




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER DME-23
April 2003

TO: Durable Medical Equipment Providers Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner 
RE: *Durable Medical Equipment Manual* (Revised Service Codes and Descriptions)

This letter transmits revisions to Subchapter 6 (service codes and descriptions) of the *Durable Medical Equipment Manual*. These revisions are effective for dates of service on and after April 1, 2003.

2003 Healthcare Common Procedure Coding System (HCPCS) codes have been added to replace certain MassHealth local codes. The local codes have been replaced so the Division can continue the process of making its covered service code set compliant with the Health Insurance Portability and Accountability Act (HIPAA). The Division will issue additional updates to other local codes at a later date.

Please note that you must use a modifier with some of the new codes to accurately reflect the service provided. The attached Service Code Crosswalk identifies where modifiers are applicable. The crosswalk also identifies the only methodology by which the Division will pay for each of the covered codes included on the attachment.

The Division of Health Care Finance and Policy (DHCFP) recently issued regulations certifying new fees for the products for which the Division is now updating its codes. These new fees and methodologies are also effective for dates of service on and after April 1, 2003. The DHCFP regulation, including the fee schedule, is available on the DHCFP Web site at www.mass.gov/dhcfp.

Alternatively, if you wish to obtain a hard copy of the fee schedule, you may purchase the schedule from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment is 114 CMR 22.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

DMA Web Site

This transmittal letter and attached pages are available on the Division's Web site at www.mass.gov/dma.

Capped Rental for Support Surfaces

For Service Codes E0193 (powered air flotation bed (low air loss therapy)) and E0194 (air fluidized bed), the Division will pay a monthly rental fee for up to 15 months as indicated in DHCFP's regulation. The Division will no longer pay a daily rental fee or consider a provider's adjusted acquisition cost.

These products remain covered items after the 15 months, but the provider should not bill the Division, as the Division will not pay a monthly rental fee after the 15th month. If the product will be provided for 15 months or more, the provider must indicate the modifier "BR" on the claim for the 15th month to indicate that it is the last claim for a monthly rental fee.

The provider must retain ownership of the product, and continue providing the product without any charge until either the medical necessity for the product ends or the eligibility of the member for MassHealth ends.

The provider may bill for a repair, if needed, during or after the 21st month, to maintain the equipment in proper working condition for the member's use. The provider must request prior authorization for the repair, and must indicate a complete list of parts and hours of labor needed to complete the repair in the prior-authorization request.

These products continue to require prior authorization. If approved, the authorization to be issued for periods of time of not greater than 30 days. The Division will only accept documentation of medical necessity in support of the prior-authorization request from a physician or a wound care specialist employed directly or indirectly (under contract) by a skilled nursing facility.

Capped Rental for Alternating Pressure Pad and Semi-electric Hospital Bed

For Service Codes E0260 (hospital bed, semi-electric (head and foot adjustment, with any type side rails, with mattress) and E0277 (powered pressure-reducing air mattress), the Division will pay a monthly rental fee for up to 15 months. The Division will no longer consider a provider's adjusted acquisition cost for these products, and will pay only the monthly rental fee indicated in DHCFP's regulation.

At the end of the 15 months, the Division will have purchased the equipment. This equipment continues to require prior authorization, and is considered durable medical equipment with a life span of five years.

Home Infusion Therapy

The Division has adopted 2003 HCPCS for home infusion therapy (so-called temporary "S" codes). These HCPCS include home infusion therapies, home enteral therapies, specialty drug therapies, and medical foods for inborn errors of metabolism. The Division has adopted the bundled HCPCS codes and will now pay a bundled per diem fee for these products and services. The per diem fees include all necessary supplies, equipment, and administrative services. These codes do not include nursing visits, drugs, enteral or parental products

Please note that for Masshealth, Service Codes S9364 through S9368 (home infusion therapy, total parenteral nutrition), the fee does not include standard total parenteral nutrition formula, lipids, and specialty amino acids.

A provider can bill the per diem every day the member has access to the therapy because the per diem covers each day that a member is provided access to a prescribed therapy, beginning with the day the therapy is initiated and ending with the day the therapy is permanently discontinued. The term "permanently" should not be construed to infer that a therapy will never again be initiated, but rather that continuation of the therapy is simply not predicted or anticipated at the time of cessation. The expected course and duration of the treatment will be determined by the plan of care as prescribed by the ordering physician.

It is not necessary for the member to receive an actual drug infusion each and every day in order to be considered covered under the per diem, so long as additional infusions are anticipated in the near future as prescribed in the physician plan of care. The fact that the DME provider anticipates continued responsibility for the member and incurs costs related to such responsibilities, remains accountable for the provision of such anticipated care, and is responsible for the acquisition and allocation of resources that will be necessary to meet these obligations, justifies the per diem.

The per diem methodology is applicable for any therapies of a duration up to and including every 72 hours. Therapies provided beyond this range should be billed according to existing HCPCS and fee schedules.

Service Code X5040 (clinician service component) has been obsoleted.

Prior Authorization

Effective for dates of service on and after April 1, 2003, all requests for products specified in the attached crosswalk that require prior authorization (PA) must be submitted using the new national codes. Providers who have already requested and received prior authorization using obsoleted local codes will not have to request adjustments to their PAs, The Division will convert existing PAs with unused units to the new national codes. Providers will receive letters notifying them of the P.A. adjustments.

Billing Guidelines

Effective for dates of service on and after April 1, 2003, providers billing for the services specified in the attached crosswalk only may use the new codes. Claims submitted using miscellaneous or other codes will be denied.

Questions

Providers with questions about the information in this transmittal letter may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Durable Medical Equipment Manual

Pages vi, vii, and 6-1 through 6-32

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Durable Medical Equipment Manual

Pages vii and 6-1 through 6-32 — transmitted by Transmittal Letter DME-20

Page vii-a — transmitted by Transmittal Letter DME-21

Page viii — transmitted by Transmittal Letter DME-17

Pages 6-33 and 6-34 — transmitted by Transmittal Letter DME-22

**Durable Medical Equipment
Service Code Crosswalk and New and Obsolete Codes Effective April 1, 2003**

Old code	Description	New code	Modifier	Description	Methodology
X5065	Low pressure and positioning equalization pad for wheelchair (custom)	E0192	NU	Low pressure and positioning equalization pad, for wheelchair	Purchase
X5066	Powered air flotation bed (step down air loss mattress therapy, per day) (P.A.)	E0193	KH, KI, KJ, BR	Powered air flotation bed (low air loss therapy) (P.A.)	Capped Rental
		E0194	KH, KI, KJ, BR	Air fluidized bed (P.A.)	Capped Rental
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (purchase) (P.A.)	E0260	KH, KI, KJ ,BP	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (P.A.)	Capped Rental
E0277	Powered pressure-reducing air mattress (P.A.)	E0277	KH, KI, KJ ,BP	Powered pressure-reducing air mattress (P.A.)	Capped Rental
A4370	Ostomy skin barrier, paste, per oz				
A4386	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built in convexity, any size, each				
A6265	Tape, all types, per 18 sq. in				
		S5035		Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Per Diem
		S5036		Home infusion therapy, repair of infusion device (e.g., pump repair)	Per Diem
		S5497		Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S5498		Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S5501		Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem

**Durable Medical Equipment
Service Code Crosswalk and New and Obsolete Codes Effective April 1, 2003**

Old code	Description	New code	Modifier	Description	Methodology
		S5502		Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Per Diem
		S5517		Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Per Diem
		S5518		Home infusion therapy, all supplies necessary for catheter repair	Per Diem
		S5520		Home infusion therapy, all supplies (including catheter) necessary for peripherally inserted central venous catheter (PICC) line insertion	Daily, Per Diem
		S5521		Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Per Diem
		S9325		Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	Per Diem
		S9326		Home infusion therapy, continuous pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (24 hours or more)	Per Diem
		S9327		Home infusion therapy, intermittent pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (less than 24 hours)	Per Diem
		S9328		Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9329		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	Per Diem
		S9330		Home infusion therapy, continuous chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (24 hours or more)	Per Diem
		S9331		Home infusion therapy, intermittent chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (less than 24 hours)	Per Diem
		S9336		Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9338		Home infusion therapy, immunotherapy therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9339		Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S3940		Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Per Diem

**Durable Medical Equipment
Service Code Crosswalk and New and Obsoleted Codes Effective April 1, 2003**

Old code	Description	New code	Modifier	Description	Methodology
		S3941		Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Per Diem
		S9342		Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Per Diem
		S9343		Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Per Diem
		S9345		Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9346		Home infusion therapy, alpha-1 proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9347		Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9348		Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9349		Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9351		Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9353		Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9355		Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9357		Home infusion therapy, enzyme replacement intravenous therapy; (e.g. Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9359		Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9361		Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem

**Durable Medical Equipment
Service Code Crosswalk and New and Obsolete Codes Effective April 1, 2003**

Old code	Description	New code	Modifier	Description	Methodology
		S9363		Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9364		Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) (for MassHealth Members, this does not include standard TPN formula-lipids and specialty amino acid formulas)	Per Diem
		S9365		Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula- lipids and specialty amino acid formulas)	Per Diem
		S9366		Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acid formulas)	Per Diem
		S9367		Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acids, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acids)	Per Diem
		S9368		Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acids)	Per Diem
		S9370		Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9372		Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)	Per Diem
		S9373		Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374 - S9377 using daily volume scales)	Per Diem
		S9374		Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem

**Durable Medical Equipment
Service Code Crosswalk and New and Obsolete Codes Effective April 1, 2003**

Old code	Description	New code	Modifier	Description	Methodology
		S9375		Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9376		Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9377		Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Per Diem
		S9379		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9435		Medical foods for inborn errors of metabolism	Per Diem
		S9490		Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9494		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with home infusion code for hourly dosing schedules S9497-S9504)	Per Diem
		S9497		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9500		Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9501		Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9502		Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every eight hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9503		Home infusion therapy, antibiotic, antiviral, or antifungal therapy, once every six hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9504		Home infusion therapy, antibiotic, antiviral, or antifungal; once every four hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem

**Durable Medical Equipment
Service Code Crosswalk and New and Obsolete Codes Effective April 1, 2003**

Old code	Description	New code	Modifier	Description	Methodology
		S9537		Home therapy, hematopoietic hormone injection therapy (e.g., Crythropoietin, , G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9538		Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs and nursing visits coded separately), per diem	Per Diem
		S9542		Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9558		Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9559		Home injectable therapy; interferon, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9560		Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9562		Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem
		S9590		Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Per Diem

Modifier Descriptions

Modifier	Description
BP	Member to purchase the item (Division purchases item)
BR	Member to continue rental (no option for purchase)
KH	Initial claim, purchase or first month rental
KI	Second or third month rental
KJ	Months four through fifteen
NU	New equipment

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The regulations and instructions of the Division of Medical Assistance governing provider participation in MassHealth are published in the Provider Manual Series. The Division publishes a separate manual for each provider type.

Each manual in the series contains administrative regulations, billing regulations, program regulations, service codes and descriptions, billing instructions, and general information. The Division's regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. Regulations promulgated by the Division of Medical Assistance are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For durable medical equipment providers, those matters are covered in 130 CMR Chapter 409.000, reproduced as Subchapter 4 in the *Durable Medical Equipment Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead the Division's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with the Division and with MassHealth members.

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601 Durable Medical Equipment: Service Codes and Descriptions

Service
Code

Service Description

CANES

E0100 Cane, includes canes of all materials, adjustable or fixed, with tip
E0105 Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips
X5060 Cane, platform

CRUTCHES

E0110 Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
E0111 Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip
E0112 Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
E0113 Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip
E0114 Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
E0116 Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip

WALKERS

E0130 Walker, rigid (pickup), adjustable or fixed height
E0135 Walker, folding (pickup), adjustable or fixed height
E0141 Rigid walker, wheeled, without seat
E0142 Rigid walker, wheeled, with seat
E0143 Folding walker, wheeled, without seat
E0145 Walker, wheeled, with seat and crutch attachments
E0146 Folding walker, wheeled, with seat
E0147 Heavy duty, multiple breaking system, variable wheel resistance walker
X5061 Walker, heavy duty
X5062 Walker, child, folding walker with wheels
E0153 Platform attachment, forearm crutch, each
E0154 Platform attachment, walker, each
E0155 Wheel attachment, rigid pick-up walker, per pair seat attachment, walker

ATTACHMENTS

E0156 Seat attachment, walker
E0157 Crutch attachment, walker, each
E0158 Leg extensions for walker, per set of four (4)

COMMODES

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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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
Code

Service Description

X5063 Bath seat, heavy duty
E0163 Commode chair, stationary, with fixed arms
E0164 Commode chair, mobile, with fixed arms
E0165 Commode chair, stationary, with detachable arms (P.A.)
X5064 Commode, heavy duty (P.A.)
X5436 Shower commode chairs (P.A.)
E0166 Commode chair, mobile, with detachable arms (P.A.)
E0167 Pail or pan for use with commode chair
E0175 Foot rest, for use with commode chair, each

DECUBITUS CARE EQUIPMENT

E0176 Air pressure pad or cushion, nonpositioning
E0177 Water pressure pad or cushion, nonpositioning
E0178 Gel or gel-like pressure pad or cushion, nonpositioning
E0179 Dry pressure pad or cushion, nonpositioning
E0180 Pressure pad, alternating with pump (P.A.)
E0181 Pressure pad, alternating with pump, heavy duty (P.A.)
E0182 Pump for alternating pressure pad (P.A.)
E0184 Dry pressure mattress (P.A.)
E0185 Gel or gel-like pressure pad for mattress, standard mattress length and width (P.A.)
E0186 Air pressure mattress
E0187 Water pressure mattress
E0188 Synthetic sheepskin pad
E0189 Lambswool sheepskin pad, any size
E0191 Heel or elbow protector, each (I.C.)
E0192 Low pressure and positioning equalization pad, for wheelchair
E0193 Powered air flotation bed (low air loss therapy) (P.A.)
E0194 Air fluidized bed (P.A.)
E0196 Gel pressure mattress
E0197 Air pressure pad for mattress, standard mattress length and width
E0198 Water pressure pad for mattress, standard mattress length and width
E0199 Dry pressure pad for mattress, standard mattress length and width (P.A.) (I.C.)
E0371 Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (P.A.)
E0372 Powered air overlay for mattress, standard mattress length and width (P.A.)

