

HME INDEX, Reviewed by MPC September 7, 2007

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
"A"			
Abdominal Binder	E1399	Yes.	
Acapella	E0484	Yes-Vibratory PEP Therapy Sys.	
Air Flotation Bed	EO193	I.C.-For rental only--Refer to "Hospital Bed".	M56
Accu-Check bG	E0607	Yes-Refer to "Diabetic Supplies".	
Ace Bandage	A6441-A6455	Yes.	
Acetest Tablets	A4250	Yes-Refer to "Diabetic Supplies".	
Actigraph	A9270	No.	MCO
Activity Chair	A9270	No-Refer to "Chair, Lift, Seat, and Seat Lift".	MCO
Aero Chamber	A4627	Yes.	
AFO	L1900-L1990	Yes	
Air Belt	L2999	I.C.-Refer to "Brace, Orthotic Device, Splint".	
Air Cast	L4350-L4380	Yes.	
Air Cleaner	A9270	No.	M19
Air Conditioner	A9270	No.	M39
Air Fluidized Bed	E0194	I.C.-Refer to "Hospital Bed".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Alcohol Wipes	A4245	Yes.	
Akros Gel Pad	E2601-E2610	Yes.	
Alpha Stim Microcurrent	E0720-E0730	Yes.	
Alternating Pressure Pad and Mattress	E0181-E0187, E0197	Yes.	
See Floatation mattress			
Ambulatory Infusion Pump	E0779-E0781 E0784, E0791	Yes-Refer to "Pump" - See Home Infusion Guidelines.	
Ambulatory Back Traction Vest	E1399	No.	
Ambulatory Blood Pressure Monitor	E1399	I.C. - See Medical Policy I.8	
Ambulatory Surgical Shoe/Boot	L3208-L3209, L3211, L3260,	Yes.	
Amigo	E1230	I.C.--Refer to "Wheelchair".	
Amoena Affinity Adhesive	A4280	Yes.	
Antistuttering Device	A9270	I.C.-See Medical Policy – VII. 59.	MCO
Apnea Monitor	E0618, E0619	Yes. (Payable for Rental)	
Aprica Mini Stroller	E1399	I.C.-Refer to "Wheelchair".	
Aquamatic K-Pad	E0217, E0218	Yes.	
Aquamatic K-Termia	A9270	No (institutional equipment).	MCO
Aqua-Pedic Q-C Floatation Mattress	E0184	Yes.-Refer to "Mattress".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Aqua-Seat Floatation Pad for a Wheelchair	E2601-E2610	Yes.	
Aqua/Whirl (Portable Whirlpool Pump)	E1300	No.	MCO
Arch Supports	L3040-L3100	I.C.-Refer to "Brace"—(Payable for specific diagnosis - refer to SPI.)	MO6 O/P
Arm Sling	A4565	Yes.	
Automatic Blood Pressure Monitor	A4670	Yes.	
Automotive Adjustments for Handicap Cars	A9270	No.	M19
Autosfig	A9270	No-Physician's instruments.	MCO
Auto-Tilt Chair	A9270	No.	M19
AV Impulse	A9270	No.	MCO
"B"			
Ballert Training Orthosis System	A9270	No.	MCO
Barrier Free Lift	E1399	I.C.-By a PA and approved for severe cases when other lifts are inadequate particularly when the needs of the patient exceed the physical capabilities of the caregiver.	
Bathtub Lift	E0625	Yes.-Refer to "Chair, Lift, Seat, and Seat Lift".	
Bathtub Seat	E0245	Yes--Refer to "Chair, Lift, Seat, and Seat Lift".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Bathtub Rail	E0241, E0242	Yes	
Batteries	A4233-A4236 E2360-E2365 E2371-E2372 L7360-L7364 L8623-L8624	Yes-If necessary for the functioning of a medically necessary HME.	
Bebax Orthopedic Bootee	L3160	Yes.	
Bedboards	E0273, E0315	No.	MCO
Bed Cradle	E0280	Yes.	
Bed Lifter	A9270	No-Refer to "Chair, Lift, Seat, and Seat Lift".	MCO
Bed Pan	E0275, E0276	Yes.	
Bed Tray/Table	E0274	No.	MCO
Beds--Lounge (power or manual)	A9270	No-Refer to "Hospital Bed".	MCO
Beds--Oscillating	A9270	No-Refer to "Hospital Bed".	MCO
Bed Side Rails	E0305, E0310	Yes, only if subscriber qualifies for hospital bed.	
Bed Wetting Alarm	A9270	No.	
Bidet Toilet Seat	E1399	No.	
Binder	A4649	Yes.	
Biofeedback Machine	A9270	No.	M6O
Bionicare	E0762	I.C.—Refer to med policy.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Bipap System	E0470-E0472	Yes--Refer to "Continuous Positive Airway Pressure, Nasal", see NCPAP.	
Birkenstock Sandals	A9270	No.	MCO
Bird Respirator (IPPB Machine)	E0500	Yes-Refer to "Respirator/Ventilator".	
Blood Glucose Monitor	E0607	Yes-Refer to "Diabetes".	
Blood Pressure Cuff	A4660, A4663, A4670	Yes.	
Body Sock	L0984	No.	D-MCO pci Y- spi
Bone Growth Stimulator	E0747-E0749	I.C.-Refer to "Electromagnetic Bone Growth Stimulator", See Medical Policy III.24.	
Boot, Ambulatory Surgical	L3260	Yes.	
Boston Brace	L1902	Yes-Refer to "Brace".	
Bra (Post Mastectomy)	L8000-L8002, L8015	Yes - 3 in a 365 day period.	
Braces	L0112-L2999 L3650-L4130 L4350-L4386	Must conform to definition-Refer to "Brace".	O/P

ELIGIBLE FOR COVERAGE?
(Yes, No,
or Individual Consideration--I.C.)

Item

HCPC Code

Remark
Code

BRACE, ORTHOTIC DEVICE, SPLINT

Definitions:

Brace

A brace includes rigid and semi-rigid devices which are used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. Covered braces include leg, arm, back, and neck braces. Initial purchase of shoes permanently attached to a brace are covered. Back braces include, but are not limited to, special corsets, sacroiliac, sacrolumbar, and dorsolumbar corsets and belts. (These must be specially made and/or fitted.)

Splint

A splint is a rigid or flexible appliance for the fixation of displaced or movable parts. Covered splints include foot, leg, arm, wrist, hand, neck, and spinal splints.

Orthotic Device

An orthotic device is a rigid or semi-rigid supportive device which restricts or eliminates motion of a weak or diseased body member.

*If a charge is received for an "orthotic device," the auditor needs to determine what the item is to determine if benefits are available.

<u>Benefits Available</u> (examples of only some, not all)	<u>Benefits Not Available</u> (examples of only some, not all)
Air Belt	Arch Supports (orthotics for flat feet)
AFO	Birkenstock Sandals
Ambulatory Surgical Shoe/Boot	Canvas Ankle Brace
Boston Brace	Copes Brace (for scoliosis)
Cervical Collar	Foot Supports or Devices
Chair Back Brace	Elastic Stockings
Cock-up	Garter Belts
Counter Rotation System	Girdles
Cybertech 1000 LSO	Longitudinal Horsco (Arch Support)
Dennis Brown Splint	LTX 3000 Lumbar Rehab System
DeWall Posture Protector	Nose Brace
Don Joy Brace	Omni Align Functional Brace
Fiberglass Rolla Cast	Oral Orthoses
Generation II Braces	Orthopedic Shoes
Hallux-Valgus Splint	Pro Glide Orthosis
Jewett Orthosis	Proney
Kaye Posture Walker	Spinal Pelvic Stabilizer, Positioner
Knight-type Orthosis	Transferable Combo Pads (Arch Supports)
Kosair Brace	
Lenox Hill Knee Brace	
Lerman Knee Brace	
Lumbar Sacral Support	
Malleoloc Brace	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
McLeod Clavicle Brace Milwaukee Palumbo Knee Brace Pavlik Harness Philadelphia Cervical Collar Prafo Splint Rib Belt Scottish Rite Orthosis Sling S.O.M.I. Brace Thoracolumbar Sacral Orthosis Unilateral Cable Twister Warm & Form Wheaton Bracing System Wrist Quantlet			
Braille Teaching Text	A9270	No.	M24
Breast Prosthesis (external)	L8020, L8030, L8035, L8039	Yes-Refer to "Prosthesis".	
Breast Pump	E0602-E0604	No.	M19
Bregg Polar Care	E0218	Yes.	
Broda Seating System	E1399	Yes.	
"C"			
Cast boot	L3260	Yes.	
C-Leg	E1399, L5999	I.C.-See Prosthesis and Medical Policy, VII.65.	
C-Trax Traction System	E0830-E0900	Yes-If patient has an orthopedic impairment requiring traction, and the equipment prevents ambulation during the period of use.	
CAPD Supplies	E1399, A4649	Yes-See Dialysis.	
Cane	E0100, E0105	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Cannula, Nasal Oxygen	A4615	Yes.	
Canvas Ankle Brace	E1399	Yes.	
Canvas Rocker (Cast Boot)	L3260	Yes.	
Carafe	A9270	No.	M19
Casting Material	A4590, A4580, Q4050	No-Product Name-"Tuff Stuff."	M8C
Cast Boot	L3208-L3211	Yes-Product Name-"Bledsoe Walking Boot."	
Catheters (Indwelling, Foley, External and Straight)	A4310-A4316, A4326, A4338-A4353	Yes.	
Cement, Ostomy	A4364	Yes.	
Centrifuge Readacrit	E1500	Yes-Refer to "Dialysis, Home".	
Cervical Collar	L0120-L0200	Yes.	
Cervical Collar Pad	E1399	Yes.	
Cervical Head Harness	E0942	Yes.	MCO
Cervical Pillow	E0190	No.	MCO
Chair	E1399	Covered if part of a seat lift.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
<u>CHAIR, LIFT, SEAT, SEAT LIFT</u>			

Chair

Benefits are not available (for wheelchair--refer to Wheelchair).

