		
#	A6000		Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.		
	A6410		Eye pad, sterile, each.		Maximum of 20 allowed per client per month. Included in nursing facility daily rate.
	A6411		Eye pad, non-sterile, each.		Maximum of 1 allowed per client per month. Included in nursing facility daily rate.

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#	A6412		Eye patch, occlusive, each.		
	T5999		Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each.)	Yes. Use EPA # 870000863 when billing this item.	Limit two per month). Included in nursing facility daily rate.
P	A9180		Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker.		For use with lice combs, per 8 oz. bottle. Maximum of one (1) bottle allowed per client per year. Includes comb. Included in nursing facility daily rate.
	T5999		Supply, not otherwise specified. (DME Miscellaneous. Other medical supplies not listed.)	Yes	
	S8265		Haberman feeder for cleft lip/palate.		

Authorization

What is prior authorization?

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

Which items and services require prior authorization?

[Refer to WAC 388-543-1600 and 2800]

DSHS bases its determination about which MSE and related services require PA or EPA on utilization criteria. DSHS considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

DSHS requires providers to obtain PA for the following:

- Certain By Report (BR) MSE as specified in these billing instructions;
- Blood glucose monitors requiring special features;
- Decubitus care products and supplies;
- Other MSE not specifically listed in these billing instructions and submitted as a miscellaneous procedure code; and
- Limitation extensions.

DSHS requires providers to obtain PA for items and services when the client fails to meet the expedited prior authorization criteria in these billing instructions.

General Policies for Prior Authorization

[Refer to WAC 388-543-1800]

- For PA requests, DSHS requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. DSHS does not accept general standards of care or industry standards for generalized equipment as justification.
- When DSHS receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date DSHS receives the request.
- All written prior authorization requests must have a valid prescription attached.

The prescription must be written by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and DSHS is being billed for co-pay and/or deductible only.

The prescriber must use the Health and Recovery Services Administration (DSHS) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
- ✓ Be no older than one year from the date the prescriber signs the prescription; and
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

Note: Effective March 1, 2008, DSHS began enforcing the requirement of the prescription form for all new prescriptions in accordance with WAC 388-543-1100(1).

Also note for prescriptions:

- Prescriber's signature must have credentials and currently we do not accept stamped or electronic signatures.
- They should be legible.
- The signature date is the valid date of the prescription.
- For a new request, prescriptions can be no older than 90 days.
- For extensions – prescription must be less than 1 year old.

Nondurable Medical Supplies and Equipment

- DSHS requires certain information from providers in order 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; and
 - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

- DSHS authorizes BR items that require PA and are listed in the *Fee Schedule* only if medical necessity is established and the provider furnishes all of the following information to DSHS:
 - ✓ A detailed description of the item or service to be provided;
 - ✓ The cost or charge for the item;
 - ✓ A copy of the manufacturer's invoice, price list or catalog with the product description for the item being provided; and
 - ✓ A detailed explanation of how the requested item differs from an already existing code description.

- Non Required Forms (can be submitted to provide the medical evidence necessary to make a decision):
 - Medical Necessity for Catheters over allowed limit use: DSHS 13-760;
 - Other DME use: DSHS 13-831;
 - All of these forms can be found at the following link:
<http://www1.dshs.wa.gov/mas/forms/eforms.html>;
 - All forms must be complete (no blanks) and must be signed by the clinician to include their credentials.

- If a letter of medical necessity is obtained for the services provided please remember:
 - Letter must be signed and dated by the clinician (to include credentials).
 - If using chart notes, they must be signed and dated by the clinician (to include credentials).
 - Letter should include client specific justification for the service and all related accessories/items.
 - The prescription must be dated prior to the letter of medical necessity (LMN) and/or chart notes used as a LMN.
 - There should be documentation of tried and failed less costly alternatives.

Nondurable Medical Supplies and Equipment

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

If a provider does not obtain prior authorization, DSHS will deny the billing, and the client must not be held financially responsible for the service.

Note: Written requests for prior authorization must be submitted to DSHS on a CMS - 1500 Claim Form with the date of service left blank and a copy of the prescription attached.

What is a limitation extension? [Refer to WAC 388-543-2800 (3)]

A limitation extension is when DSHS allows additional units of service for a client when the provider can verify that the additional units of service are medically necessary. Limitation extensions require authorization. Please see the *Fee Schedule* for a complete list of limitations. [Refer to WAC 388-543-1150]

Note: Requests for limitation extensions must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups cover all services.

How do I request a limitation extension?

In cases where the provider feels that additional services are still medically necessary for the client, the provider must request DSHS-approval in writing.