HEAT/COLD APPLICATION

E0200 Heat lamp, without stand (table model), includes bulb, or infrared element (P.A.)
E0202 Phototherapy (bilirubin) light with photometer (P.A.)
E0205 Heat lamp, with stand, includes bulb, or infrared element (P.A.)
E0210 Electric heat pad, standard
E0215 Electric heat pad, moist

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service

Code Service Description

E0217 Water circulating heat pad with pump (P.A.)
E0220 Hot water bottle
E0225 Hydrocollator unit, includes pads (P.A.)
E0230 Ice cap or collar
E0235 Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (P.A.)
E0236 Pump for water circulating pad (P.A.)
E0238 Nonelectric heat pad, moist
E0239 Hydrocollator unit, portable (P.A.)

BATH AND TOILET AIDS

E0241 Bathtub wall rail, each
E0242 Bathtub rail, floor base
E0243 Toilet rail, each
E0244 Raised toilet seat
E0245 Tub stool or bench (standard)
X5067 Tub stool or bench (intermediate)
X5068 Transfer bench (standard)
X5069 Transfer bench (intermediate)
E0246 Transfer tub rail attachment
E0249 Pad for water circulating heat unit

HOSPITAL BEDS AND ACCESSORIES

E0250 Hospital bed, fixed height, with any type side rails, with mattress (purchase) (P.A.)
X5414 Hospital bed, fixed height, with any type side rails, with mattress (rental, first six months, per month) (P.A. after three months)
E0251 Hospital bed, fixed height, with any type side rails, without mattress (purchase) (P.A.)
X5415 Hospital bed, fixed height, with any type side rails, without mattress (rental, first six months, per month) (P.A. after three months)
E0255 Hospital bed, variable height, hi-lo, with any type side rails, with mattress (purchase) (P.A.)
X5417 Hospital bed, variable height, hi-lo, with any type side rails, with mattress (rental, first six months, per month) (P.A. after three months)
E0256 Hospital bed, variable height, hi-lo, with any type side rails, without mattress (P.A.)
E0260 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (P.A.)
X5418 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (rental, first six months, per month) (P.A.)
E0261 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (purchase) (P.A.)
X5419 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (rental, first six months, per month) (P.A.)
E0265 Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress (purchase) (P.A.)

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Service

<u>Code</u>	<u>Service Description</u>
X5420	Hospital bed, total electric, (head, foot, and height adjustments), with any type side rails, with mattress (rental, first six months, per month) (P.A.)
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress (purchase) (P.A.)
X5421	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress (rental, first six months, per month) (P.A.)
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress (I.C.)
E0271	Mattress, inner spring
E0272	Mattress, foam rubber
E0273	Bed board
E0274	Over-bed table
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
E0277	Powered pressure-reducing air mattress (P.A.)
E0280	Bed cradle, any type (P.A.)
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress (P.A.)
X5070	Bed hand control
X5071	Bed junction box
X5072	Bed motor kit
X5073	PC board
X5074	Bed ends
X5075	Head springs
X5076	Foot springs
E0305	Bedside rails, half-length (P.A.)
E0310	Bedside rails, full-length (P.A.)
E0315	Bed accessory: board, table, or support device, any type (P.A.) (I.C.)
E0325	Urinal; male, jug-type, any material
E0326	Urinal; female, jug-type, any material

MONITORING EQUIPMENT

X5077	Blood glucose monitor
E0605	Vaporizer, room type
E0607	Home blood glucose monitor (standard)
X5078	Blood glucose monitor (intermediate)
E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.) (P.A.)
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each

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Service

Code Service Description

A4627 Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
X5274 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (intermediate)
A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663 Blood pressure cuff only
A4670 Automatic blood pressure monitor (P.A.)
X5354 Stethoscope
X5012 Personal emergency response system (monthly rental) (P.A.)
X5014 Personal emergency response system (installation) (P.A.)
X5050 Peak flow meter

PATIENT LIFTS

E0621 Sling or seat, patient lift, canvas or nylon (P.A.)
E0625 Patient lift, Kartop, bathroom or toilet (P.A.)
E0627 Seat lift mechanism incorporated into a combination lift-chair mechanism (P.A.)
E0628 Separate seat lift mechanism for use with patient owned furniture — electric (P.A.)
E0629 Separate seat lift mechanism for use with patient owned furniture — nonelectric (P.A.)
E0630 Patient lift, hydraulic, with seat or sling (P.A.)
E0635 Patient lift, electric, with seat or sling (P.A.) (I.C.)

PNEUMATIC COMPRESSORS AND APPLIANCES

E0651 Pneumatic compressor, segmental home model without calibrated gradient pressure (P.A.)
E0652 Pneumatic compressor, segmental home model with calibrated gradient pressure (P.A.) (I.C.)
E0655 Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm (P.A.)
E0660 Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg (P.A.)
E0665 Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm (P.A.)
E0666 Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg (P.A.)
E0667 Segmental pneumatic appliance for use with pneumatic compressor, full leg (P.A.)
E0668 Segmental pneumatic appliance for use with pneumatic compressor, full arm (P.A.)
E0669 Segmental pneumatic appliance for use with pneumatic compressor, half leg (P.A.)
E0671 Segmental gradient pressure pneumatic appliance, full leg (P.A.)
E0672 Segmental gradient pressure pneumatic appliance, full arm (P.A.)
E0673 Segmental gradient pressure pneumatic appliance, half leg (P.A.)

SAFETY EQUIPMENT

E0700 Safety equipment (e.g., belt, harness or vest)
X5079 Helmet (P.A.) (I.C.)

RESTRAINTS

E0710 Restraint, any type (body, chest, wrist or ankle)

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
Code

Service Description

**TRANSCUTANEOUS AND/OR NEUROMUSCULAR
ELECTRICAL NERVE STIMULATORS (TENS)**

- E0720 TENS, two lead, localized stimulation (P.A.)
E0730 TENS, four or more leads, for multiple nerve stimulation (P.A.)
E0731 Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) (P.A.) (I.C.)
X5052 Pair replacement electrodes utilized for patient owned TENS unit (P.A.)