Lift, Patient

Covered if the patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition.

Seat

Benefits are not available.

Seat Lift

Covered when medically necessary for a patient with severe arthritis of the hip or knee and patients with muscular dystrophy or other neuromuscular diseases when it has been determined the patient can benefit therapeutically from use of the device. In establishing medical necessity for the seat lift, the evidence must show that the item is included in the physician's course of treatment, that it is likely to affect improvement, or arrest or retard deterioration in the patient's condition, and that the severity of the condition is such that the alternative would be chair or bed confinement.

Coverage of seat lifts is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance. Excluded from coverage is the type of lift which operates by a spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position.

Wheelchair Lifts

Benefits are not available.

Lifts, Patients

Individual consideration will be based on physician's rationale of the patient and a written prescription.

Examples: Some, not all, of lifts:

<u>Benefits Available With Individual Consideration</u>	<u>Benefits Not Available</u>
Bathtub Lift Hoyer Hydraulic Mecalift Guardian Tub Lift	Bed Lifter CM Assistance Transfer Systems Wheelchair Lift

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
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Seat Lifts

Individual consideration will be based on the physician's rationale of the patient and a written prescription.

Example: Some, not all:

<u>Benefits Available With Individual Consideration</u>	<u>Benefits Not Available</u>
Cushion Lift--power seat Recliner with elevating seat Posture Support Chair	Autolift Burke Elevator Chair

Chairs/Seats

Examples: Some, not all:

<u>Benefits Available With Individual Consideration</u>	<u>Benefits Not Available</u>
S.S.O. (Sitting Support Orthosis) U.S.S.O. (Upholstered Sitting Support Orthosis) Specialty Chairs	Bidet Toilet Seat Activity Chairs (i.e., Riftan) Auto Tilt Contour Chair Feeder Seat (i.e., Tumble Form) Geri Chair Guldmann Ceiling Lift Rollabout Chair Sure Hands Lift System Translift Chair

Chair Back Brace (Knight-type Orthosis)	E1399	Yes-Refer to "Braces".	
Chemstrip bG	A4253	Yes-Refer to "Diabetic Supplies".	S
Chin Strap for CPAP	A7036	Yes.	
Chux	A4554	No.	M19
Circ-Aid Orthosis	L2999	Yes.	
Clamp, External Urethral	A4356	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Cleft Lip/Palate Nurser by Mead Johnson	E1399	Yes.	
Clinitest Tablets	A4250	Yes-Refer to "Diabetic Supplies".	
Clinitron Therapy	E0194	I.C.-For rental only-Refer to "Hospital Bed".	
Coaguheck Monitor	E1399	I.C.-See Medical Policy VII.42.	
Coaguheck Strips	E1399	I.C.-See Medical Policy VII.42.	
Cock up (WHO) Orthosis	L3908	Yes.	
Cold Pack (non-disposable)	E1399	Yes.	
Collagen Implant	L8603	I.C.-See Medical Policy III.52	
Colostomy Supplies	A4361-A4434, A5051-A5093, A5120-A5200	Yes-Refer to "Ostomy Supplies".	
Comedone Extractor	A9270	No.	M19
Commode	E0163-E0171	Yes.	
Communicator	E2500-E2599, V5336	I.C.-See Medical Policy VII.67.	
Compressor, Air Power Source	E0565	Yes.	
Computer Environmental Control (Apple, Puff-sip Control)	E1399	I.C.-Refer claims to Medical Support.	
Concentrator, Oxygen	E1390-E1392	Yes.	
Conserving Device, Oxygen	E1399	Yes. (Purchase Only)	
Contact Lens	V2500-V2599	I.C.-Refer to "Contact Lens".	

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CONTACT LENS/OR GLASSES

Covered if required as a result of and directly related to intraocular surgery or ocular injury (one set of contact lens/eyeglasses).

Hydrophilic contact lenses are eyeglasses and are not covered when used in the treatment of nondiseased eyes with spherical ametropia, refractive astigmatism, and/or corneal astigmatism. However, some hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology. Benefits are available to treat any of the following conditions:

- Bullous Keratopathy
- Corneal Ulcers (Recurrent indolent)
- Corneal Erosions and Abrasions (Recurrent)
- Stevens-Johnson Syndrome
- Corneal Transplants
- Fuchs' Dystrophy of the Cornea
- Keratoconus

Contigen Implant	L8603	I.C.-See Medical Policy III.52	
Continuous Ambulatory Peritoneal Dialysis (CAPD) Supplies	A4671-A4918	Yes.	
Continuous Glucose Monitoring System (CGMS)	E1399	I.C.-See Medical Policy VII.51	
Continuous Passive Motion Motorized Exerciser	E0935-E0936	I.C.--"Refer to Medical Policy VII.15."	

CONTINUOUS PASSIVE MOTION MOTORIZED EXERCISER OR C.P.M.

Rental of C.P.M. only. Periods of more than 30 days should be justified by report of medical necessity and reviewed on an individual basis. Only payable for patients who have undergone reconstruction of the anterior cruciate ligament or total knee arthroplasty, surgery to correct defects in the articular cartilage of the knee.

<u>Product Name of C.P.M.</u>	<u>Benefits Not Available</u>
1. Smith and Nephew	1. Toe C.P.M. 2. Hand C.P.M. 3. Shoulder C.P.M.

Contour Chair	A9270	No--Refer to "Chair, Lift, Seat, and Seat Lift".	M19
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<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Control III	A4649	Yes.	
Copes Brace (for Scoliosis)	L2999	No-Refer to "Brace, Orthotic Device, Splint".	M56
Corset	L0970-L0976	Only if it conforms to the brace definition (refer to "Brace").	
Cough Stimulating Device	E0482	I.C.-See Medical Policy VII.55	
Counter Rotation System	L3140-L3150	Yes-Refer to "Brace, Orthotic Device, Splint",	
CPAP Machine and Supplies	A7030-A7039, A7045-A7046, E0601, E1399	Yes.	

CONTINUOUS POSITIVE AIRWAY PRESSURE, NASAL (NCPAP)

Definition:

Nasal Continuous Positive Airway Pressure (NCPAP) is continuous positive airway pressure applied through the nose. It is delivered by a flow generator through a nasal mask to supply a pressure level sufficient to keep the upper airway patent. The pressure used is determined individually.

Known Product Name

1. Bipap System
2. Demand Positive Airway Pressure (DPAP)
3. REMstar
4. Good Knight
5. Res Med
6. Bi Level
7. VPAP
8. Puritan Bennett 420E, 420G, 420S
9. Medical Industries RemRest
10. Sullivan Comfort
11. Tranquility Auto CPAP

CPM - "Continuous Passive Exerciser".	E0935-E0936	I.C.-See Medical Policy, VII.15. See also "Continuous Passive Motion Motorized Exerciser"
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<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Craftmatic Bed	A9270	No-Refer to "Hospital Bed".	M19
Cranial Electrotherapy Stimulator (C.E.S.)	A9270	No-See Medical Policy, I.96, (Deleted).	M6O
Cranial Helmet	A8000-A8004 S1040	Yes.	
Crutches	E0110-E0118 *E0118 refer to Rolleraid	Yes.	
Cryo-Cuff	E1399	Yes.	
Cunningham Clamp	A4356	Yes.	
Cushion Lift Power Seat	E0621, E0635	Yes.-Refer to "Chair, Lift, Seat, and Seat Lift".	
Cycle Chair	E1031	I.C.-Refer to "Wheelchair".	
"D"			
Daw Sheaths (stump socks)	L8400-L8485	Yes.	
Dehumidifier (room or central heating system type)	A9270	No.	M19
Denis Brown Splint	L3140, L3150	Yes-Refer to "Brace".	
Denrom (Deodorant Tablets)	A4395	Yes.	
DePuy Float Bed	E0184	Yes.-Refer to "Hospital Bed".	
Dextrostix	A4772	Yes-Refer to "Diabetes".	
Diabetic Inserts	A5512-A5513	Yes.	
Diabetic Supplies	A4206-A4259	Yes-Refer to "Diabetes".	

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DIABETES

Covered for all (Type I and Type II) diabetic patients to achieve blood glucose control by administering divided doses of insulin throughout the day.

Diabetic Supplies

1. Covered supplies include Tes-tape, dextrostix, Visidex, Keto-Diastix, Clinitest/Acetest Tablets, Chemstrips, monolets, autolets, syringes, needles, alcohol swabs, and lancets. Tape is noncovered.
2. Covered Equipment:
 - a. Blood Glucose Monitor (including batteries)

Description:

The computerized monitor exposes a reagent strip to a small blood sample, "reads" the strip's colorimetric reaction to glucose concentration, and provides the patient with either a direct blood glucose or an instrument calibration.

(Benefits will be provided for essential accessories necessary for the effective functioning of the equipment such as lancets, reagent strips, etc.)

Voice activated blood glucose monitors are only payable if the insulin-dependent diabetic is visually impaired. Product names are: Digivoice and Touch 'N Talk II.

Known Product Names

Accu-Check bG, Betascan A, Dextrometer, Glucochek II, Glucometer, Glucoscan II/Plus, Reflectance Clorimeter, Stat Tek, Direct 30/30, Tracer II BG, One Touch, Exatech, In Charge, Sure Step, Fast Take, Precision Q-I-D.

- b. Insulin Injector (Hypodermic or Needleless)

Covered only if the patient is an insulin-dependent diabetic, is unable to handle conventional syringe, and susceptible to skin complications.

Known Product Names

Medi Jector
Nova Pen
Precist Jet 50

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Dialysis supplies		Yes, See below.	

DIALYSIS, HOME

Treatment of end stage renal disease.