The request must state the following in writing:

7. The name and PIC number of the client;
8. The provider's name, provider number and fax number;
9. Additional service(s) requested;
10. Copy of last prescription and date dispensed;
11. The primary diagnosis code and HCPCS code; and
12. Client-specific clinical justification for additional services.

Send your written request for a limitation extension to:

Write/Call:

Durable Medical Equipment Program Management Unit (DMEPMU)
Division of Medical Benefits and Care Management
PO Box 45506
Olympia Washington 98504-5506
Fax # 1-360-586-5299

What is expedited prior authorization?

The expedited prior authorization process (EPA) is designed to eliminate the need for written and telephonic requests for prior authorization for selected MSE procedure codes. DSHS allows payment during a continuous 12-month period for this process.

To bill DSHS for MSE that meet the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits must be the code number of the product and documented medical condition that meets the EPA criteria. Enter the EPA number on the 1500 Claim Form in the **Authorization Number** field or in the **Authorization** or **Comments** field when billing electronically. With HIPAA implementation, multiple authorization (prior/expedited) numbers can be billed on a claim. If you are billing **multiple** EPA numbers, you must list the 9-digit EPA numbers in **field 19** of the claim form **exactly** as follows (*not all required fields are represented in the example*):

19. Line 1: 870000725/ Line 2: 870000726

If you are only billing one EPA or PA number on a paper 1500 Claim Form, please continue to list the 9-digit EPA number in field 23 of the claim form.

Example: The 9-digit EPA number for a breast pump kit for a client that meets all of the EPA criteria would be **870000764** (870000 = first 6 digits, 764 = product and documented medical condition).

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

- Other MSE requiring prior authorization through the Durable Medical Equipment program;
- Products for which the documented medical condition does not meet **all** of the specified criteria; or
- Over-limitation requests.

The written or telephonic request for prior authorization process must be used when a situation does not meet the criteria for a selected MSE code. Providers must submit the request to the DME Program Management Unit or call the authorization toll-free number at 800.292.8064. (See *Important Contacts* section.) [WAC 388-543-1900 (3)]

Expedited Prior Authorization Guidelines:

- C. Medical Justification (criteria)** - All medical justification must come from the client's prescribing physician or physical/occupational/speech therapist with an appropriately completed prescription. DSHS does not accept information obtained from the client or from someone on behalf of the client (e.g. family).

- D. Documentation** - The billing provider **must keep** documentation of the criteria in the client's file. Upon request, a provider must provide documentation to DSHS showing how the client's condition met the criteria for EPA. Keep documentation file for six (6) years. [Refer to WAC 388-543-1900 (4)]

Note: DSHS may recoup any payment made to a provider under this section if the provider did not follow the expedited authorization process and criteria. Refer to WAC 388-502-0100. [WAC 388-543-1900 (5)]

Washington State Expedited Prior Authorization Criteria Coding List

Procedure Code	Description	EPA Code	Criteria
Miscellaneous Supplies			
Note: The following pertains to EPA numbers 764 - 863:			
<ol style="list-style-type: none"> 1) If the medical condition does not meet all of the specified criteria, prior authorization must be obtained by submitting a request in writing to DME Program Management Unit (see the <i>Important Contacts</i> section) or by calling the authorization toll-free number at 1-800-292-8064. 2) It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the previous 30 days. 3) For extension of authorization beyond the EPA amount allowed, the normal prior authorization process is required. 4) Must have a valid physician prescription as described in WAC 388-543-1100(d) 5) Length of need/life expectancy, as determined by the prescribing physician, and medical justification (including all of the specified criteria) must be documented in the client's file. 6) You may bill for only one procedure code, per client, per month. 			
E1399	Breast pump kit for electric breast pump.	764	Purchase allowed when all of the following criteria are met: <ol style="list-style-type: none"> a) When needed for use with an authorized electric breast pump (either prior authorization or EPA); b) Client has not received a kit while in the hospital (must be documented in client's file); c) Client is not in a nursing facility; and d) When prescribed by a physician.
A4335	Incontinence supply, use for diaper doublers, each (age 3 and up).	851	Purchase of 90 per month allowed when all of the following criteria are met: <ol style="list-style-type: none"> a) If product is used for extra absorbency at nighttime only; and b) When prescribed by a physician.

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Procedure Code	Description	EPA Code	Criteria
		852	Up to equal amount of diapers/briefs received if one of the following criteria for clients is met: a) Tube fed; b) On diuretics or other medication that causes frequent/large amounts of output; or c) Brittle diabetic with blood sugar problems.
T5999	Disinfectant spray, 12 oz.	853	Purchase of 1 per client every 6 months when all of the following criteria are met: a) Client is not in a nursing facility; and b) When prescribed by a physician.