TRACTION EQUIPMENT

Traction — Cervical

- E0840 Traction frame, attached to headboard, cervical traction
E0850 Traction stand, freestanding, cervical traction

Traction — Overdoor

- E0860 Traction equipment, overdoor, cervical

Traction — Extremity

- E0870 Traction frame, attached to footboard, extremity traction (e.g., Buck's)
E0880 Traction stand, freestanding, extremity traction (e.g., Buck's)

Traction — Pelvic

- E0890 Traction frame, attached to footboard, pelvic traction
E0900 Traction stand, freestanding, pelvic traction (e.g., Buck's)

TRAPEZE EQUIPMENT, FRACTURE FRAME, AND OTHER ORTHOPEDIC DEVICES

- E0910 Trapeze bars, also known as Patient Helper, attached to bed, with grab bar (P.A.)
E0920 Fracture frame, attached to bed, includes weights (P.A.)
E0930 Fracture frame, freestanding, includes weights (P.A.)
E0935 Passive motion exercise device (P.A.) (I.C.)
E0940 Trapeze bar, freestanding, complete with grab bar (P.A.)
E0941 Gravity assisted traction device, any type
E0942 Cervical head harness/halter
E0943 Cervical pillow
E0944 Pelvic belt/harness/boot
E0945 Extremity belt/harness
E0946 Fracture frame, dual with cross bars, attached to bed (e.g., Balken, Four Poster) (P.A.)
E0947 Fracture frame, attachments for complex pelvic traction (P.A.)

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service

Code Service Description

E0948 Fracture frame, attachments for complex cervical traction (P.A.)

WHEELCHAIR ACCESSORIES

E0954 Semi-pneumatic caster, each
E0959 Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)
E0961 Brake extension, for wheelchair
E0962 One-inch cushion, for wheelchair
E0963 Two-inch cushion, for wheelchair
E0964 Three-inch cushion, for wheelchair
E0965 Four-inch cushion, for wheelchair
E0966 Hook on headrest extension
E0967 Wheelchair hand rims with eight vertical rubber-tipped projections, pair
E0968 Commode seat, wheelchair
E0969 Narrowing device, wheelchair
E0996 Tire, solid, each
E0997 Caster with fork
E0998 Caster without fork
E0999 Pneumatic tire with wheel
E1001 Wheel, single
X5081 Tire, each (8")
X5082 Caster, complete
X5084 Axle
X5085 Quick release axle
X5086 Standard fork
X5087 Suspension fork
X5089 Rubber tip
X5091 Caster plate
X5092 Hub cap
X5093 Axle sleeve
X5094 Plastic stem cap
X5098 Clevis pin
X5101 Footrest bumper
X5103 Footrest roller
X5104 Footrest saddle
X5105 L-bracket
X5106 H-harness
X5108 Hanger bracket
X5109 Shoe holder
X5111 Power leg rest rod
X5112 Drawbolt
X5113 Leg rest adjustment rod
X5116 Roller bar

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Service

Code Service Description

X5118	Roller bumper
X5119	Side guard
X5120	Arm socket
X5123	Arm lock pin
X5124	Skirt guard
X5125	Retractable arm
X5126	Delrin slide block
X5128	Flotation pad, gel type, for wheelchair
X5129	Cushion cover, for wheelchair
X5130	Cushion repair, for wheelchair
X5131	Lateral support
X5132	Headrest
X5134	Solid hook, in back
X5135	Solid hook, in seat
X5138	Zipper back
X5139	Neck support
X5141	Lumbar pad
X5142	Hip pad
X5144	8 degree back angle
X5145	Push handle, back
X5146	Seat hook
X5148	Custom headrest
X5149	Hip guard
X5150	Adjustable back bracket
X5151	Back adjustment tube
X5153	Upper extremity support tray
X5154	Chest strap
X5155	Tray buckle
X5156	Fastening hardware
X5157	Tray hardware
X5158	Abductor wedge
X5159	Flolite pad
X5160	Modify tilt
X5161	Side frame
X5162	Cross brace
X5163	Back frame
X5164	Caps
X5165	Roll pin
X5166	Knob
X5167	Stroller handle
X5168	Back post
X5169	Y adapter
X5170	Plastic spacer
X5171	Foam grip

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<u>Service Code</u>	<u>Service Description</u>
X5172	Recliner lock
X5174	Recliner trigger
X5176	Hose clamp
X5177	Seat guide
X5178	Telescoping post
X5179	INBTN rails
X5180	Recliner cable
X5181	Tensioning
X5183	Frame extension
X5184	Spreader bar
X5186	Tire, with wheel (22" power)
X5191	Wheel adapter
X5192	Module (P.A.)
X5193	Motor circuit board
X5194	Circuit board
X5195	Oscillator board
X5196	Mode selector box
X5197	Plug
X5199	Pneumatic switch
X5201	Sip & puff mouthpiece
X5202	Sip & puff control box
X5203	Hand control
X5204	Joystick bracket
X5205	Swivel joystick bracket
X5206	Knob for hand control
X5207	CB shield
X5208	On/off switch
X5209	Sip & puff tube
X5210	Tilt/recline interec series
X5211	Switch
X5212	Gooseneck
X5213	Connector
X5214	Motor
X5215	Motor pulley
X5216	Gear box
X5217	Motor brush
X5218	Motor plug
X5220	Motor cover
X5221	Motor plate
X5222	Brake spring
X5223	Electromagnetic brake
X5224	Brake disc
X5225	Clutch
X5228	Battery terminal

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<u>Code</u>	<u>Service Description</u>
X5229	Battery jumper cable
X5230	Battery wire harness
X5231	Fuse holder
X5232	Fuse
X5233	Charger cable
X5234	Actuator part
X5235	Switch and harness
X5236	Wheelchair mounting switch
X5237	Shroud fastener
X5238	Drive collar
X5239	Recliner switch
X5240	Actuator motor
X5241	Battery box
X5242	Vent tray
X5244	Utility tray with hardware
X5245	Environmental control unit (base) (P.A.)
X5246	Environmental control unit (all accessories) (P.A.)
X5247	Automatic door opener (P.A.)
X5252	Tilt-in space (P.A.)
X5253	Stroller (P.A.)
X5255	Floor sitter (P.A.)
X5256	Child therapeutic equipment (P.A.)
X5257	Contour-u-seating system (includes shell, growth link, cushion, front edge, remake, upholstery bottom, mounting hardware) (P.A.) (I.C.)

ROLLABOUT CHAIR

E1031 Rollabout chair, any and all types with casters five inches or greater (P.A.) (I.C.)

WHEELCHAIR — FULLY RECLINING

E1050	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (P.A.) (I.C.)
E1060	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (purchase) (P.A.)
E1065	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo) (P.A.)
E1070	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (P.A.) (I.C.)
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (P.A.) (I.C.)
E1084	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (purchase) (P.A.)
E1085	Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests (P.A.) (I.C.)

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Service
Code

Service Description

- E1086 Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (P.A.) (I.C.)
- E1087 High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (P.A.)
- E1088 High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1089 High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests (P.A.) (I.C.)
- E1090 High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (P.A.) (I.C.)
- E1091 Youth wheelchair; any type (P.A.) (I.C.)
- E1092 Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1093 Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests (P.A.)

WHEELCHAIR — SEMI-RECLINING

- E1100 Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1110 Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrest

WHEELCHAIR — STANDARD

- X5422 Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests (rental, first six months, per month) (P.A. after three months)
- E1140 Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (purchase) (P.A.) (I.C.)
- X5423 Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (rental, first six months, per month) (P.A. after three months)
- E1150 Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (standard) (purchase) (P.A.)
- X5424 Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (standard) (rental, first six months, per month) (P.A. after three months)
- E1160 Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (standard) (purchase) (P.A.) (I.C.)
- X5425 Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (standard) (rental, first six months, per month) (P.A. after three months) (I.C.)