Explanation of benefits for:

1. Continuous Ambulatory Peritoneal Dialysis (CAPD) Supplies.
2. Supplies for home dialysis delivery system.
 - a. Supplies.
 - b. Water Purification Systems.
 - c. Water Softener System

Continuous Ambulatory Peritoneal Dialysis (CAPD) Supplies

Continuous Ambulatory Peritoneal Dialysis (CAPD) is a variation of peritoneal dialysis that was developed as an alternative mode of dialysis for home dialysis patients. CAPD is a continuous dialysis process using the patient's peritoneal membrane as a dialyzer.

Covered supplies required to perform CAPD, including start-up durable supplies (whether or not they are part of a start-up kit) such as:

<u>Benefits Available</u>	<u>Benefits Not Available</u>
Alcohol	Chux (blue underpads)
Alcohol Wipe	Band-aids
Betadine	Oral/rectal Thermometers
Cotton Tip Swab	
Dialysate Solution	
Face Masks (sterile & nonsterile)	
Gauze Pads	
Gloves (sterile)	
Gloves (nonsterile)	
I.V. Stand	
Neosporin	
Peroxide	
Prep Kits	
Sphygmomanometer With Cuff	
Stethoscope	
Syringes	
Tape	
Tubing	
Weight Scales	

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Supplies

Covered for use as part of a home dialysis delivery system. (If partial payment was made under the Medicare End Stage Renal Disease Program, the balance is eligible for benefits.)

<u>Benefits Available</u> (After Medicare)	<u>Benefits Not Available</u>
Arteriosonde Automatic blood pressure monitor Blood pressure cuff Centrifuge Digital blood pressure monitor Sphygmomanometer with cuff Sphygmostat Stethoscope	Chux Band-aids Oral/rectal Thermometers

Water Purification Systems

Water used for home dialysis should be chemically free of heavy trace metal and/or organic contaminants which could be hazardous to the patient. It should be as free of bacteria as possible but need not be biologically sterile. Since the characteristics of natural water supplies in most areas of the country are such that some type of water purification system is needed, such a system used in conjunction with a home dialysis (either peritoneal or hemodialysis) unit is covered. Covered supplies include: activated carbon filters used as a component of water purification systems to remove unsafe concentrations of chlorine and chloramines.

There are two types of water purification systems:

1. Deionization--The removal of organic substances, mineral salts of magnesium and calcium (causing hardness), compounds of fluoride and chloride from tap water using the process of filtration and ion exchange.
2. Reverse Osmosis--The process used to remove impurities from tap water utilizing pressure to force water through a porous membrane.

Subscriber is allowed one system, not both systems.

<u>Benefits Available</u>	<u>Benefits Not Available</u>
Choice of one purification system	Combination of both purification systems Spare deionization tanks

Water Softening System

A water softening system may be covered only when used to pretreat water to be purified by a reverse osmosis (RO) unit for home dialysis where:

1. The manufacturer of the RO unit has set standards for the quality of water entering the RO (e.g., the water to be purified by the RO must be of a certain quality if the unit is to perform as intended).
2. The patient's water in the home is demonstrated to be of a lesser quality than required.

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3. The softener is used only to soften water entering the RO unit and thus, used only for dialysis. (The softener need not actually be built into the RO unit, but must be an integral part of the dialysis system.)			
Replacement or conversion of a water softening system with a water purification unit in an existing home dialysis system must be given individual consideration.			
Diapers (Attends, Depends, Pampers, etc.)	A9270, A4520, A4554	No.	M19
Diaphragm	E1399	Yes.	
Diapulse Machine	A9270	No.	MCO
Diathermy Machine (standard or pulsed wave type)	A9270	No.	MCO

DIATHERMY MACHINE

Diathermy Machine--standard or pulsed wave type (inappropriate for home use).

Benefits Not Available

Known Product Names

Spectrowave
Thermatic Machine

Digital Blood Pressure Monitor	A4670	Yes.	
Digivoice Blood Glucose Monitor	E2100	Yes-If visually impaired.	
Disposable Diapers	A9270, A4520, A4554	No.	
Disposable Sheets, Pillow Cases, Bags	A9270	No.	M19
Disposable Underpads	A4554,	No.	
Don Joy Brace	L1830, L1832	Yes-Refer to "Brace, Orthotic Device, Splint".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Don Joy Monarch Unloader Knee Brace	L1830, L1844	Yes	M60
Doughnut Foam Ring	A9270	No.	M19
Dressings	A6000-A6407, A6441-A6457, A6550	Yes.	
Drionics	E1399	Yes.	
Dynasplint and Dynamic Splinting	E1800-E1841	I.C.-See Medical Policy, Dynamic Bracing, VII. 36.	
Dynex Pain Stimulator	E0720, E0730	Yes	
"E"			
EGS (Electro Galvonic Stimulator)	A9270	No.	MCO
Easy/Pivot Transfer System	A9270	No.	M19
Egg Crate	E0184, E0199	Yes.	
Elasto-Gel Hot/Cold Pack	E1399	Yes.	
Elbow Protector	E0191	Yes.	
Electric Air Cleaner	A9270	No.	M19
Electric Fan	A9270	No.	M19
Electric Hospital Bed	E0260-E0266	Yes.- Refer to "Hospital Bed".	
Electric Muscle Stimulators	E0744, E0745, E0764	I.C.-See Medical Policy III.20.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
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ELECTROMUSCLE STIMULATORS

<u>Benefits Available With Individual Consideration</u>		<u>Benefits Not Available</u>
<u>Known Product Name</u>		<u>Known Product Name</u>
Muscle Stimulator Burdick MS-300 Myoflex Muscle Stimulator Respond Stadyn E.M.S. Ultra Cast Interferential Stimulator		ISOMOD L.E.S.S. Lateral Electrical Scoliosis System Medtronic Scoliosis System Scolitron
Electrical Nerve Stimulation		Yes, see below.
1. Percutaneous Electrical Nerve Stimulation (PENS)	E0720, E0730	Yes, see below.
2. Transcutaneous Electrical Nerve Stimulation (TENS)	E0720, E0730	Yes, see below.

Percutaneous (PENS) And Implanted

Stimulation of the peripheral nerves by a needle electrode inserted through the skin and if effective in relieving pain, implantation of electrodes around a selected peripheral nerve. When implanted, the stimulating electrodes are connected by an insulated lead to a receiver unit which is placed under the skin. Stimulation is induced by a generator connected to an antenna unit which is attached to the skin surface over the receiver unit.

Benefits available for the treatment of chronic intractable pain only, using this criteria:

1. Rental of the Percutaneous Stimulator for a one-month trial period to permit the physician to study the effects and benefits is acceptable. Trial periods of more than one month should be justified by report of necessity and reviewed for individual consideration.
2. When the one-month trial is successful, benefits should be provided for the implantation of the Electrical Nerve Stimulator, as well as for the purchase of the device, including electrodes and lead wires.

Benefits should not be provided for Percutaneous Stimulation in the treatment of Multiple Sclerosis or other motor function disorders, since such treatment is considered investigative.

Known Product Name

Soken (PENS)

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
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TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)

Electrical stimulation employing a pulsed current device with two electrodes attached to the surface of the skin over the peripheral nerve to be stimulated.

Benefits are available for the treatment or alleviation of:

- a. acute postoperative pain.
- b. chronic intractable pain.

Benefits should not be provided for Transcutaneous Stimulation in the treatment of Multiple Sclerosis or other motor function disorders, since such treatment is considered investigative.

Known Product Name (Examples)

Alpha Stim Microcurrent
 Dynex Pain Stimulator
 Ultima X's
 Solitens
 Eclipse +
 Maxima II

Electrical Stimulator Garment	E0731	I.C.-See Medical Policy, III.20.	
Electro Deodorizer	A9270	No.	M19
Electrodes	A4556	Yes.	
Electro Galvonic Stimulator	E0745, E6764	I.C.-See Medical Policy.	
Electrolarynx	L8500	Yes.	
Electromagnetic Bone Growth Stimulators (appendicular).	E0747, E0760	I.C-See Medical Policies: Bone Growth Stimulation, Appendicular Skeleton - III.24.	
Electromagnetic Bone Growth Stimulators (spinal).	E0748, E0749, E0760	I.C.-See Medical Policies: Bone Growth Stimulation, Spinal Fusions - III.163.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
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ELECTROMAGNETIC BONE GROWTH STIMULATOR

Both noninvasive and invasive methods of Electromagnetic Bone Stimulation for bone repair are available.

When the noninvasive procedure is utilized, the casted fracture is sandwiched between two coils of wire through which pulsed currents signal the release of calcium to the injured area and stimulate healing.

The invasive and semi-invasive procedures utilize a device consisting of two electrodes and an electronic assembly which is surgically implanted at the fracture site before casting the limb.

<u>Benefits Available With Individual Consideration</u>	<u>Benefits Not Available</u>
<u>Known Product Name For All Three Bone Stimulators</u>	
Bi-Osteogen Treatment System	Bi-Osteogen Treatment System
1. Noninvasive	1. Invasive
Orthopak	2. Semi-invasive
E.B.I. Medical Systems	
Spinal Stim	

Please refer to Medical Policy III.163 for coverage decisions on invasive and noninvasive bone growth stimulators as an adjunct to spinal fusion surgery.

Also refer to Medical Policy III.24 for guidelines on benefits for the noninvasive Electromagnetic Bone Growth Stimulator.

Necessary adjustments, repairs, and replacement of the device for noninvasive only should be included in the rental charge.

Electronic Speech Aid	E2500-E2510, E2599, L8500	I.C.-Refer to "Speech Aid", See Medical Policy, VII.67.	
Electrostatic Machine	A9270	No.	MCO
Elevator	A9270	No.	M19

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE?</u> <u>(Yes, No,</u> <u>or Individual Consideration--I.C.)</u>	<u>Remark</u> <u>Code</u>
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ELEVATOR

All elevators or stairway glide chairs are not payable benefits.

Benefits Not Available

Burke Elevator Chair
 Evac + Chair
 Home Elevator
 Stairglide
 Stairway Elevator
 Wheel-O-Vator

Emergency Communication Device	A9270	No.	M24
Emerson Lights	E0200, E0205	Yes	MCO
Emesis Basin	A9270	No.	MCO
Enfamil Human Milk Fortifier	B4150	No.	M43
Ensure	B4150-B4152	No.	M43
Enteral Nutrition Pump	B9000-B9006	Yes-See Home Infusion Guidelines.	
Enteral Nutrition Supplies (Home)	B4034-B4100, B9998, S9340-S9343	Yes-Refer to "Enteral Nutrition Supplies".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
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ENTERAL NUTRITION SUPPLIES, HOME

Covered supplies include nasogastric, jejunostomy, and gastrostomy tubes; feeding tube sets, feeding bags, Clinitest/Acetest tablets, Nitrazine paper, and rental of infusion pump (refer to "Pump").

Nutrition Products:

<u>Benefits Available</u>	<u>Benefits Not Available</u>		
Nutritional product requiring a physician's written prescription	Over-the-counter products Some Examples: Enrich Ensure Pregestimil Vivonex Neocate EleCare		
Enuresis Unit	A9270, S8270	No.	MCO
Environmental Control Computer (Apple, Puff-sip Control)	E1399	I.C.- All claims to Medical Support.	
Equalizer (Tongue Retaining Device)	E1399	Yes.	
Erec-Aid System	L7900	Yes-(Group Specific-check endorsements.)	
Ergometer	A9270	No.	M40
Esophageal Dilator	A9270	No-Physician's instrument.	MCO
Exercise Equipment	A9270, A9300	No.	M40
Exercycle	A9270, A9300	No.	M40

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Exogen (Sonic Accelerated Fracture Healing System)	E0760	Yes.	
External Catheter	A4326-A4328, A4349	Yes.	
External Eyelid Weights	E1399	Yes.	
Eyeglasses	V2100-V2599	I.C.-Refer to "Contact Lens".	
Eye Prosthesis	V2623, V2629	Yes.	O/P
Eye Typer Communication Device	E1399	I.C.-Only if patient is non-verbal and quadriplegic or has disabling paresis of both upper extremities.	
Exatech	E0607	Yes-Refer to "Diabetes".	
EZ Tract II	E0830-E0900	Yes--If patient has an orthopedic impairment requiring traction equipment which prevents ambulation during the period of use.	
"F"			
Face Down Positioning Pillow	E1399	Yes.	
Face Mask (Oxygen)	A4619-A4620	Yes.	
Face Mask (Surgical)	A4928	Yes.	MCO
Fast-Fit Stockings by Jobst	A6530-A6549	Yes.	
Feeder Seat (i.e., Tumble Form)	A9270	No-Refer to "Chair, Lift, Seat, and Seat Lift".	MCO
Fem Tone Pelvic Floor Muscle Training Weights	E0740.	Yes.	
Fem Tone Pelvic Floor Muscle Stimulator	E0740, E0746	I.C.-See Medical Policy, VII.40	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Finger Clip for CPAP	A9270	No	
Fleets Enema	A4649	Yes.	
Flex-Foot	L5999	Refer to "Prosthesis".	
Flex-Pads (Breast Prosthesis)	L8020	Yes-Refer to "Prosthesis".	
Flotation Mattress	E0185, E0187, E0196-E0198	Yes.	
***See Alternating Pressure Pad and Mattress			
Flowmeter, Oxygen	E1353	Yes-Refer to "Oxygen".	
Flotation Wheel Chair Pad	E2601-E2610	Yes.	
Fluency Master	A9270	No.	
Fluidic Breathing Assistor	E0500	Yes.	
Flutter Device	S8185	Yes.	
Foldalite-B UVB Light	E0691-E0694	I.C.-Refer to "Ultraviolet Cabinet".	
Foley Catheter	A4311-A4316, A4338-A4346	Yes.	
Functional Neuromuscular Stimulator (FNS)	E0744, E0745, E0764	I.C.-See Medical Policy III.20.	
Futuro Stockings	A6530-A6549	Yes.	
"G"			
Gait Belt	E1399	Yes.	
Gait Trainer (Pony Walker)	E8000-E8002	Yes	
Gastrostomy/Jejunostomy Tube	B4086	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Gauze Pads	A6216-A6233, A6266-A6406	Yes.	
Gel Flotation Pad and Mattress	E0185; E0196	Yes.	
Generation II Knee Brace	E1399	Yes.	
Generation II Unloader Knee Brace	L1844-L1846	Yes.	M60
Geri Chair	E1031	No.	MCO
Gillette Standing Frame	L1510	Yes.	
Glasses	V2100-V2599	I.C.-Refer to "Contact Lens". See also "Vision" in CAPS Manual	
Gloves (Sterile Only) (Non-Sterile)	A4930 A4927	Yes Yes.	M19
Glucochek II	E0607	Yes-Refer to "Diabetes".	
Glucometer	E0607	Yes-Refer to "Diabetes".	
GlucoWatch	S1030-S1031	I.C.-See Medical Policy VII.51.	
Gorilla Seat (Car Seat)	E1399	Yes.	
Grab Bars	E0910-E0912	Yes.	
Grant Alternating Pressure Pad	E0180	Yes.	
Gravity Assisted Lumbar Traction Unit	E0941	No.	MCO
Gravity Guiding System	E0941	No.	MCO

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Guldmenn Ceiling Lifts	E0630, E0635, E0639-E0640, E1399	Yes-Refer to "Chair, Lift, Seat and Seat Lift".	MCO
"H"			
H-Wave Stimulator	A9270	No.	MCO
Hallux Valgus Splint	A4570, L3100	Yes.	
Hand-E-Vent	E0500	Yes.	
Hand Held, Shower	A9270	No.	
Hearing Aid	V5008-V5299	No.	
Heat Lamp	E0200, E0205	Yes.	MCO
Heating and Cooling Pants	A9270	No.	MCO
Heating Pad	E0210, E0215	Yes.	
Heelbo	E0191	Yes.	
Heel Pad/Protector	E0191, L3430-L3485	Yes.	
Home Monitoring Unit for Uterine Contractions	S9001	Yes.	
Home Phototherapy Equipment	E0202	Rental only-Refer to "Phototherapy".	
Honeywell Air Purifier	A9270	No.	M19
Hospital Beds	E0250-E0270, E0290-E0304	Yes.-Refer to "Hospital Bed".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE?</u> (Yes, No, or Individual Consideration--I.C.)	<u>Remark Code</u>
<u>HOSPITAL BEDS</u>			

A piece of furniture for reclining and sleeping with controls that independently adjust for height, head and foot. The bed is supported on casters with braking ability.

1. General Requirements for Coverage of a Hospital Bed

A physician's prescription, and such additional documentation may be considered necessary, including medical records and physicians' reports, must establish the medical necessity for a hospital bed due to one of the following reasons:

- a. The patient's condition requires positioning of the body, e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed.
- b. The patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

2. Physician's Prescription

The physician's prescription must establish that a hospital bed is medically necessary. If the stated reason for the need for a hospital bed is 1.a. above, the prescription or other documentation must describe the medical condition, e.g., cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia, and also the severity and frequency of the symptoms of the condition, that necessitates a hospital bed for positioning.

If the stated reason for requiring a hospital bed is 1.b. above, the prescription must describe the patient's condition and specify the attachments that require a hospital bed.

3. Electric-Powered Hospital Bed Adjustments

Electric-powered adjustments to lower and raise the head and foot may be covered when the patient's condition requires frequent change in body position and/or there may be an immediate need for a change in position (e.g., no delay can be tolerated) and the patient can operate the controls and cause the adjustments. Exceptions may be made to this last requirement in cases of spinal cord injury and brain damaged patients.

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
<u>Benefits Available</u>		<u>Benefits Not Available</u>	
(Beds Meeting the Criteria)		Adjust-A-Bed	
1. DePuy Float Bed		Astro Comfort-A-Bed	
2. Electric Hospital Bed		Astromatic	
3. Hospital Bed		Astropedic	
4. Bariatric Hospital Bed		Bead	
		Beautyrest Adjustable	
		Craftmatic	
		Ease-O-Matic Bed Spring	
		Electra-Rest	
		Lounge, power	
		Lounge, manual	
		Niagra Cyclo-Matic Automatic Adjustable	
		Oscillating	
		Rest-A-Matic Adjustable	
		Surgi-Bed	
		Tempur-Pedic Sleep Systems	
		Vasculaider	
		Vasoscillating	
		Water Bed	
4. <u>Kin-Air Bed or Accu-Cair Bed For Six Weeks "Rental Only."</u> Also, the Biodyne Bed, Clinitron, Therapulse Bed and Home Kair Bed. Also, the Orthoderm Convertible Mattress, Flexicaire Bed, Efica cc Bed, and the Bazooka.			

When the patient has:

- a. Severe burns.
- b. Extensive decubitus or decubitus repair. (Grade 3-4)

(Documented improvement must be present for any further authorization)

NOTE: There are many brand names of mattress overlays that are a low air loss therapy without the bed. These also are subject to the above criteria before benefits would be available.