WHEELCHAIR — AMPUTEE

- E1170 Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1171 Amputee wheelchair; fixed full-length arms, without footrests or legrests (purchase) (P.A.)

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
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- E1172 Amputee wheelchair; detachable arms, desk or full-length, without footrests or legrests (purchase) (P.A.)
- E1180 Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (purchase) (P.A.)
- E1190 Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1195 Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1200 Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests (purchase) (P.A.)

WHEELCHAIR — POWER

- E1210 Motorized wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (purchase) (P.A.)
- E1212 Motorized wheelchair; fixed full-length arms, swing-away, detachable footrests (purchase) (P.A.)
- E1213 Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (purchase) (P.A.)

WHEELCHAIR — SPECIAL SIZE

- E1220 Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification) (P.A.) (I.C.)
- E1221 Wheelchair with fixed arm, footrests (purchase) (P.A.) (I.C.)
- X5426 Wheelchair with fixed arm, footrests (rental, first six months, per month) (P.A. after three months) (I.C.)
- E1222 Wheelchair with fixed arm, elevating legrests (purchase) (P.A.)
- X5427 Wheelchair with fixed arm, elevating legrests (rental, first six months, per month) (P.A. after three months) (I.C.)
- E1223 Wheelchair with detachable arms, footrests (purchase) (P.A.)
- X5428 Wheelchair with detachable arms, footrests (rental, first six months, per month) (P.A. after three months)
- E1224 Wheelchair with detachable arms, elevating legrests (purchase) (P.A.)
- X5429 Wheelchair with detachable arms, elevating legrests (rental, first six months, per month) (P.A. after three months)
- E1225 Semi-reclining back for customized wheelchair (P.A.)
- E1226 Full reclining back for customized wheelchair (P.A.)
- E1228 Special back height for wheelchair (P.A.) (I.C.)
- E1230 Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number (purchase) (P.A.)

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WHEELCHAIR — LIGHTWEIGHT

- E1240 Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrest (purchase) (P.A.)
- E1250 Lightweight wheelchair; fixed full-length arms, swing-away, detachable footrests (purchase) (P.A.)
- E1260 Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (purchase) (P.A.)
- E1270 Lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (purchase) (P.A.)

WHEELCHAIR — HEAVY DUTY

- E1280 Heavy-duty wheelchair; detachable arms, desk or full-length, elevating legrests (purchase) (P.A.)
- E1285 Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests (purchase) (P.A.)
- E1290 Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (purchase) (P.A.)
- E1295 Heavy-duty wheelchair; fixed full-length arms, elevating legrests (purchase) (P.A.)

WHEELCHAIR AND WHEELCHAIR ACCESSORIES

- K0001 Standard wheelchair (P.A.)
- K0002 Standard hemi (low seat) wheelchair (P.A.)
- K0003 Lightweight wheelchair (P.A.)
- K0004 High strength, lightweight wheelchair (P.A.)
- K0005 Ultralightweight wheelchair (P.A.)
- K0006 Heavy-duty wheelchair (P.A.)
- K0007 Extra heavy-duty wheelchair (P.A.)
- K0008 Custom manual wheelchair/base (P.A.) (I.C.)
- K0009 Other manual wheelchair/base (P.A.) (I.C.)
- K0010 Standard-weight frame motorized/power wheelchair (P.A.)
- K0011 Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (P.A.)
- K0012 Lightweight portable motorized/power wheelchair (P.A.)
- K0013 Custom motorized/power wheelchair base (P.A.) (I.C.)
- K0014 Other motorized/power wheelchair base (P.A.) (I.C.)
- K0015 Detachable, nonadjustable height armrest, each
- K0016 Detachable, adjustable height armrest, complete assembly, each
- K0017 Detachable, adjustable height armrest, base, each
- K0018 Detachable, adjustable height armrest, upper portion, each
- K0019 Arm pad, each
- K0020 Fixed, adjustable height armrest, pair

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Service Description

K0021	Antitipping device, each
K0022	Reinforced back upholstery
K0023	Solid back insert, planar back, single density foam, attached with straps
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware
K0025	Hook-on headrest extension
K0026	Back upholstery for ultralightweight or high-strength lightweight wheelchair
K0027	Back upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair
K0028	Manual, fully reclining back
K0029	Reinforced seat upholstery
K0030	Solid seat insert, planar seat, single density foam
K0031	Safety belt/pelvic strap, each
K0032	Seat upholstery for ultralightweight or high-strength lightweight wheelchair
K0033	Seat upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair
K0034	Heel loop, each
K0035	Heel loop with ankle strap, each
K0036	Toe loop, each
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, H style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, each
K0043	Footrest, lower extension tube, each
K0044	Footrest, upper hanger bracket, each
K0045	Footrest, complete assembly
K0046	Elevating legrest, lower extension tube, each
K0047	Elevating legrest, upper hanger bracket, each
K0048	Elevating legrest, complete assembly
K0049	Calf pad, each
K0050	Ratchet assembly
K0051	Cam release assembly, footrest or legrest, each
K0052	Swingaway, detachable footrests, each
K0053	Elevating footrests, articulating (telescoping), each
K0054	Seat width of 10, 11, 12, 15, 17, or 20 inches for a high-strength, lightweight or ultralightweight wheelchair
K0055	Seat depth of 15, 17, or 18 inches for a high strength, lightweight or ultralightweight wheelchair
K0056	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair
K0057	Seat width 19 or 20 inches for heavy duty or extra heavy-duty chair
K0058	Seat depth 17 or 18 inches for a motorized/power wheelchair
K0059	Plastic coated handrim, each
K0060	Steel handrim, each

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

<u>Service Code</u>	<u>Service Description</u>
K0061	Aluminum handrim, each
K0062	Handrim with 8 to 10 vertical or oblique projections, each
K0063	Handrim with 12 to 16 vertical or oblique projections, each
K0064	Zero pressure tube (flat free insert), any size, each
K0065	Spoke protectors, each
K0066	Solid tire, any size, each
K0067	Pneumatic tire, any size, each
K0068	Pneumatic tire tube, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each
K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each
K0071	Front caster assembly, complete, with pneumatic tire, each
K0072	Front caster assembly, complete, with semipneumatic tire, each
K0073	Caster pin lock, each
K0074	Pneumatic caster tire, any size, each
K0075	Semipneumatic caster tire, any size, each
K0076	Solid caster tire, any size, each
K0077	Front caster assembly, complete, with solid tire, each
K0078	Pneumatic caster tire tube, each
K0079	Wheel lock extension, pair
K0080	Antirollback device, pair
K0081	Wheel lock assembly, complete, each (I.C.)
K0082	22 NF non-sealed lead acid battery, each
K0083	22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
K0084	Group 24 non-sealed lead acid battery, each
K0085	Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
K0086	U-1 non-sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
K0087	U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
K0088	Battery charger, single mode, for use with only one battery type, sealed or non-sealed
K0089	Battery charger, dual mode, for use with either battery type, sealed or non-sealed
K0090	Rear wheel tire for power wheelchair, any size, each
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each
K0092	Rear wheel assembly for power wheelchair, complete, each
K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each
K0094	Wheel tire for power base, any size, each
K0095	Wheel tire tube other than zero pressure for each base, any size, each
K0096	Wheel assembly for power base, complete, each
K0097	Wheel zero-pressure tire tube (flat free insert) for power base, any size, each
K0098	Drive belt for power wheelchair
K0099	Front caster for power wheelchair
K0100	Wheelchair adapter for amputee, pair
K0101	One-arm drive attachment, each
K0102	Crutch and cane holder, each
K0103	Transfer board, less than 25 inches
K0104	Cylinder tank carrier, each

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service

Code Service Description

K0105 IV hanger, each
K0106 Arm trough, each
K0107 Wheelchair tray
K0108 Other accessories (I.C.)