Hot Pack (non-disposable)	E1399	Yes.	
Hoyer Lift	E0630	Yes.-Refer to "Chair, Lift, Seat, and Seat lifts".	
Humidifier (Oxygen)/Ventilator	E0550-E0562	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Humidifier (room or central heating system type)	A9270	No.	M19
Hydraulic Lift	E0630	Yes.-Refer to "Chair, Lift, Seat, and Seat lifts".	
Hydrocollator Heating Unit	E0225, E0239	Yes-Refer to Hydrocollator Steam Pack.	
Hydrocollator Steam Pack	E0225	Yes.	
Hydrocolloid Dressing	A6234-A6241	Yes.	
Hyperalimentation Supplies (Home)	B4164-B5200	Refer to "Parenteral Nutrition Supplies".	
Hypothermia Cap	A9270	No.	MCO
"I"			
Ice Cap or Collar	E0230	Yes.	
IPPB Machine	E0500	Yes-Refer to "Oxygen".	
IV Pole	E0776	Yes-(See Home Infusion Guidelines)	
Ileostomy Supplies	A4361-A4434, A5051-A5093 A5120-A5200	Refer to "Ostomy Supplies".	
Implantable infusion pump	E0782, E0783, E0785, E0786.	I.C.-See pumps and Medical Policy, III. 59.	
In Charge Diabetes Control System	E0607	Yes.	
Incontinent Pads	A4554	No.	M19
Infusion Pump, Non-Portable (Electric)	B9000-B9006, E0779-E0791, E1520	Yes-Refer to "Pump". (See Home Infusion Guidelines)	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Infusion Pump, Portable (Battery Operated)	B9000-B9006, E0779-E0791, E1520	Yes-Refer to "Pump". (See Home Infusion Guidelines)	
Innova Incontinence Treatment System	E0740	No.	M56
Inspirease	A4627	Yes.	
Insulin Injector (hypodermic or needleless)--jet pressure powered	A4210	Yes--Refer to "Diabetes".	
Insulin Pump, External	E0784	Yes.	
Insulin Syringes	A4206-A4209, S8490	Yes.	M19
Interferential Stimulator	E1399	Yes-Refer to "Electromuscular Stimulator".	
Intrauterine Copper Contraceptive (Paragard)	J7300, S4989	Yes.	
Intrauterine Device (IUD)	E1399, S4989	Yes-If Paragard, use J7300.	
Irrigating Kit	A4320-A4322, A4355	Yes.	
Isotoner Gloves	A9270	No.	
IT Stays adhesive	A9270	No.	MCO
"J"			
Jacuzzi	A9270	No-Refer to "Whirlpool".	M19
Jay Cushion	E2601-E2610	Yes.	
Jewett Orthosis	L0450-L0492	Yes-Refer to "Brace".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Jobst Fast Fit Stockings	A6530-A6549	Yes.	
Jobst Pneumatic Appliance and Jobst Pneumatic Compressor (lymphedema pump)	E0650-E0673	Yes.	
Jobst Post Surgical Compression Vest	E1399	Yes.	
Jobst Stockings	A6530-A6549	Yes-Refer to "Surgical Support Stockings"-pg. 29.	
Joint Active Systems (JAS)	E1399	I.C.—See Medical Policy VII.36.	
Juzo Support Stockings	A6530-A6549	Yes.	
"K"			
Kaye Posture Walker-this is a walker, not a brace	E1399	Yes.	
Kegel Cone	E0740	Yes.	
Kid-Kart	E1232	I.C.-Refer to "Wheelchairs".	
Kin-Air Bed	E0193	I.C.- For rental only-Refer to "Hospital Bed".	
Knee Orthosis (KO)	E1810, L1800-L1880	Yes-See "Brace".	
Knight-Taylor Spinal Orthosis	L0450-L0492	Yes-Refer to "Brace".	
Kosair Brace	L1000	Yes-Refer to "Brace".	
K.T.K. Knee Therapy Kit	A9270	No.	MCO
"L"			
L.E.S.S.	E0744	No.	M6O

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Laser Finger Stick	A9270	No.	
Lambs Wool Pad	E0188-E0189	Yes.	
Lancets	A4259	Yes.	
Lateral Electrical Scoliosis System	E0744	No.	M6O
Leg Brace/Braces	L1700-L1755	Yes-Refer to "Brace".	
Leotards	A9270	No.	
Lerman Knee Brace	L1832-L4880	Yes-Refer to "Brace".	
Lift, Patient, Hydraulic	E0630	Yes.	
Lightbox, therapeutic	E0203	Yes-with statement of medical necessity from physician.	
Liquid Oxygen, Portable and Stationary	E0434-E0442	Yes.	
Lumbar Sacral Support	L0628-L0640	Yes-Refer to "Brace".	
Lymphapress	E1399	Yes.	
Lymphedema Pump	E0650-E0673	Yes.	
"M"			
Mandible Advancement Device	E1399	Yes-	
Mask/Surgical	A4649, A4928	Yes.	MCO
Massage Devices	A9270	No.	MCO
Mastectomy Bra	L8000-L8002	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Mastectomy Sleeve	L8010	Yes	
Mattress	E0184-E0187, E0196-E0199, E0271, E0272	Yes.-Refer to "Mattress".	

MATTRESS

Covered when used with a medically necessary hospital bed. (A separate charge for replacement mattress should not be allowed where a hospital bed with a mattress is rented.)

	<u>Benefits Available With Individual Consideration</u>	<u>Benefits Not Available</u>	
<u>Known Product Name</u>			
Alternating Pressure Mattress			
Aqua-Pedic Q-C Flotation			
DePuy Flotation			
Gel Flotation			
Medic-Ease			
Orthopedic			
Posturpedic			
Stryker Flotation			
Tempur-Med Mattress			
Visco Elastic Memory Foam Mattress			
Water and Pressure Mattress			
Medcolator	A9270	No.	MCO
Medical Oxygen Regulator	E1353	Yes-Refer to "Oxygen".	
Medi-Cooler	A9270	No.	MCO
Medi-Jector Insulin Injector	A4210	Yes.	
Medi-Sleeve	E1399, L8010	Yes.	
Medi USA Compression Stockings	A6530-A6549	Yes.	
Medtronic Scoliosis System	E0744	No.	M6O

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Micronaire Environment Control	A9270	No.	M19
Microspirometer	E1399, S8190	I.C.—Refer to Medical Support.	
Microprocessor Knee/Foot	L8699	I.C.-See Medical Policy, VII.65	
Microstat Nebulizer	E0575	Yes-Refer to "Oxygen".	
Migun Helium Thermal Massage Physiotherapeutic Traction Device	E1399	No	M56
Milwaukee Brace	L1000	Yes-Refer to "Brace".	
Mobile Monomatic Sanitation System	A9270	No.	M19
Monark Ergometer	A9270	No.	M40
Moore Wheel	A9270	No.	MCO
Motorized Passive Standing Units	A9270	No.	MCO
Motorized Wheelchair	K0011-K0014 K0800-K0899	I.C.-Refer to "Wheelchairs".	
Moto Stand	A9270	No.	MCO
Muscle Stimulator Burdick MS-300	E0745	I.C.—Refer to "Electric Muscle Stimulator"	
Myoelectric prosthesis	L8499	Yes-See Medical Policy VII.65.	
Myofascial Pain Appliance	E1399	I.C.—Refer to Medical Support.	MCO

"N"

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
NCPAP	E0601, E0470	Yes-See CPAP Machine and Supplies	
Nasal Continuous Positive Airway Pressure (NCPAP)	E0601, E0470	Yes-See CPAP Machine and Supplies	
Nebulizer	E0570-E0585	Yes.	
Necktrac	A9270	No.	MCO
Needle-Free Injection Device	A4210	Yes.	
Negative Pressure Ventilator	E0460	Yes-Refer to "Negative Pressure Ventilator".	
Negative Pressure Wound Therapy	E2402	Yes.	
NeuroControl Freehand System	A9270	No.	M60
Neuromuscular Stimulator	E0744, E0745, E0764	I.C.—See Medical Policy, III.20.	
Nitrazine Paper	A4253	Yes.	
Non-Invasive Positive Pressure Ventilation (NPPV)	E0470-E0472	Yes.	
Normal Saline (Sterile)	A4216-A4218, J7050	Yes.	
Nose Brace	A9270	No-Refer to "Brace, Orthotic Device, Splint".	MCO
Nova Pen (Needle Insulin Injector)	A4210	Yes-Refer to "Diabetes".	
"O"			
Ohmeda Biliblanket	E0202	Rental only-Refer to "Phototherapy".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
One Touch	E0607	Yes-Refer to "Diabetes".	
Orthoderm Convertible Mattress	E0277	I.C.-For rental only-Refer to "Hospital Bed".	
Orthokinetic (adaptive wheelchair)	E1220	Yes.-Refer to "Wheelchairs".	
Orthopak	E0747	I.C.-Refer to "Electromagnetic Bone Growth Stimulator".	
Orthopedic Mattress	E0271, E0272	Yes.-Refer to "Mattress".	
Orthopedic Shoes	L3201-L3257	I.C.-Refer to Auditors Manual.	O/P
Orthopad	A9270	No.	M06
Orthotech Montana Unloader Knee Brace	L1844	Yes.	M60
Orthotic Device	L0112-L2999 L3000-3999	Yes-Refer to "Braces".	O/P
Oscillating Bed	A9270	No--Refer to "Hospital Bed".	MCO
Ostomy Supplies	A4361-A4434 A5051-A5053 A5120-A5200	Yes-Refer to "Ostomy Supplies".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE?</u> <u>(Yes, No,</u> <u>or Individual Consideration--I.C.)</u>	<u>Remark</u> <u>Code</u>
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OSTOMY SUPPLIES

Covered supplies include the appliances and supplies which are necessary to perform collecting and retention functions. Irrigating and flushing equipment and other supplies directly related to ostomy care are also covered.

<u>Benefits Available</u>	<u>Benefits Not Available</u>
Bags: colostomy/ileostomy/ ureterostomy Belt: colostomy/ileostomy/ ureterostomy Catheters: colostomy/ileostomy/ ureterostomy Deodorant Tablets (Denrom) Dressings Gloves (sterile) Gloves, nonsterile Karaya: Gum Gum Powder Ring K-Y Jelly Lubricant (water soluble) Nitrazine Paper Pouches: colostomy/ileostomy/ Ureterostomy Sterile Gloves Sterile Water Skin Gel Wipe Stomahesive Products Tail Closures <u>Known Product Name</u> Hollister Perry Duoderm	Chux (blue underpads) Rubber Sheets

Ottobock Sach (Prosthetic Foot)	L5970-L5971	Yes.-Refer to "Prostheses".	
Overbed Tray/Table	E0274, E0315	No.	MCO
Ovustick Test Kit	A9270	No.	MCO
Oximeter	E0445	Yes-See pg. 2 of "SPI".	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Oxygen Concentrator (gas or liquid)	E0441-E0444	Yes.	
Oxygen; Concentrator Humidifier Regulator Stand Tent	E1390-E1392 E0550-E0563 E1353 E1355 E0455	Yes.	

OXYGEN

Covered if the oxygen has been prescribed for correction of hypoxemia. Supplies necessary to administer the oxygen such as nasal adapters, oxygen cannulas, and face masks are covered.

A. Portable Oxygen Systems. A patient meeting the requirements specified below may qualify for coverage of a portable oxygen system either (1) by itself or, (2) to complement a stationary oxygen system. A portable oxygen system is covered for a particular patient if:

- The claim meets the requirements specified above as appropriate; and
- The medical documentation includes a description of the activities or exercise routine (e.g., amount and frequency of ambulation) that the patient undertakes on a regular basis, and that requires the portable system in the home. The documentation must describe the medical therapeutic purpose to be served by the portable system that cannot be met by a stationary system.

Benefits Available

Benefits Not Available

Cryogenic Liberator Liquid O₂
Concentrator
a. Marx Oxygen Concentrator
(Model 600)
b. Mini-Concentrator
Face Mask
Flow Meter (Oxygen Regulator)
a. Medical Oxygen Regulator
Humidifier, Oxygen
Inhaler
I.P.P.B. Machine (Intermittent
Positive Pressure Breathing)
a. Bennett I.P.P.B. Machine

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
b. Bind I.P.P.B. Machine c. Fluidic Breathing Assistor d. Hand-E-Vent Liquid Oxygen Maxi-Myst Microstat Nebulizer Nebulizer Oximeter ... oximetry ... (if for use in conjunction with sleep studies/apnea, must be medically reviewed) Oxygen Tent Oxygen Walker Oximizer Pari Pulmo-Aide Pulmo-Mate			
Oxylite (Oxygen Conserver System)	E1399	Yes-Purchase only.	MCO
Oxymizer	A4615	Yes.	
“P”			
Pads		See specific name of pad.	

PADS

<u>Benefits Available</u>	<u>Benefits Not Available</u>
Alternating Pressure Pad Aquamatic K-Pad Aqua-Seat Flotation Pad (Wheelchair Pad) Easy Rest Convuluted Foam Pad Egg Crate Gel Flotation Pad Grant Alternating Pressure Pad Jay Cushion Lamb's Wool Pressure-Eze-Pad Roho Cushion Sheepskin Pad Stasis by Jobst Stryker Flotation Pad Water and Pressure Pad Akrus Gel Pad	Blue Pads Chux Incontinent Niagra Thermo-Cyclopad Unit Orthopad

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
PENS	E0720-E0730	Yes-See Electrical Nerve Stimulators.	
Palumbo Knee Brace	L1810	Yes.	
Paraffin Bath Unit	A4265, E0235	Yes.	
Parallel Bars	A9270	No.	M40 D
Parenteral Nutrition Supplies (Home)	B4164-B5200	Yes-Refer to "Parenteral Nutrition Supplies".	S

PARENTERAL THERAPY, HOME

Covered if there is a temporary or permanent ineffective absorption capacity or swallowing ability to sustain required nutritional needs. Supplies include IV solutions, IV tubing, IV filters, topical antibiotics, gauze dressings, sterile gloves, tape, catheter caps, syringes, stop clocks, needles, disposable alcohol wipes, and rental of infusion pump (refer to "Pump").

Pari Jet Nebulizer	E1399, E0570	Yes.	
Pari Vortex Spacer	A4627	Yes.	
Patient Lift	E0621-E0635	Yes.- Refer to "Chair, Lift, Seat, and Seat Lift".	
Pavlik Harness	L1620	Yes-Refer to "Brace".	
Peak Flow Meter	A4614, S8096	Yes.	
Pelvic Floor Muscle Stimulator	E0740, E0746	I.C.-See Medical Policy, VII.40	
Pelvic Floor Muscle Training Weights	E0740	Yes.	
Percussion Pac or Percussor	E0480	Yes-For mobilizing respiratory tract secretions in patients with chronic obstructive lung disease.	
Percutaneous Electrical Nerve Stimulation (PENS)	L8680	Yes.-See Electrical Nerve Stimulation.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Peripheral Circulatory Assist (PCA) Pad	E0181, E0180	Yes--If patient has or is highly susceptible to decubitus ulcers. See Pad.	
Philadelphia Cervical Collar	L0120-L0200	Yes-Refer to "Brace".	
Phototherapy Equipment	E0202	Rental Only	
Pillow	A9270, E0190	No.	

PILLOW

Is a comfort item and benefits are not available.

Examples:

Benefits Not Available

		Cervical Pillow Niagra Massage Pillow Pillo-Pedic Traction Sacro-Ease Therapeutic Pillow (by "The Pillow Co.") Wal-Pil-O Water Pillow Wedge Pillow	
Pivot Disc	A9270	No.	MCO
Plastozote Sandal	L3265	Yes.	
Pneumatic Appliance/Compressor	E0650-E0673	Yes, Refer to Lymphedema Pump	
Pneumatic Back Traction Vest	E1399	No-I.C.-See Medical Policy, VII.57.	
Pneumatic Splint	L4350-L4380	Yes.	
Pogon Buggy	E1031	I.C.-Refer to "Wheelchair"--pg. 30.	
Pointers Plus TENS Unit	A9270	No-This is an Acupuncture TENS Unit.	M60

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Polar Care	E0218	Yes.	
Port O ² cone RR	E1392	Yes.	
Portable-Gaseous Oxygen System--Purchase	E0430	Yes.	
L7 Liquid	E0435	Yes.	
Portable Room Heater	A9270	No.	M19
Portable Whirlpool Pump	E1300, E1310	No—Refer to "Whirlpool".	MCO
Postural Drainage Board	E0606	Yes.	MCO
Posturepedic Mattress	E0271	Yes-Refer to "Mattress".	
Posture Support Chair	E1031	I.C.-Refer to "Chair, Lift, Seat, and Seat Lift".	
Power Operated Vehicle	E1230	I.C.—See "Wheelchair".	
Power Soles (shoe inserts)	A9270	No.	M06
Prafo Splint	A4570	Yes-Refer to "Brace".	
Pregestimil	A9270	No.	M43
Prenatal Cradle	E1399	Yes.	
Preset Portable Oxygen Unit	E0430, E0431-E0435	Yes.	MCO
Pressure-Eze-Pad	E0184, E0199	Yes.	
Pressure Gradient Leg Supports	A6530-A6549	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Pro-Glide Orthosis	A9270	No.-Refer to "Brace, Orthotic Device, Splint".	MCO
Pronex (Cervical)	A9270	No.	MCO
Prosthesis	L5000-L9900, D5911-D5999	Refer to "Prosthesis".	O/P
Prosthetic Donning Sleeve	L7600	Yes.	
Prosthetic Shoe	L8499	Refer to "Prosthesis".	O/P

PROSTHESIS

The purpose of a prosthesis is to replace a body part. Covered prostheses include:

1. Artificial limbs include prosthetic shoe/shoes--a device used when all or a substantial portion of the front part of the foot is missing. The function of the prosthetic shoe is quite distinct from that of excluded orthopedic shoes and supportive foot devices which are used by individuals whose feet, although impaired, are essentially intact. The coverage of artificial arms and legs includes payment for hooks even though the patient may not require an artificial limb. Coverage for prosthesis also includes coverage for all prosthetic sheaths, socks and shrinkers.
2. Breast.
 - Flex-Pads
3. Maxillofacial prosthetics.
4. Extraoral prostheses.
 - Facial moulage (sectional).
 - Facial moulage (complete).
 - Nasal prosthesis.
 - Auricular prosthesis.
 - Orbital prosthesis.
 - Ocular prosthesis.
 - Composite facial prosthesis.

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
5. Intraoral prosthesis--acquired defects.			
<ul style="list-style-type: none"> • Surgical obturator. • Postsurgical obturator. • Mandibular resection (flange) prosthesis. 			
6. Intraoral prosthesis--congenital defects.			
<ul style="list-style-type: none"> • Superimposed prosthesis. • Palatal lift prosthesis (payable for ALS patients and other soft palate paralysis). • Obturator. 			

Prosthetic Shoe

Covered when all or a substantial portion of the front part of the foot is missing. It is considered a structural supplement replacing a totally or substantially absent foot. The function of the prosthetic shoe is quite distinct from that of excluded orthopedic shoes and supportive devices which are used by individuals whose feet, although impaired, are essentially intact.

Individual consideration will be given to a replacement if medical rationale justifies the needed change.

Protective Sclerol Shells	V2627	Yes.	
Protein Strips	E1399	Yes.	
Prottime Monitor	E1399	I.C.-See Medical Policy, VII.42.	
Protonics Brace	E1399	I.C.-See Medical Policy VII. 47	
Psora--Comb	A9270	No.	MCO
Pulmo-Aide by DeVilbiss	E0570	Yes.	
Pulmo-Wrap	E0459	I.C.-Refer to "Negative Pressure Ventilator".	
Pulsamate (Pulse Indicator)	A9270	No.	MCO
Pump, electric or portable	B9000-B9006 E0779-E0791 E1520	See Pump, Infusion.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Pump, implantable	E0782, E0783, E0785, E0786.	I.C-See Medical Policy, III.59.	

PUMP, INFUSION

1. Electric.
2. Implantable.
3. Portable.

Infusion pumps are used to regulate 1) intravenous flow of fluid, drug, nutritional product, 2) subcutaneous pulsative drug therapy, and 3) gastric intestinal nutritional feedings.

Known F.D.A. Approved Pumps

CORMED
I-Med
INFUSAID Pump Model 400
INFUSAPORT
Verifuse
Intelliject
"The Liberator" by CORMED, Inc.
Sigmamotor Mobile Infusor
Watkins Chronofusor

(Refer to Home Infusion Guidelines and HCPCS Code Descriptions)

"Q"

Quad-Cane	E0105	Yes.	
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"R"

Raised Toilet Seat	E0244	Yes.	
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Rascal	E1230	I.C.-Refer to "Wheelchair".	
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Recliner with Elevating Seat	E0627-E0629	I.C.-Refer to "Chair, Lift, Seat, and Seat Lift".	
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Repair, Skilled Technician	E1340	Yes.	
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Respiradyne	A9270	No.	MCO
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<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Respirator	E0450 E0460-E0472	Yes-Refer to "Respirator/Ventilator".	

RESPIRATOR/VENTILATOR

Benefits Available

Benefits Not Available

Respirator (Ventilator) ... with alarms*

- a. Bendix Respiratory Support System
- b. Bennett Respirator
- c. Bird Respirator
- d. Companion 2801 Ventilator

* Back-up alarm for ventilator by I.C. - Known Name Ventronics Alarm

* We will allow back-up humidifier and tubing for a ventilator.

Respond Neuromuscular Stimulator by Medtronic	E0745	I.C.-Refer to "Electromuscle Stimulators"	
Response System	L7900	Yes.	
Restraints	E0710	No.	
Rest-A-Matic Adjustable Beds	A9270	No-Refer to "Hospital Bed".	MCO
Restorator (Exerciser)	A9270, A9300	No.	M40
Rib Belt	L0210-L0220	Yes.	
Reid Sleeve	E1399	Yes.	
Rifton Gait Trainers	E0130-E0147 E8000-E8002	Yes.	
Rinoflow Nasal Wash System	A9270	No.	
Roho Cushion	E2601-E2610	Yes.	
Rollabout Chair	E1031	No-	MCO

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Rolleraid	E1399, E0118	No	MCO
Rolls Runabout	E1031	No	MCO
"S"			
S.O.M.I. Brace	L0190	Yes-Refer to "Brace".	
Sacro-Ease	A9270, E0190	No-"Sacro-Ease" is a pillow.	MCO
Safety Grab Bar/Bars	E0241-E0243 E0910-E0912 E0940	Yes.	
Sanitary Belt and Pads	A9270	No.	M19
Sauna Bath	A9270	No.	M19
Saunder Cervical Home Trac	E0855	Yes.	
Scolitron	E0744	No-Refer to Medical Policy III.20.	M60
Scottish Rite Orthosis	L1730	Yes-Refer to "Brace, Orthotic Device, Splint".	
Seat Lift	E0621-E0635	I.C.-Refer to "Chair, Lift, Seat, and Seat Lift".	
Servox	L8500	I.C.-Refer to "Speech Aid	
Sheepskin Pad	E0188, E0189	Yes.	
Shoe, Orthopedic	L3201-L3257	I.C.-Payable only if attached to brace. Refer to Auditors Manual	O/P
Shoulder CPM	A9270, E0935, E0936	No.-See Medical Policy, VII.15.	M60

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Shoulder, Stabilizer	L3670	Yes.	
Shoe, Prosthetic	L8499	Yes-Refer to "Prosthesis".	
Shoulder Pulley	A9300	No.	
Shower Chair	E0245	Yes.	
SIDS Monitor	E0618, E0619	Yes.	
Sierra	E1230	I.C.-Refer to "Wheelchair".	
Sigma Mobile Infusion Pump	B9000-B9006 E0779-E0791 E1520	Yes-Refer to "Pump". See Home Infusion Guidelines)	
Sigvaris Pressure Gradient	A6530-A6549	Yes-Refer to "Surgical Support Stockings".	
Silastic Gel Sheeting	A6025, A9270	No.	M56
Sitting Support Orthosis (S.S.O.)	E0992	Yes-Refer to "Chair, Lift, Seat, and Seat Lift".	
Sitz Bath	E0160, E0161	Yes.	
Skin Barrier	A4369-A4375 A4405-A4441 A5120-A5122	Yes.	
Sleep Apnea Appliance	E0485-E0486	Yes	
Sling	A4565	Yes.	
Sleep Sentry	A9270	No.	MCO
Smoke Break--Stop Smoking System	A9270	No.	MCO

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Soken PEMS	A9270	No-Refer to "Electrical Nerve Stimulation".	M60
Sonic Accelerated Fracture Healing System (SAFHS)	E0760	Yes.	
Spacer, Metered Dose Inhaler	A4627, S8100, S8101	Yes.	
Speech Aid / Generating Device	E2500, E2502, E2504, E2506, E5808, E2510, E2511, E2512, E2599.	I.C.-See Medical Policy, VII.59 or Medical Policy, VII. 67.	

SPEECH AID

1. Electronic

Covered when the patient has had a laryngectomy or his larynx is permanently inoperative. There are two types of speech aids. One operates by placing a vibrating head against the throat; the other amplifies sound waves through a tube which is inserted into the user's mouth. A patient who has had radical neck surgery and/or extensive radiation to the anterior part of the neck would generally be able to use only the "oral tube" model or one of the more sensitive and more expensive "throat contact" devices.

2. Antistuttering

Benefits Available

Benefits Not Available

Known Product Names

Blom-Singer Tracheostoma Valve Patient Kit
Pangy Button
Western Electric Electrolarynx
Servox

Edinburgh Master
Fluency Master

Speech Teaching Equipment	A9270	No.	M24
Spinal-Stim	E0748, E0749	I.C.-Refer to "Electromagnetic Bone Growth Stimulator.	
Sphygmomanometer with Cuff	A4660	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Sphygmostat	A4660	Yes.	
Spinal Pelvic Stabilizer	A9270	No.	MCO
Splint	A4570, S8450-S8452	Yes-Refer to "Brace".	
SportX (TENS Unit)	E0720, E0730	Yes.	
Stairglide	A9270	No—Refer to "Elevator".	M19
Stairway Elevator	A9270	No--Refer to "Elevator".	M19
Stand Aid	E1399	Yes.	
Standing Frame (with tray table, if requested)	E0638, E0641-E0642	Yes.	
Standing Table	E1399	Yes.	
Stand-N-Go	A9270	No.	MCO
Stadodyn EMS	E0745	I.C.-Refer to "Electromuscular Stimulators."	
Staple Remover	A4649	Yes.	
Stasis Pads by Jobst	E0185, E0196	Yes.	
Stay Erec	L7900	Yes.	
Step Prosthesis	L5999	Refer to "Prosthesis".	
Stethoscope	E1399	Yes.	
Stocking, Compression	A6530-A6549	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Stump Socks	L8470, L8485, L8480	Yes.	
Suction Machine	E0600	Yes.	
Sun Light Light Box	A9270	No.	M19
Support Stockings	A6530-A6549, A4490-A4510	Yes.	
SureHand Lift System	A9270	No-Refer to "Chair, Lift, Seat and Seat Lift".	MCO
Surgi-Bed	A9270	No-Refer to "Hospital Bed".	MCO
Surgical Binder	A4465	Yes.	
Surgical Boot/Shoe	L3260, L3265	Yes.	
Surgical Support Stockings	A4490-A4510	Yes.	

SURGICAL SUPPORT STOCKINGS

A therapeutic means of enhancing venous return from the lower extremities. Support stockings are only payable if they are custom-fitted.

<u>Benefits Available</u>	<u>Benefits Not Available</u>
A.B.C.O. Anti-Embolism Bellhorn Anti-Embolism Stockings Camp Support Hose Fast-Fit Stockings by Jobst Jobst Stockings Juzo Support Stockings Medi USA Compression Stockings Sigvaris Pressure Gradient T.E.D. Anti-Embolism Stockings Venous Pressure Gradient Support (V.P.G.S.) by Jobst and with individual measurements Woodbury Futuro Stockings	Leotards Pressure Leotards

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Swim Molds	E1399	Yes.	
Swivel Adapter (Trach)	S8186	Yes.	
Synergist Erection System	L7900	Yes.	
Syringe	A4206-A4209, A4213, A4232	Yes.	
"T"			
TAP	E0485-E0486	Yes-	
TED Anti-Embolism Stockings	A4490-A4510, A6530-A6549	Yes.	
TENS	E0720-E0730	Yes.	
TENS Garment	E0731	Yes.	
TENS Supplies	A4556, A4595	Yes.	
TLC Chair by Ortho-Kinetics, Inc.	A9270	No-Refer to "Chair, Lift, Seat, and Seat Lift".	MCO
TMJ, Temporomandibular Joint Appliance	L8499	I.C.-Refer to Medical Support.	M4D
Telephone Alert System	A9270	No.	M19
Telephone Arm	A9270	No.	M19
Thera-band	A9270, A9300	No.	
Temporomandibular Joint Appliance (TMJ)	L8499	I.C. Refer to Medical Support.	M4D
Tempur-Med Mattress	E1399	No.-Refer to "Mattress."	
Tempur-Pedic Sleep Systems	E1399	No-Refer to "Hospital Bed."	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Tender Grips	A4649, E1399	Yes.	
Therabyte	E1700	I.C.	
Therapulse Bed	E0193	I.C.-Rental only-Refer to "Hospital Bed".	
Theraputty	A9300	No.	
Thermometer (oral or rectal)	A4931-A9270	No.	MCO
Thermotherapy	A9270	No.	MCO
Thoracic-Lumbo-Sacral Orthosis with Pneumataic Inflation	E1399	I.C.—Refer to Medical Policy VII.57	M60
Thoracolumbar Sacral Orthosis	L0450-L0492	Yes-Refer to "Brace".	
Thorton Anterior Positioner (TAP) (for Sleep Apnea)	E0485-E0486	Yes.	
Thumb Post	A9270	No.	MCO
Tinnitus Maskers	E1399	No.	MCO
Toe-Off Gait Device	L1945	Yes.	
Toilet Seat, raised or special modifications	E0244	Yes.	
Toilet Rail	E0243	Yes.	
Tongue Retaining Device	E1399	Yes.	
Toothettes	A9270	No.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Topi Gel	A9270	No—Deny investigational.	M6O
Tracer II BG	E0607	Yes-Refer to "Diabetes".	
Tracheotomy Supplies	A4623-A4626, A4629, A7501-A7527	Yes.	
Tracheostomy Speaking Valve	L8501	Yes	
Traction Equipment	E0830-E0900, E0946-E0948	Yes	
Transcutaneous Electrical Nerve Stimulation (TENS)	E0720, E0730, E0762-E0764	Yes.	
Transfer Bench	E0247-E0248	Yes.	
Transfer Board	E0705, E0972	Yes.	
Transfer Pole	E0705	No	
Translift Chair	A9270	No-Refer to "Chair, Lift, Seat, and Seat Lift".	MCO
Transport Chair	K0001	I.C.-Refer to Wheelchair.	
Tranquility Plus	E0601	Yes-Refer to "CPAP".	
Trapeze Bar	E0910-E0912, E0940	Yes.	
Treadmill Exerciser	A9300	No.	M4O
Truss	L8300-L8330	Yes.	
Tub Chair (Bathtub Seat)	E0245	Yes-Refer to "Chair, Lift, Seat, and Seat Lift".	

"U"

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
U-Step Walking Stabilizer	E1399	Yes	
Ultima XS (TENS Unit)	E0720, E0730	Yes.	
Ultrasound Machine	A9270	No.	MCO
Ultraviolet Cabinet	E0691-E0694	I.C.-Refer to "Ultraviolet Cabinet". See Medical Policy, I.18.	

ULTRAVIOLET-B LIGHT CABINET

All claims to Medical Support. Covered for home purchase with individual consideration using below criteria:

1. Patients with intractable generalized psoriasis, vitiligo or mycosis fungoides. (This form of psoriasis is defined as that form of disease extending beyond knees and elbows.)
2. Dermatologist's prescription with treatment plan for the patient naming the specific Ultraviolet-B Light Cabinet to be purchased.
3. Ultraviolet-B Light Cabinet must be F.D.A. approved.

Known F.D.A. Approved Lights

Jordan Light
Panasol UVB Light
Foldalite - B
Daavlin

Unna Boot	A6456	Yes.	
Upholstered Sitting Support Orthosis (U.S.S.O.)	E0992	Yes-Refer to "Chair, Lift, Seat, and Seat Lift".	
Ureterostomy Supplies	A4361-A4434, A5051-A5053, A5120-A5200	Yes-Refer to "Ostomy".	
Urinal	E0325, E0326	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
UV-Flash Ultraviolet Germicidal Device	E1399	I.C.	
"V"			
VPGS Supports (Venous Pressure Gradient Support Stockings)	A6530-A6549	Yes-Refer to "Surgical Support Stockings".	
Vacuum Assisted Socket System ("Harmony")	L5999	Yes.	
Vacuum Erection System	L7900	Yes.	
Vaginal Dilators	E1399	Yes.	
Vail Enclosed Bed	E1399	No.	
Vaporizer	E0605	No.	M19
Vasopneumatic Compression Device	E1399	Yes.	
Venous Pressure Gradient Support (VPGS) Stockings by Jobst	A6530-A6549	Yes.	
Ventilator	E0450, E0460, E0461 E0463-E0472	Yes-Refer to "Respirator/Ventilator".	
Vest Airway Clearance System	E0483	I.C.—See Medical Policy VII.35.	
Visco Elastic Foam Mattress	E1399	Yes.	
Vitrectomy Face Support	E1399	Yes.	
Vivonex	A9270	No.	M43

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
"W"			
Walkers	E0130-E0149	Yes.	
Wallaby Home Phototherapy	E0202	Rental only.	
Wal-Pil-O	E0190	No.	M19
Water Beds	A9270	No-Refer to "Hospital Bed".	MCO
Water Circulating Pads	E0217-E0218	Yes.	
Water Guard (Cast and Bandage Protector)	E1399	Yes.	
Water Pik	A9270	No.	M19
Water and Pressure Pad and Mattress	E0187	Yes.	
Water Purification System	E1610, E1615	.-Refer to "Dialysis".	
Water Softening System	E1625	.-Refer to "Dialysis".	
Wedge Pillow	A9270, E0190	No.	M19
Western Electric Electrolarynx	L8500	Yes.	
Wheaton Bracing System	L1930, L2999	Yes--Refer to "Brace".	
Wheelchairs	:E0951-E1298, K0001-K0195, K0800- K0899	Refer to "Wheelchair". Yes. -Manual Wheelchairs I.C. -Power Wheelchairs	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE?</u> <u>(Yes, No,</u> <u>or Individual Consideration--I.C.)</u>	<u>Remark</u> <u>Code</u>
<u>WHEELCHAIR</u>			

A wheelchair is a chair on wheels which provides required support of the pelvis, back, head, and limbs; maintains good body alignment; and adjusts to the individual's needs in changing positions. It should meet the patient's mobility needs safely and permit maximum independence in the home/office. Although it is primarily used in the home setting, it may be suitable for use outside the home as well. Vehicles only able to be utilized outside the home are not considered wheelchairs.

Benefits are available if the patient's condition is such that without the use of a wheelchair he/she would be bed/chair confined.

Coverage of a wheelchair with special features by individual consideration is limited to medical necessity needs of the patient's condition. Examples:

1. A narrow wheelchair (though more expensive) for:
 - a. to pass narrow doors or hallways in patient's home;
 - b. a slender built patient.

Replacement and/or repair of wheelchair--only if medically necessary. Examples:

1. Change in patient's medical condition.
2. Child's normal growth process.
3. The item is irreparable and/or the cost of repairs exceeds the expense of purchasing a second piece of equipment.
4. The item is five or more years old. This should not be an absolute criteria since there may be cases where equipment needs replacement after less than five years. However, if the equipment is less than five years old, additional scrutiny may be necessary to verify the need to purchase replacement DME.

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
<u>Power-Operated Wheelchairs</u>			
As of April 1, 1987, power-operated wheelchairs are covered if the patient's condition is such that a wheelchair is medically necessary and the patient is unable to operate the wheelchair manually. These vehicles have been appropriately used in the home setting for vocational rehabilitation, and to improve the ability of chronically disabled persons to cope with normal domestic vocational and social activities, using below criteria:			
<ol style="list-style-type: none"> 1. This type of wheelchair must be prescribed by an M.D. 2. The patient must be unable to operate the wheelchair manually. 3. The vehicle should be designed for single occupancy only and be adaptable for both indoor and outdoor usage. 			
Covered Accessories:			
<ol style="list-style-type: none"> 1. Safety belt. 2. For electric--initial purchase of battery and battery charger. 3. Aqua-Seat Flotation Pad if the patient has or is prone to decubitus ulcers. 			
<u>Known Product Names</u>			
Amigo			
Aprica Mini-Stroller			
Cycle			
Mobie			
Motorized			
Orthokinetic (Adaptive Wheelchair)			
Pogon Buggy			
Porta Scooter			
Rascal			
Rolls Runabout			
Scoota			
Sierra			
Travel Chair by Ortho-Kinetic			
Kid-Kart			
Wheelchair Lift	A9270	No-Refer to "Chair Lift, Seat, Seat Lift".	M19
Wheelchair Ramp	A9270	No.	M19
Wheelchair Tray	E0950	Yes	MCO

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Wheel-O-Vator	A9270	No-Refer to "Elevator".	MCO
Whirlpool Bath Equipment (Standard)	E1310	I.C.-Refer to "Whirlpool".	
Whirlpool Pump	A9270	No.	MCO

WHIRLPOOL BATH EQUIPMENT (STANDARD)

Covered under the following conditions:

1. Patient is homebound*.
2. Patient has a chronic condition (to exceed 90 days).
3. Patient's condition is expected to receive substantial therapeutic benefit justifying the cost.

*Homebound--defined as a patient's condition due to illness or injury restricts his/her ability to leave his/her place of residence except with the aid of supportive devices such as crutches, canes, a wheelchair, or a walker; or the use of special transportation, the assistance of another person, or if leaving his home is medically contraindicated.

<u>Benefits Available With Individual Consideration</u>	<u>Benefits Not Available</u>		
Whirlpool Bath Equipment (Standard Only)	Action Bath Hydro Massage Aero Massage (Portable Pump) Air-N-Aqua (Portable Pump) Aquasage Portable Aqua-Whirl Hydro Jet Whirlpool Bath Jacuzzi Massage-A-Way Whirlpool Pump McKune Portable Whirlpool Pump Thermo Jet Turbo Jet Whirl-A-Bath Whirl-O-Matic Whirlpool Pump		
Wig and Wig Styling	A9282, S8095	No.	M19
Wound Vac	E2402	Yes.	

<u>Item</u>	<u>HCPC Code</u>	<u>ELIGIBLE FOR COVERAGE? (Yes, No, or Individual Consideration--I.C.)</u>	<u>Remark Code</u>
Wound Vac Canister	A6550	Yes.	
Wound Vac Dressing	A6550	Yes.	
Wrist Cockup (WHO) Splint	L3908	Yes.	
Z-Coil Shoes	E1399, A9270	No.	MCO

Remark Code:

O/P: Orthotics/Prosthetics
M Codes: See Auditing Manual