SPINAL ORTHOTICS

K0112 Trunk support device, vest type, with inner frame, prefabricated (I.C.)
K0113 Trunk support device, vest type, without inner frame, prefabricated (I.C.)
K0114 Back support system for use with a wheelchair, with inner frame, prefabricated (I.C.)
K0115 Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base (I.C.)

REPAIRS, REPLACEMENT PARTS, AND PROFESSIONAL AND LABOR SERVICES

X1790 Nonstandard prescription options (for durable medical equipment) (per hour) (P.A.)
X1350 Parts only, for repair or replacement (I.C.)
Y9858 Repair (labor only, per hour)

AUGMENTATIVE COMMUNICATION DEVICES

X5056 Augmentative communication device (rental) (P.A.) (I.C.)
X5057 Augmentative communication device (purchase) (P.A.) (I.C.)

NOT OTHERWISE CLASSIFIED

E1399 Durable medical equipment, miscellaneous (P.A.) (I.C.)

MISCELLANEOUS SUPPLIES

X5267 Gauze, sterile strip 1/2"
X5268 Gauze, sterile strip 1/4"
X5269 Gauze, sterile strip 1"
X5270 Gauze, sterile strip 2"
X5272 Cotton-tip applicators, sterile (100/box)
X5273 Mask, surgical
A4206 Syringe with needle, sterile 1 cc, each
A4207 Syringe with needle, sterile 2 cc, each
A4208 Syringe with needle, sterile 3 cc, each
A4209 Syringe with needle, sterile 5 cc or greater, each
A4210 Needle-free injection device, each (P.A.) (I.C.)
A4211 Supplies for self-administered injections (P.A.) (I.C.)
A4212 Non coring needle or stylet with or without catheter
A4213 Syringe, sterile, 20 cc or greater, each
A4214 Sterile saline or water, 30 cc vial

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
Code

Service Description

- A4215 Needles only, sterile, any size, each
- A4220 Refill kit for implantable infusion pump
- A4221 Supplies for maintenance of drug infusion catheter, per week (list drug separately) (I.C.)
- A4222 Supplies for external drug infusion pump, per cassette or bag (list drug separately) (I.C.)
- A4230 Infusion set for external insulin pump, nonneedle cannula type (P.A.) (I.C.)
- A4231 Infusion set for external insulin pump, needle type (P.A.) (I.C.)
- A4232 Syringe with needle for external insulin pump, sterile, 3 cc (I.C.)
- A4244 Alcohol or peroxide, per pint
- A4245 Alcohol wipes, per box
- A4246 Betadine or pHisoHex solution, per pint
- A4247 Betadine or iodine swabs/wipes, per box
- A4250 Urine test or reagent strips or tablets (100 tablets or strips)
- A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
- A4254 Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each
- A4256 Normal, low, and high calibrator solution/chips
- A4258 Spring-powered device for lancet, each (P.A.)
- A4259 Lancets, per box of 100
- A4265 Paraffin, per pound
- A4927 Gloves, nonsterile, per 100

VASCULAR CATHETERS

- A4300 Implantable access catheter (e.g., venous, arterial, epidural subarchnoid, or peritoneal, etc.), external access (I.C.)
- A4301 Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural subarchnoid, or peritoneal, etc.) (I.C.)
- A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour (I.C.)
- A4306 Disposable drug delivery system, flow rate of 5 ml or less per hour (I.C.)

INCONTINENCE APPLIANCES AND CARE SUPPLIES

- A4310 Insertion tray without drainage bag and without catheter (accessories only)
- A4311 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon®, silicone, silicone elastomer or hydrophilic, etc.)
- A4312 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
- A4313 Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
- A4314 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon®, silicone, silicone elastomer, or hydrophilic, etc.)
- A4315 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
- A4316 Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
- A4319 Sterile water irrigation solution, 1000 ml

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
Code

Service Description

- A4320 Irrigation tray with bulb or piston syringe, any purpose
A4322 Irrigation syringe, bulb or piston, each
A4323 Sterile saline irrigation solution, 1000 ml
A4324 Male external catheter, with adhesive coating, each
A4325 Male external catheter, with adhesive strip, each
A4326 Male external catheter specialty type (e.g., inflatable, faceplate, etc.), each
A4328 Female external urinary collection device; pouch, each
A4329 External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch, and accessories (tubing, clamps, etc.), seven-day supply
A4330 Perianal fecal collection pouch with adhesive, each
A4331 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332 Lubricant, individual sterile packet, for insertion of urinary catheter, each
A4333 Urinary catheter anchoring device, adhesive skin attachment, each
A4334 Urinary catheter anchoring device, leg strap, each
A4335 Incontinence supply; miscellaneous (P.A.) (I.C.)
A4338 Indwelling catheter; Foley type, two-way, latex with coating (Teflon®, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340 Indwelling catheter; specialty type (e.g., coudé, mushroom, wing, etc.), each
A4344 Indwelling catheter; Foley type, two-way, all silicone, each
A4346 Indwelling catheter; Foley type, three-way for continuous irrigation, each
A4347 Male external catheter with or without adhesive, with or without anti-reflux device; per dozen
A4351 Intermittent urinary catheter; straight tip with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352 Intermittent urinary catheter; coudé (curved) tip with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4354 Insertion tray with drainage bag but without catheter
A4355 Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each

EXTERNAL URINARY SUPPLIES

- A4356 External urethral clamp or compression device (not to be used for catheter clamp), each
A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358 Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4359 Urinary suspensory without leg bag, each

OSTOMY SUPPLIES

- A4361 Ostomy faceplate, each
A4362 Skin barrier; solid, four by four or equivalent; each
A4364 Adhesive, liquid, or equal, any type, per ounce
A4365 Adhesive remover wipes, any type, per 50

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
A4367	Ostomy belt, each
A4368	Ostomy filter, any type, each
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz
A4371	Ostomy skin barrier, powder, per oz
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, with built-in convexity, each
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4374	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	Ostomy faceplate equivalent, silicone ring, each
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (one piece), each
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4397	Irrigation supply; sleeve, each
A4398	Ostomy irrigation supply; bag, each
A4399	Ostomy irrigation supply; cone/catheter, including brush
A4400	Ostomy irrigation set
A4402	Lubricant, per ounce
A4404	Ostomy ring, each
A4421	Ostomy supply; miscellaneous (P.A.) (I.C.)

ADDITIONAL MISCELLANEOUS SUPPLIES

A4454	Tape, all types, all sizes
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
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Service Description

A4460 Elastic bandage, per roll (e.g., compression bandage)
A4465 Nonelastic binder for extremity (I.C.)
A4490 Surgical stocking above knee length, each
A4495 Surgical stocking thigh length, each
A4500 Surgical stocking below knee length, each
A4510 Surgical stocking full-length, each
A4550 Surgical trays
A4554 Disposable underpads, all sizes (e.g., Chux's) (P.A.)
X5276 Diapers, pediatric (each) (P.A.)
X5277 Diapers, youth (each) (P.A.)
X5278 Diapers, adult (small) (each) (P.A.)
X5279 Diapers, adult (medium) (each) (P.A.)
X5280 Diapers, adult (large) (each) (P.A.)
X5281 Diapers, adult (X-large) (each) (P.A.)
X5282 Liners, standard (each) (P.A.)
X5283 Liners, intermediate (each) (P.A.)
A4561 Pessary, rubber, any type
A4562 Pessary, non rubber, any type
A4565 Slings
A4570 Splint
A4572 Rib belt
A4595 Electrical stimulator supplies, 2 lead, per month (e.g., TENS, NMES)

SUPPLIES FOR OTHER DURABLE MEDICAL EQUIPMENT

A4630 Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient
A4631 Replacement batteries for medically necessary electronic wheelchair owned by patient
A4635 Underarm pad, crutch, replacement, each
A4636 Replacement, handgrip, cane, crutch, or walker, each
A4637 Replacement, tip, cane, crutch, walker, each
A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient
A4649 Surgical supply; miscellaneous (P.A.) (I.C.)
X5007 Basal thermometer, each
X5008 Eye patch, cloth, each
X5009 Condoms, per 12
X1059 Female condoms with lubricant, 3 pack
X1060 Female condoms with lubricant, 6 pack
X5010 Eye patch, plastic, each
X5011 Eye cup, glass or plastic, each
X5020 Breast shield, each
X5021 Breast pump, each

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
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SUPPLIES FOR ESRD

A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663 Blood pressure cuff only
X5354 Stethoscope
A4670 Automatic blood pressure monitor (P.A.)
A4712 Water, sterile, for injection, per 10 ml
A4772 Blood glucose test strips, for dialysis, per 50

DRESSINGS

X5284 Primary surgical dressing kit (e.g., sterile dressings, pad, etc.) (standard)
X5285 Primary surgical dressing kit (e.g., sterile dressings, pad, etc.) (extensive)
X5286 Primary surgical dressing kit (e.g., sterile dressings, pad, etc.) (intermediate)
X5340 Dressing gel/paste, Unnapaste bandage (each)
X5343 Skin care Cara Klenz (per ounce)
X5344 Skin care, cata cleansing foam (each)
X5349 Skin care, KY Jelly (per ounce)
X5351 Skin care, mentor skin care kit
X5353 Skin care, Hibiclens (16 ounces)
A6154 Wound pouch, each
A6196 Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing (I.C.)
A6197 Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing (I.C.)
A6198 Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing (I.C.)
A6199 Alginate or other fiber gelling dressing, wound filler, per 6 inches
A6200 Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing
A6201 Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6202 Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing
A6203 Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204 Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205 Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing (I.C.)
A6206 Contact layer, 16 sq. in. or less, each dressing (I.C.) A6207 Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208 Contact layer, more than 48 sq. in., each dressing (I.C.)
A6209 Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210 Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service
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A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, per gram (I.C.)
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing (I.C.)
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing (I.C.)
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing (I.C.)
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing (I.C.)
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing (I.C.)
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce
A6241	Hydrocolloid dressing, wound filler, dry form, per gram

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Service
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Service Description

A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size (P.A.) (I.C.)
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, 16 sq. in. or less, each dressing
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, more than 48 sq. in., each dressing
A6260	Wound cleansers, any type, any size (I.C.)
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified (I.C.)
A6262	Wound filler, dry form, per gram, not elsewhere classified
A6263	Gauze, elastic, non-sterile, all types, per linear yard
A6264	Gauze, non-elastic, non-sterile, per linear yard
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6405	Gauze, elastic, sterile, all types, per linear yard
A6406	Gauze, non-elastic, sterile, all types, per linear yard

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Service
Code Service Description

ADDITIONAL OSTOMY SUPPLIES

A5051 Ostomy pouch, closed; with barrier attached (one piece), each
A5052 Ostomy pouch, closed; without barrier attached (one piece), each
A5053 Ostomy pouch, closed; for use on faceplate, each
A5054 Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055 Stoma cap
A5061 Ostomy pouch, drainable; with barrier attached (one piece), each
A5062 Ostomy pouch, drainable; without barrier attached (one piece), each
A5063 Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5064 Ostomy pouch, drainable; with faceplate attached; plastic or rubber, each
A5071 Ostomy pouch, urinary; with barrier attached (one piece), each
A5072 Ostomy pouch, urinary; without barrier attached (one piece), each
A5073 Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5074 Ostomy pouch, urinary; with faceplate attached; plastic or rubber
A5075 Ostomy pouch, urinary; for use on faceplate; plastic or rubber
A5081 Continent device; plug for continent stoma
A5082 Continent device; catheter for continent stoma
A5093 Ostomy accessory; convex insert

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

A5102 Bedside drainage bottle, with or without tubing, rigid or expandable, each
A5105 Urinary suspensory; with leg bag, with or without tube
A5112 Urinary leg bag; latex
A5113 Leg strap; latex, replacement only, per set
A5114 Leg strap; foam or fabric, replacement only, per set

SUPPLIES FOR EITHER INCONTINENCE OR OSTOMY APPLIANCES

A5119 Skin barrier; wipes, box per 50
A5121 Skin barrier; solid, 6 x 6 or equivalent, each
A5122 Skin barrier; solid, 8 x 8 or equivalent, each
A5123 Skin barrier; with flange (solid, flexible, or accordion), any size, each
A5126 Adhesive or non-adhesive; disk or foam pad
A5131 Appliance cleaner, incontinence and ostomy appliances, per 16 oz.

PARENTERAL/ENTERAL THERAPY

X5022 Advera®, 8 ounce cans, per can (P.A.)
X5023 Nepro® (P.A.) (I.C.)
X5024 Suplena® (P.A.) (I.C.)
X5025 Pulmocare® (P.A.) (I.C.)
X5026 Vital® HN (P.A.) (I.C.)

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601 Durable Medical Equipment: Service Codes and Descriptions (cont.)

Service

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X5027	Perative® (P.A.) (I.C.)
X5028	Alitraq® (P.A.) (I.C.)
X5029	Pediasure® with fiber (P.A.) (I.C.)
X5030	Companion pump and set (P.A.) (I.C.)
X5391	Total parenteral nutrition (I.C.)
X5392	Unlisted enteral solutions (P.A.) (I.C.)
X5393	Ensure®, 8 ounce cans, per can (P.A.)
X5394	Ensure® plus, 8 ounce cans, per can (P.A.)
X5395	Ensure® plus HN, 8 ounce cans, per can (P.A.)
X5396	Enfamil®, 8 ounce cans, per can (P.A.)
X5397	Enrich®, 8 ounce cans, per can (P.A.)
X5398	Glucerna®, 8 ounce cans per can (P.A.)
X5399	Isocal®, 8 ounce cans, per can (P.A.)
X5400	Jevity®, 8 ounce cans, per can (P.A.)
X5401	Magnacal®, 8 ounce cans, per can (P.A.)
X5402	Meritene®, 250 ml. cans, per can (P.A.)
X5403	Nutramigen®, 32 ounce cans, per can (P.A.)
X5404	Osmolite®, 8 ounce cans, per can (P.A.)
X5405	Osmolite® HN, 8 ounce cans, per can (P.A.)
X5406	Pediasure®, 8 ounce cans, per can (P.A.)
X5407	Polycose® powder, 12.3 ounce can (P.A.)
X5408	Portagen® powder, 16 ounce can (P.A.)
X5409	Prosobee®, 8 ounce cans, per can (P.A.)
X5410	Resource®, 8 ounce cans, per can (P.A.)
X5411	Sustacal®, 8 ounce cans, per can (P.A.)
X5412	Two cal. HN, 8 ounce cans, per can (P.A.)
X5413	Enteral bags, each (P.A.)

ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES

B4034	Enteral feeding supply kit; syringe, per day (I.C.)
B4035	Enteral feeding supply kit; pump fed, per day (I.C.)
B4036	Enteral feeding supply kit; gravity fed, per day (I.C.)
B4081	Nasogastric tubing with stylet (I.C.)
B4082	Nasogastric tubing without stylet (I.C.)
B4083	Stomach tube — Levine type (I.C.)
B4084	Gastrostomy/jejunostomy tubing (I.C.)

PARENTERAL NUTRITION SOLUTIONS AND SUPPLIES

B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) — home mix (I.C.)
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) — home mix (I.C.)
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) — home mix (I.C.)

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B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit) — home mix (I.C.)
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) — home mix (I.C.)
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) — home mix (I.C.)
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit) (I.C.)
B4186	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit) (I.C.)
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein — premix (I.C.)
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein — premix (I.C.)
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein — premix (I.C.)
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein — premix (I.C.)
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) — home mix, per day (I.C.)
B4220	Parenteral nutrition supply kit; premix, per day (I.C.)
B4222	Parenteral nutrition supply kit; home mix, per day (I.C.)
B4224	Parenteral nutrition administration kit, per day (I.C.)
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal — amirosyn RF, nephramine, renamine — premix (I.C.)
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic — freamine HBC, hepatamine — premix (I.C.)
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress — branch chain amino acids — premix (I.C.)

ENTERAL AND PARENTERAL PUMPS

B9000	Enteral nutrition infusion pump — without alarm (P.A.) (I.C.)
B9002	Enteral nutrition infusion pump — with alarm (P.A.) (I.C.)
B9004	Parenteral nutrition infusion pump, portable (I.C.)
B9006	Parenteral nutrition infusion pump, stationary (I.C.)
B9998	Not otherwise classified for enteral supplies (P.A.) (I.C.)
B9999	Not otherwise classified for parenteral supplies (I.C.)

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INFUSION SUPPLIES

E0776 IV pole (I.C.)
E0779 Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (P.A.) (I.C.)
E0781 Ambulatory infusion pump, single or multiple channels, electric or battery operated, with
 administrative equipment, worn by patient (I.C.)
E0782 Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter,
 connectors, etc.) (P.A.) (I.C.)
E0783 Infusion pump system, implantable, programmable (includes all components, e.g., pump,
 catheter, connectors, etc.) (P.A.) (I.C.)
E0791 Parenteral infusion pump, stationary, single or multichannel (I.C.)
X5381 Dynasplint system (purchase) (P.A.)
X5382 Dynasplint system (rental) (P.A.)

HOME INFUSION THERAPY (per diem)

S5035 Home infusion therapy, routine service of infusion device (e.g., pump
 maintenance)
S5036 Home infusion therapy, repair of infusion device (e.g., pump repair)
S5497 Home infusion therapy, catheter care/maintenance, not otherwise classified; includes
 administrative services, professional pharmacy services, care coordination, and all
 necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498 Home infusion therapy, catheter care/maintenance, simple (single lumen), includes
 administrative services, professional pharmacy services, care coordination and all
 necessary supplies and equipment (drugs and nursing visits coded separately), per
 diem
S5501 Home infusion therapy, catheter care/maintenance, complex (more than one lumen),
 includes administrative services, professional pharmacy services, care coordination,
 and all necessary supplies and equipment (drugs and nursing visits coded
 separately), per diem
S5502 Home infusion therapy, catheter care/maintenance, implanted access device,
 includes administrative services, professional pharmacy services, care coordination,
 and all necessary supplies and equipment (drugs and nursing visits coded
 separately), per diem (use this code for interim maintenance of vascular access not
 currently in use)
S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency or
 declotting
S5518 Home infusion therapy, all supplies necessary for catheter repair
S5520 Home infusion therapy, all supplies (including catheter) necessary for peripherally
 inserted central venous catheter (PICC) line insertion
S5521 Home infusion therapy, all supplies (including catheter) necessary for a midline catheter
 insertion

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Service Description

- S9325 Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)
- S9326 Home infusion therapy, continuous pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (24 hours or more)
- S9327 Home infusion therapy, intermittent pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (less than 24 hours)
- S9328 Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9329 Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
- S9330 Home infusion therapy, continuous chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (24 hours or more)
- S9331 Home infusion therapy, intermittent chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (less than 24 hours)
- S9336 Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9338 Home infusion therapy; immunotherapy therapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9339 Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9340 Home therapy; enteral nutrition, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9341 Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9342 Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem

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S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9346	Home infusion therapy, alpha-1 proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	Home infusion therapy, uninterrupted, long-term controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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Service Description

- S9364 Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acid formulas)
- S9365 Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acid formulas)
- S9366 Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acid formulas)
- S9367 Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acids formulas)
- S9368 Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula; lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (for MassHealth members, this does not include standard TPN formula-lipids and specialty amino acids formulas)
- S9370 Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9372 Home therapy, intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain potency)

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Service Description

S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374 - S9377 using daily volume scales)
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing supplies coded separately), per diem
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9435	Medical foods for inborn errors of metabolism
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with home infusion codes for hourly dosing schedules S9497-S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal, once every three hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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<u>Service Code</u>	<u>Service Description</u>
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every eight hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., Crythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
S9542	Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9559	Home injectable therapy; interferon, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem