

# HCPCS Level II Definitions and Guidelines

## Introduction

One of the keys to gaining accurate reimbursement lies in understanding the multiple coding systems that are used to identify services and supplies. To be well versed in reimbursement practices, coders should be familiar not only with the American Medical Association's (AMA) Physicians' Current Procedural Terminology (CPT®) coding system (HCPCS Level I) but also with HCPCS Level II codes, which are becoming increasingly important to reimbursement as they are extended to a wider array of medical services.

## HCPCS Level II—National Codes

HCPCS Level II codes commonly are referred to as national codes or by the acronym HCPCS (pronounced "hik-piks"), which stands for the Healthcare Common Procedure Coding System. HCPCS codes are used for billing Medicare and Medicaid patients and have been adopted by some third-party payers.

These codes, updated and published annually by the Centers for Medicare and Medicaid Services (CMS), are intended to supplement the CPT coding system by including codes for nonphysician services, administration of injectable drugs, durable medical equipment (DME), and office supplies.

When using HCPCS Level II codes, keep the following in mind:

- CMS does not use consistent terminology for unlisted services or procedures. The code descriptions may include any one of the following terms: unlisted, not otherwise classified (NOC), unspecified, unclassified, other and miscellaneous.
- If billing for specific supplies and materials, avoid CPT code 99070 (General supplies), and be as specific as possible unless the local carrier directs otherwise.
- Coding and billing should be based on the service provided. Documentation should describe the patient's problems and the service provided to enable the payer to determine reasonableness and necessity of care.
- Refer to the Online CMS Manual System ([www.cms.hhs.gov/home/regsguidance.asp](http://www.cms.hhs.gov/home/regsguidance.asp)) or third-party payment policy to determine whether the care provided is a covered service.
- When both a CPT and HCPCS Level II code share nearly identical narratives, apply the CPT code. If the narratives are not identical, select the code with the narrative that better describes the service. Generally, for Medicare claims, the HCPCS Level II code is more specific and takes precedence over the CPT code.

## Structure and Use of HCPCS Level II Codes

The main terms are in boldface type in the index. Main term entries include tests, services, supplies, orthotics, prostheses, medical equipment, drugs, therapies, and some medical and surgical procedures. Where possible, entries are listed under a common main term. In some instances, the common term is a noun; in others, the main term is a descriptor.

## Searching the Index

The steps to follow for searching the index are:

1. Analyze the statement or description provided that designates the item to be coded.
2. Identify the main term.
3. Locate the main term in the index.
4. Check for relevant subterms under the main term. Verify the meaning of any unfamiliar abbreviations.
5. Note the codes found after the selected main term or subterm.
6. Locate the code in the alphanumeric list to ensure the specificity of the code. If a code range is provided, locate the code range and review all code narratives in that code range for specificity.

In some cases, an entry may be listed under more than one main term.

Never code directly from the index. Always verify the code choice in the alphanumeric list and the index.

## HCPCS Level II Codes: Sections A–V

Level II codes consist of one alphabetic character (letters A through V) and four numbers. Similar to CPT codes, they also can have modifiers, which can be alphanumeric or two letters. National modifiers can be used with all levels of HCPCS codes.

The HCPCS coding system is arranged in 17 sections:

A codes	A0021–A9999	Transportation Services Including Ambulance, Medical/Surgical Supplies, and Administrative, Miscellaneous, and Investigational
B codes	B4034–B9999	Enteral and Parenteral Therapy
C codes	C1300–C9999	Outpatient PSS
E codes	E0100–E8002	Durable Medical Equipment
G codes	G0008–G9140	Procedures/Professional Services (Temporary Codes)
H codes	H0001–H2037	Alcohol and Drug Abuse Treatment Services
J codes	J0120–J9999	Drugs Administered Other Than Oral Method, Chemotherapy Drugs (Exception: Oral Immunosuppressive Drugs)
K codes	K0001–K0899	Durable Medical Equipment for Medicare Administrative Contractors (DME MACs) (Temporary Codes)
L codes	L0112–L9900	Orthotic and Prosthetic Procedures, Devices
M codes	M0064–M0301	Medical Services
P codes	P2028–P9615	Pathology and Laboratory Services
Q codes	Q0035–Q9967	Miscellaneous Services (Temporary Codes)
R codes	R0070–R0076	Radiology Services

S codes	S0012–S9999	Commercial Payers (Temporary Codes)
T codes	T1000–T9999	Medicaid Services
V codes	V2020–V5364	Vision, Hearing and Speech-Language Pathology Services

**Dental Codes**

The Centers for Medicare and Medicaid Services is no longer including the D codes as part of the HCPCS Level II code set effective January 1, 2011. These codes are published and maintained by the American Dental Association and can be obtained through that association.

**Section Guidelines**

Examine the instructions found at the beginning of each of the 17 sections. Instructions include the guidelines, notes, unlisted procedures, special reports and the modifiers that pertain to each section.

Use the alphabetic index to initially locate a code by looking for the type of service or procedure performed. The same rule applies: never code directly from the index. Always check the specific code in the appropriate section.

**The Conventions: Symbols and Modifiers**

Symbols used in the HCPCS Level II coding system may be presented in various ways, depending on the vendor. In this publication the pattern established by the AMA in the CPT code book is followed. For example, bullets and triangles signify new and revised codes, respectively.

When a code is new to the HCPCS Level II system, a bullet (●) appears to the left of the code. This symbol is consistent with the CPT coding system’s symbol for new codes. The bullet represents a code never before seen in the HCPCS coding system.

**Example**

**A4566** **Shoulder sling or vest design, abduction restrainer, with or without swathe**

A triangle (▲) is used (as in the CPT coding system) to indicate that a change in the narrative of a code has been made from the previous year’s edition. The change made may be slight or significant, but it usually changes the application of the code.

**Example**

**A6248** **Hydrogel dressing, wound filler, gel, per fluid ounce**

In certain circumstances, modifiers must be used to report the alteration of a procedure or service or to furnish additional information about the service, supply or procedure that was provided. In the HCPCS Level I (CPT) coding system, modifiers are two-digit suffixes that usually directly follow the five-digit procedure or service code.

In HCPCS Level II, modifiers are composed of two alpha or alphanumeric characters that range from AA to VP.

**E0260-NU** **Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress**

NU = identifies the hospital bed as new equipment

Although both alpha and numeric modifiers are common throughout the country, some regional carriers do not recognize their use due to software limitations. It may be necessary to provide a cover letter, an invoice or other specific documentation with the claim for clarification.

**Modifiers for Reporting Physical Therapy Services**

The following HCPCS Level II modifiers are commonly used by physical therapy providers.

- A1 Dressing for one wound
- A2 Dressing for two wounds
- A3 Dressing for three wounds
- A4 Dressing for four wounds
- A5 Dressing for five wounds
- A6 Dressing for six wounds
- A7 Dressing for seven wounds
- A8 Dressing for eight wounds
- A9 Dressing for nine or more wounds
- AV Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
- AW Item furnished in conjunction with a surgical dressing
- BP The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
- BR The beneficiary has been informed of the purchase and rental options and has elected to rent the item
- BU The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
- CC Procedure code change (use ‘CC’ when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)
- F1 Left hand, second digit
- F2 Left hand, third digit
- F3 Left hand, fourth digit
- F4 Left hand, fifth digit
- F5 Right hand, thumb
- F6 Right hand, second digit
- F7 Right hand, third digit
- F8 Right hand, fourth digit
- F9 Right hand, fifth digit
- FA Left hand, thumb
- FB Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
- FC Partial credit received for replaced device

GA	Waiver of liability statement on file	LT	Left side (used to identify procedures performed on the left side of the body)
GB	Claim being resubmitted for payment because it is no longer covered under a global payment demonstration	M2	Medicare Secondary Payer (MSP)
GK	Reasonable and necessary item/service associated with a GA or GZ modifier	RA	Replacement of a DME item
GL	Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (ABN)	RP	Repair and replacement of a DME item
GN	Services delivered under an outpatient speech language pathology plan of care	RT	Right side (used to identify procedures performed on the right side of the body)
GO	Services delivered under an outpatient occupational therapy plan of care	ST	Related to trauma or injury
GP	Services delivered under an outpatient physical therapy plan of care	T1	Left foot, second digit
GU	Waiver of liability statement issued as required by payer policy, routine notice	T2	Left foot, third digit
GX	Notice of liability issued, voluntary under payer policy	T3	Left foot, fourth digit
GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit	T4	Left foot, fifth digit
GZ	Item or service expected to be denied as not reasonable and necessary	T5	Right foot, great toe
HJ	Employee assistance program	T6	Right foot, second digit
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge	T7	Right foot, third digit
K0	Lower extremity prosthesis functional level 0—does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility.	T8	Right foot, fourth digit
K1	Lower extremity prosthesis functional level 1—has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.	T9	Right foot, fifth digit
K2	Lower extremity prosthesis functional level 2—has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.	TA	Left foot, great toe
K3	Lower extremity prosthesis functional level 3—has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.	U1	Medicaid level of care 1, as defined by each state
K4	Lower extremity prosthesis functional level 4—has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete.	U2	Medicaid level of care 2, as defined by each state
		U3	Medicaid level of care 3, as defined by each state
		U4	Medicaid level of care 4, as defined by each state
		U5	Medicaid level of care 5, as defined by each state
		U6	Medicaid level of care 6, as defined by each state
		U7	Medicaid level of care 7, as defined by each state
		U8	Medicaid level of care 8, as defined by each state
		U9	Medicaid level of care 9, as defined by each state
		UA	Medicaid level of care 10, as defined by each state
		UB	Medicaid level of care 11, as defined by each state
		UC	Medicaid level of care 12, as defined by each state
		UD	Medicaid level of care 13, as defined by each state

### HCPCS Level II Codes and the Physical Therapist

CMS permits physical therapists billing independently to code with either CPT or HCPCS Level II codes for services delivered to Medicare beneficiaries. However, more recently, there has been an effort to reduce duplication between CPT and HCPCS Level II codes, and physical therapists should use CPT codes when they are available, choosing HCPCS Level II codes when there is no appropriate CPT code.

**A Codes: Medical and Surgical Supplies (A0021–A9999)**

This section covers a wide variety of medical and surgical supplies, as well as some DME-related supplies and accessories. Medicare generally covers DME-related supplies, accessories, maintenance, and repair under the prosthetic devices provision.

**A4265 Paraffin, per pound**

MED: Pub. 100-3, Section 280.1

**Coding Tip**

Portable paraffin bath units and supplies may be covered when the patient has undergone a successful trial period of paraffin therapy ordered by a provider and the patient's condition is expected to be relieved by long term use of this modality.

**Additional Miscellaneous Supplies**

**A4290 Sacral nerve stimulation test lead, each**

**A4450 Tape, non-waterproof, per 18 sq in**

MED: Pub. 100-2, Chapter 15, Section 120

**A4452 Tape, waterproof, per 18 sq in**

MED: Pub. 100-2, Chapter 15, Section 120

**A4455 Adhesive remover or solvent (for tape, cement or other adhesive), per ounce**

MED: Pub. 100-2, Chapter 15, Section 120

**A4456 Adhesive remover, wipes, any type, each**

**A4461 Surgical dressing holder, nonreusable, each**

**A4463 Surgical dressing holder, reusable, each**

**A4465 Nonelastic binder for extremity**

**A4466 Garment, belt, sleeve or other covering, elastic or similar stretchable**

**A4490 Surgical stocking above knee length, each**

MED: Pub. 100-2, Chapter 15, Section 100, 130; Pub. 100-3, Section 280.1

**A4495 Surgical stocking thigh length, each**

MED: Pub. 100-2, Chapter 15, Section 100, 130; Pub. 100-3, Section 280.1

**A4500 Surgical stocking below knee length, each**

MED: Pub. 100-2, Chapter 15, Section 100, 130; Pub. 100-3, Section 280.1

**A4510 Surgical stocking full length, each**

MED: Pub. 100-2, Chapter 15, Section 100, 130; Pub. 100-3, Section 280.1

**A4556 Electrodes (e.g., Apnea monitor), per pair**

**A4558 Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per ounce**

**A4559 Coupling gel or paste, for use with ultrasound device, per ounce**

**A4565 Slings**

● **A4566 Shoulder sling or vest design, abduction restrainer, with or without swathe**

**Coding Tip**

The initial casting of the fracture is considered part of the fracture care, inherent in the fracture care code. The sling, however, is not included in the global package for fracture care. Some carriers will pay for this additional patient care item; some will not. If the provider ordered the sling secondary to high probability of patient self-harm with a flailing, casted limb, or if the patient is a child who requires immobilization of the casted limb to avert further injury, reimbursement may be considered by some carriers. Clear evidence of these situations must be reflected in the medical documentation and should be submitted with the claim. In any case, it would be prudent to secure an advance beneficiary notice (ABN) from the patient in case a medical necessity denial is received.

**A4570 Splint**

MED: Pub. 100-2, Chapter 15, Section 100

**A4580 Cast supplies (e.g., plaster)**

MED: Pub. 100-2, Chapter 15, Section 100

**A4590 Special casting material (e.g., fiberglass)**

**A4595 Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)**

MED: Pub. 100-3, Section 270.3

**A4600 Sleeve for intermittent limb compression device, replacement only, each**

**A4630 Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient**

**A4635 Underarm pad, crutch, replacement, each**

**A4636 Replacement, handgrip, cane, crutch, or walker, each**

**A4637 Replacement, tip, cane, crutch, walker, each**

**A4649 Surgical supply; miscellaneous**

**Coding Tip**

Determine if an alternative national HCPCS Level II code or a local HCPCS Level III code better describes the supply being reported. Code A4649 should be used only if a more specific code is unavailable.

**A5113 Leg strap; latex, replacement only, per set**

MED: Pub. 100-2, Chapter 15, Section 120

**A5114 Leg strap; foam or fabric, replacement only, per set**

MED: Pub. 100-2, Chapter 15, Section 120

**Dressings**

Medicare claims fall under the jurisdiction of the durable medical equipment Medicare administrative contractor (DME MAC) unless otherwise noted.

<p><b>A6000</b> Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card MED: Pub. 100-3, Section 270.2</p>	<p><b>A6205</b> Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>Coding Tip</b> Noncontact normothermic wound therapy (NNWT) encourages wound healing by warming a wound to a preset temperature. The device consists of a noncontact wound cover that contains a flexible, battery-powered infrared heating card. Benefits are not available under Medicare for this therapy based on a national coverage decision.</p>	
<p><b>A6021</b> Collagen dressing, sterile, pad size 16 sq in or less, each MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6206</b> Contact layer, sterile, 16 sq in or less, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6022</b> Collagen dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6207</b> Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6023</b> Collagen dressing, sterile, pad size more than 48 sq in, each MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6208</b> Contact layer, sterile, more than 48 sq in, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6024</b> Collagen dressing wound filler, sterile, per 6 in MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6209</b> Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6025</b> Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6210</b> Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6154</b> Wound pouch, each MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6211</b> Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6196</b> Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6212</b> Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6197</b> Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6213</b> Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6198</b> Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6214</b> Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6199</b> Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6215</b> Foam dressing, wound filler, sterile, per gram MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6203</b> Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6216</b> Gauze, non-impregnated, non-sterile, pad size 16 sq in or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>
<p><b>A6204</b> Composite dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6217</b> 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 MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6218</b> Gauze, non-impregnated, non-sterile, pad size more than 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>

<p><b>A6219</b> Gauze, non-impregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6220</b> Gauze, non-impregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6221</b> Gauze, non-impregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6222</b> Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6223</b> Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6224</b> Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6228</b> Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6229</b> Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6230</b> Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6231</b> Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6232</b> Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in, but less than or equal to 48 sq in, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6233</b> Gauze, impregnated, hydrogel for direct wound contact, sterile, pad size more than 48 sq in, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6234</b> Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p>	<p><b>A6235</b> Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6236</b> Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6237</b> Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6238</b> Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6239</b> Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6240</b> Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6241</b> Hydrocolloid dressing, wound filler, dry form, sterile, per gram MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6242</b> Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6243</b> Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6244</b> Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6245</b> Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6246</b> Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6247</b> Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>▲ A6248</b> Hydrogel dressing, wound filler, gel, per fluid ounce MED: Pub. 100-2, Chapter 15, Section 100</p>
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<b>A6250</b>	<b>Skin sealants, protectants, moisturizers, ointments, any type, any size</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6407</b>	<b>Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard</b>
<b>A6251</b>	<b>Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6441</b>	<b>Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard</b>
<b>A6252</b>	<b>Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6442</b>	<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard</b>
<b>A6253</b>	<b>Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6443</b>	<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</b>
<b>A6254</b>	<b>Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6444</b>	<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard</b>
<b>A6255</b>	<b>Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6445</b>	<b>Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard</b>
<b>A6256</b>	<b>Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6446</b>	<b>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard</b>
<b>A6257</b>	<b>Transparent film, sterile, 16 sq in or less, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6447</b>	<b>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard</b>
<b>A6258</b>	<b>Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6448</b>	<b>Light compression bandage, elastic, knitted/woven, width less than three inches, per yard</b>
<b>A6259</b>	<b>Transparent film, sterile, more than 48 sq in, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6449</b>	<b>Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>
<b>A6266</b>	<b>Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6450</b>	<b>Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard</b>
<b>A6402</b>	<b>Gauze, non-impregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing</b> MED: Pub. 100-2, Chapter 15, Section 100	<b>A6451</b>	<b>Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard</b>
<b>A6403</b>	<b>Gauze, non-impregnated, sterile, pad size more than 16 sq in less than or equal to 48 sq in, without adhesive border, each dressing</b>	<b>A6452</b>	<b>High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard</b>
<b>A6404</b>	<b>Gauze, non-impregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing</b>	<b>A6453</b>	<b>Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard</b>
		<b>A6454</b>	<b>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard</b>
		<b>A6455</b>	<b>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard</b>
		<b>A6456</b>	<b>Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>
		<b>A6457</b>	<b>Tubular dressing with or without elastic, any width, per linear yard</b>

<p><b>A6501</b> Compression burn garment, bodysuit (head to foot), custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6502</b> Compression burn garment, chin strap, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6503</b> Compression burn garment, facial hood, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6504</b> Compression burn garment, glove to wrist, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6505</b> Compression burn garment, glove to elbow, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6506</b> Compression burn garment, glove to axilla, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6507</b> Compression burn garment, foot to knee length, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6508</b> Compression burn garment, foot to thigh length, custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6509</b> Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6510</b> Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6511</b> Compression burn garment, lower trunk including leg openings (panty), custom fabricated MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6512</b> Compression burn garment, not otherwise classified MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A6513</b> Compression burn mask, face and/or neck, plastic or equal, custom fabricated</p> <p><b>A6530</b> Gradient compression stocking, below knee, 18-30 mm Hg, each</p> <p><b>A6531</b> Gradient compression stocking, below knee, 30-40 mm Hg, each</p> <p><b>A6532</b> Gradient compression stocking, below knee, 40-50 mm Hg, each</p> <p><b>A6533</b> Gradient compression stocking, thigh length, 18-30 mm Hg, each</p> <p><b>A6534</b> Gradient compression stocking, thigh length, 30-40 mm Hg, each</p>	<p><b>A6535</b> Gradient compression stocking, thigh length, 40-50 mm Hg, each</p> <p><b>A6536</b> Gradient compression stocking, full length/chap style, 18-30 mm Hg, each</p> <p><b>A6537</b> Gradient compression stocking, full length/chap style, 30-40 mm Hg, each</p> <p><b>A6538</b> Gradient compression stocking, full length/chap style, 40-50 mm Hg, each</p> <p><b>A6539</b> Gradient compression stocking, waist length, 18-30 mm Hg, each</p> <p><b>A6540</b> Gradient compression stocking, waist length, 30-40 mm Hg, each</p> <p><b>A6541</b> Gradient compression stocking, waist length, 40-50 mm Hg, each</p> <p><b>A6544</b> Gradient compression stocking, garter belt</p> <p><b>A6545</b> Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each</p> <p><b>A6550</b> Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each MED: Pub. 100-2, Chapter 15, Section 100</p> <p><b>A9270</b> Noncovered item or service MED: Pub. 100-2, Chapter 16, Section 20</p> <p>● <b>A9273</b> Hot water bottle, ice cap or collar, heat and/or cold wrap, any type</p> <p><b>A9281</b> Reaching/grabbing device, any type, any length, each</p> <p><b>A9283</b> Foot pressure off-loading/supportive device, any type, each</p> <p><b>A9300</b> Exercise equipment MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1</p> <p><b>E Codes: Durable Medical Equipment (E0100-E9999)</b> Before an item can be considered DME, it must meet all of the following requirements:</p> <ul style="list-style-type: none"> <li>• It must be able to withstand repeated use.</li> <li>• It must be primarily and customarily used to serve a medical purpose.</li> <li>• It must be generally not useful to a person in the absence of an illness or injury.</li> <li>• It must be appropriate for use in the home.</li> </ul> <p>All E codes fall under the jurisdiction of the DME MAC unless otherwise noted.</p> <p><b>Canes</b></p> <p><b>E0100</b> Cane, includes canes of all materials, adjustable or fixed, with tip MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1, 280.2; Pub. 100-4, Chapter 20, Section 10.1</p>
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<b>E0105</b>	<b>Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 20.9, 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0140</b>	<b>Walker, with trunk support, adjustable or fixed height, any type</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1
<b>Crutches</b>		<b>E0141</b>	<b>Walker, rigid, wheeled, adjustable or fixed height</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1
<b>E0110</b>	<b>Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0143</b>	<b>Walker, folding, wheeled, adjustable or fixed height</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1
<b>E0111</b>	<b>Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0144</b>	<b>Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1
<b>E0112</b>	<b>Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0147</b>	<b>Walker, heavy duty, multiple braking system, variable wheel resistance</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 20.9; Pub. 100-4, Chapter 20, Section 10.1
<b>E0113</b>	<b>Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0148</b>	<b>Walker, heavy duty, without wheels, rigid or folding, any type, each</b>
<b>E0114</b>	<b>Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0149</b>	<b>Walker, heavy duty, wheeled, rigid or folding, any type</b>
<b>E0116</b>	<b>Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0153</b>	<b>Platform attachment, forearm crutch, each</b>
<b>E0117</b>	<b>Crutch, underarm, articulating, spring assisted, each</b>	<b>E0154</b>	<b>Platform attachment, walker, each</b>
<b>E0118</b>	<b>Crutch substitute, lower leg platform, with or without wheels, each</b>	<b>E0155</b>	<b>Wheel attachment, rigid pick-up walker, per pair seat attachment, walker</b>
<b>Walkers</b>		<b>E0156</b>	<b>Seat attachment, walker</b>
<b>E0130</b>	<b>Walker, rigid (pickup), adjustable or fixed height</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0157</b>	<b>Crutch attachment, walker, each</b>
<b>E0135</b>	<b>Walker, folding (pickup), adjustable or fixed height</b>  MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1	<b>E0158</b>	<b>Leg extensions for walker, per set of four (4)</b>
		<b>E0159</b>	<b>Brake attachment for wheeled walker, replacement, each</b>
		<b>E0185</b>	<b>Gel or gel-like pressure pad for mattress, standard mattress length and width</b>  MED: Pub. 100-3, Section 256, 280.1
		<b>E0190</b>	<b>Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories</b>
		<b>E0191</b>	<b>Heel or elbow protector, each</b>
		<b>E0197</b>	<b>Air pressure pad for mattress, standard mattress length and width</b>  MED: Pub. 100-3, Section 280.1
		<b>E0198</b>	<b>Water pressure pad for mattress, standard mattress length and width</b>  MED: Pub. 100-3, Section 280.1

**E0199 Dry pressure pad for mattress, standard mattress length and width**  
 MED: Pub. 100-3, Section 280.1

**Heat/Cold Application**

**E0200 Heat lamp, without stand (table model), includes bulb, or infrared element**  
 MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1

**E0205 Heat lamp, with stand, includes bulb, or infrared element**  
 MED: Pub. 100-2, Chapter 15, Section 110.1; Pub. 100-3, Section 280.1; Pub. 100-4, Chapter 20, Section 10.1

**E0210 Electric heat pad, standard**  
 MED: Pub. 100-3, Section 280.1

**E0215 Electric heat pad, moist**  
 MED: Pub. 100-3, Section 280.1

**E0217 Water circulating heat pad with pump**

**E0218 Water circulating cold pad with pump**

**E0225 Hydrocollator unit, includes pads**  
 MED: Pub. 100-2, Chapter 15, Section 230.3; Pub. 100-3, Section 280.1

**E0231 Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover**

**E0232 Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover**

**Coding Tip**

Noncontact normothermic wound therapy (NNWT) encourages wound healing by warming a wound to a preset temperature. The device consists of a noncontact wound cover that contains a flexible, battery-powered infrared heating card. Benefits are not available under Medicare for this therapy based on a national coverage determination or NCD.

**E0235 Paraffin bath unit, portable (see medical supply code A4265 for paraffin)**  
 MED: Pub. 100-2, Chapter 15, Section 230.3; Pub. 100-3, Section 280.1

**Coding Tip**

Portable paraffin bath units and supplies may be covered when the patient has undergone a successful trial period of paraffin therapy ordered by a provider and the patient's condition is expected to be relieved by long-term use of this modality.

**E0236 Pump for water circulating pad**  
 MED: Pub. 100-3, Section 280.1

**E0239 Hydrocollator unit, portable**  
 MED: Pub. 100-2, Chapter 15, Section 230.3; Pub. 100-3, Section 280.1

**Bath and Toilet Aids**

**E0240 Bath/shower chair, with or without wheels, any size**  
 MED: Pub. 100-3, Section 280.1

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

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

**Hospital Beds and Accessories**

**E0277 Powered pressure-reducing air mattress**  
 MED: Pub. 100-3, Section 280.1

**E0280 Bed cradle, any type**

**E0371 Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width**

**E0372 Powered air overlay for mattress, standard mattress length and width**

**E0373 Nonpowered advanced pressure reducing mattress**

**Suction Pump/Room Vaporizers**

**E0606 Postural drainage board**

**Transcutaneous and/or Neuromuscular Electrical Nerve Stimulators—TENS**

**E0720 Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation**  
 MED: Pub. 100-3, Section 160.2, 160.3, 160.7.1, 256

**E0730 Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation**  
 MED: Pub. 100-3, Section 160.2, 160.3, 160.7.1, 256

**E0731 Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)**  
 MED: Pub. 100-3, Section 270.3

**E0744 Neuromuscular stimulator for scoliosis**

**E0745 Neuromuscular stimulator, electronic shock unit**  
 MED: Pub. 100-3, Section 150.4, 160.12

**E0746 Electromyography (EMG), biofeedback device**  
 MED: Pub. 100-3, Section 30.1

**E0747 Osteogenesis stimulator, electrical, noninvasive, other than spinal applications**  
 MED: Pub. 100-3, Section 150.2, 160.11

**E0748 Osteogenesis stimulator, electrical, noninvasive, spinal applications**  
 MED: Pub. 100-3, Section 150.2, 160.11

E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	E2402	Negative pressure wound therapy electrical pump, stationary or portable
<b>Traction</b>		E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time MED: Pub. 100-3, Section 50.1
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time MED: Pub. 100-3, Section 50.1
E0855	Cervical traction equipment not requiring additional stand or frame	E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time MED: Pub. 100-3, Section 50.1
E0860	Traction equipment, overdoor, cervical MED: Pub. 100-3, Section 280.1	E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time MED: Pub. 100-3, Section 50.1
E0944	Pelvic belt/harness/boot	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device MED: Pub. 100-3, Section 50.1
E0945	Extremity belt/harness	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access MED: Pub. 100-3, Section 50.1
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver patient weight capacity up to and including 300 lbs MED: Pub. 100-2, Chapter 15, Section 110; Pub. 100-4, Chapter 20, Section 10	E2511	Speech generating software program, for personal computer or personal digital assistant MED: Pub. 100-3, Section 50.1
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	E2512	Accessory for speech generating device, mounting system MED: Pub. 100-3, Section 50.1
E1037	Transport chair, pediatric size	E2599	Accessory for speech generating device, not otherwise classified MED: Pub. 100-3, Section 50.1
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E1399	Durable medical equipment, miscellaneous		
<b>Other Orthopedic Devices</b>			
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material		
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material		
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		

- E2613 Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
- E2614 Positioning wheelchair back cushion, posterior, width 22 in. or greater, any height, including any type mounting hardware
- E2615 Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
- E2616 Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
- E2619 Replacement cover for wheelchair seat cushion or back cushion, each
- E8000 Gait trainer, pediatric size, posterior support, includes all accessories and components
- E8001 Gait trainer, pediatric size, upright support, includes all accessories and components
- E8002 Gait trainer, pediatric size, anterior support, includes all accessories and components

**G Codes: Procedures/Professional Services (G0255-G0329)**

Temporary G codes are assigned to services and procedures that are under review before being included in the CPT coding system. Payment for these services is under the jurisdiction of the local carriers.

- G0151 Services performed by a qualified physical therapist in home health or hospice settings, each 15 minutes
- G0152 Services performed by a qualified occupational therapist in home health or hospice settings, each 15 minutes
- G0153 Services performed by a qualified speech and language pathologist in home health or hospice settings, each 15 minutes
- G0157 Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
- G0158 Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
- G0159 Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
- G0160 Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
- G0161 Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
- G0255 Current perception threshold/sensory nerve conduction test (SNCT), per limb, any nerve  
MED: Pub. 100-3, Section 220.7

- G0281 Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
- G0282 Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
- G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
- G0295 Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses
- G0329 Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care

**Coding Tips**

On November 18, 1997, the U.S. District Court in Massachusetts issued a preliminary injunction against CMS to the effect that CMS must cease enforcement of its national noncoverage determination (NCD) that prohibited any Medicare coverage of, or reimbursement for, electrical stimulation (ES) therapy for the treatment of wounds. As a result of the injunction, Medicare carriers and intermediaries were authorized to cover and reimburse ES therapy in those cases in which they determined that such therapy is reasonable and necessary.

After considerable study and review, the agency issued a decision memorandum on July 23, 2002, regarding electrical stimulation for the treatment of wounds. Another decision memorandum was issued on December 17, 2003, regarding electromagnetic stimulation for wound treatment. Effective July 1, 2004, Medicare will allow either one covered ES therapy or one covered electromagnetic therapy for wound treatment. Electrical stimulation and electromagnetic therapy for wound treatment will not be covered as an initial intervention (the NCD uses the term "modality"); however, the use of electrical and electromagnetic stimulation will be covered as an adjunctive therapy only after there are no measurable signs of healing for at least 30 days of treatment with standard therapy. These interventions are applicable only for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. ES and electromagnetic stimulation are only covered when administered by a physician, physical therapist, or incident to a physician service. Wounds must be evaluated at least every 30 days by the treating physician during administration of ES or electromagnetic therapy; continued treatment is not covered if measurable signs of healing have not been demonstrated within any 30-day period. These treatment modalities must be discontinued when the wound bed has completed epithelialization.

For purposes of this NCD, the following wound stages are recognized. A chronic ulcer is defined as one that has not healed within 30 days of onset.

Stage I: Observable pressure-related alteration of intact skin that may include one or more of the following: skin temperature (warm or cool), consistency of tissue (firm, boggy), and sensation (pain, itching). The ulcer presents as an area of persistent redness in patients

with light skin, or as an area with red, blue, or purple hues in those with darker skin.

Stage II: The ulcer is superficial and appears as an abrasion, blister, or shallow crater. There is partial skin loss that involves the dermis, epidermis, or both.

Stage III: The ulcer appears as a deep crater with or without undermining of adjacent tissue. There is full-thickness skin loss that involves damage to or necrosis of subcutaneous tissue. It may extend to, but not through, the underlying fascia.

Stage IV: The ulcer presents with full-thickness skin loss. There is widespread destruction including tissue necrosis or damage to muscles, bones, or supporting structures such as tendons and joint capsules. Undermining of adjacent tissue and sinus tracts also may be present.

All other uses of ES and electromagnetic therapy not otherwise specified for wound treatment will be at the discretion of the local contractor.

**K Codes: Temporary Codes (K0734-K0737)**

Temporary K codes are developed by the DME MACs to report supplies and other products for which a national code has not yet been developed. Payment jurisdiction lies with the DME MACs unless otherwise specified.

- K0734** Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
- K0735** Skin protection wheelchair seat cushion, adjustable width 22 inches or greater, any depth
- K0736** Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
- K0737** Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth

**L Codes: Orthotic Procedures, Devices (L0120-L4398)**

Braces; trusses; and artificial legs, arms, and eyes are covered when furnished incident to a physician's services or on a physician's order. A brace includes rigid and semirigid devices 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. Back braces include, but are not limited to, sacroiliac, sacrolumbar, dorsolumbar corsets, and belts. Stump stockings and harnesses (including replacements) are also covered when these appliances are essential to the effective use of an artificial limb. Adjustments to an artificial limb or other appliance required by wear or by a change in the patient's condition are covered when ordered by a physician. Adjustments, repairs, and replacements are covered so long as the device continues to be medically required.

**Cervical**

- L0120** Cervical, flexible, nonadjustable (foam collar)
- L0140** Cervical, semi-rigid, adjustable (plastic collar)
- L0150** Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
- L0160** Cervical, semi-rigid, wire frame occipital/mandibular support

- L0170** Cervical, collar, molded to patient model
- L0172** Cervical, collar, semi-rigid thermoplastic foam, two piece
- L0174** Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
- L0180** Cervical, multiple post collar, occipital/mandibular supports, adjustable
- L0190** Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)
- L0200** Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension

**Thoracic**

- L0220** Thoracic, rib belt, custom fabricated
- L0450** TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment
- L0454** TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment
- L0456** TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment
- L0458** TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0460** TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment

<p>L0462 TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	<p>L0488 TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment</p>
<p>L0464 TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	<p>L0490 TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment</p>
<p>L0466 TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p>	<p>L0491 TLSO, sagittal-coronal control, modular segmented spinal sytem, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>
<p>L0468 TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p>	<p>L0492 TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>
<p>L0470 TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p>	<p>L0621 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment</p> <p>L0623 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment</p>
<p>L0472 TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p>	<p>L0625 Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment</p>

- L0626** Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0627** Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0628** LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0630** LSO, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0631** LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0633** LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0635** LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment

- L0637** LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0639** LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment

### ***Halo Procedure***

- L0810** Halo procedure, cervical halo incorporated into jacket vest
- L0820** Halo procedure, cervical halo incorporated into plaster body jacket
- L0830** Halo procedure, cervical halo incorporated into Milwaukee type orthosis
- L0861** Addition to halo procedure, replacement liner/interface material

### ***Additions to Spinal Orthosis***

- L0970** TLSO, corset front

### ***Coding Tip***

TLSO guidelines: The orthosis must comprise a rigid plastic shell that encircles the trunk and provides a high degree of immobility. The vest-like orthoses that contain flexible components are not classified as TLSOs.

- L0972** LSO, corset front
- L0974** TLSO, full corset
- L0976** LSO, full corset
- L0999** Addition to spinal orthosis, not otherwise specified

### ***Coding Tip***

Determine if an alternative national HCPCS Level II code better describes the service being reported. Code L0999 should be used only if a more specific code is unavailable.

- L1000** CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model
- L1001** CTLSO, immobilizer, infant size, prefabricated, includes fitting and adjustment
- L1005** Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment

**L1600–L2999 Orthotic Devices, Lower Limb**

The procedures in L1600–L2999 are considered base or basic procedures and may be modified by listing procedures from the additions sections and adding them to the base procedures. For Medicare, file claims for codes in this section with DME MAC.

- L1600 HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment
- L1610 HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment
- L1620 HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment
- L1650 HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, includes fitting and adjustment
- L1652 HO, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type
- L1660 HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
- L1686 HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustments
- L1690 Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
- L1810 KO, elastic with joints, prefabricated, includes fitting and adjustment
- L1820 KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
- L1830 KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
- L1831 KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
- L1832 KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment
- L1836 KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment
- L1843 KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
- L1845 KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment

- L1847 KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
- L1850 KO, Swedish type, prefabricated, includes fitting and adjustment
- L1902 AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
- L1906 AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment
- L1910 AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
- L1930 AFO, plastic or other material, prefabricated, includes fitting and adjustment
- L1932 AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
- L1951 AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment
- L1971 AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
- L2005 KAFO, any material, single or double upright, stance control, automatic Lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated
- L2035 KAFO, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
- L2112 AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
- L2114 AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
- L2116 AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
- L2132 KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
- L2134 KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
- L2136 KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment

**Coding Tips**

A custom-fitted orthotic is a premanufactured orthotic that can be adjusted to fit the patient.

A custom-fabricated orthotic is made from basic materials on an individual basis by using actual measurements or positive molds of

the patient. Generally, only the patient who was measured will be able to use a custom-fabricated orthotic.

Code 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes, was developed to include the training aspect of the management of a patient being assessed and fitted for an orthotic. If a HCPCS Level II code is reported and its description includes assessment and fitting, then documentation must also support the training aspect of the skilled services in order to also report CPT code 97760.

**L2232 Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only**

**L3000–L3649 Orthotic Shoes**

For Medicare, file claims for codes in this section with DME MAC.

**L3430 Heel, counter, plastic reinforced**

**L3440 Heel, counter, leather reinforced**

**L3450 Heel, SACH cushion type**

**L3455 Heel, new leather, standard**

**L3460 Heel, new rubber, standard**

**L3465 Heel, Thomas with wedge**

**L3470 Heel, Thomas extended to ball**

**L3480 Heel, pad and depression for spur**

MED: MCM 2323

**L3485 Heel, pad, removable for spur**

MED: MCM 2323

**L3650–L3999 Orthotic Devices, Upper Limb**

The procedures from L3650–L3956 are considered base or basic procedures and may be modified by listing procedures from the additions sections and adding them to the base procedure. For Medicare, file claims for codes in this section with DME MAC.

**L3650 SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment**

● **L3674 Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment**

**L3677 SO, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment**

MED: Pub. 100-2, Chapter 15, Section 120

**L3710 EO, elastic with metal joints, prefabricated, includes fitting and adjustment**

**L3760 EO, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type**

**L3762 EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment**

**L3806 WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment**

**L3807 WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type**

**L3808 WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment**

**L3908 WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment**

**L3912 HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment**

**L3914 WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment**

**L3915 WHO, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment**

**L3917 HO, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment**

**L3923 HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment**

**L3925 FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment**

**L3929 HFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment**

**L3931 WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment**

**L3956 Addition of joint to upper extremity orthosis, any material; per joint**

**L3960 SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment**

**L3962 SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment**

**L3964 SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment**

**L3965 SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment**

**L3966 SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment**

**L3968 SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment**

- L3969 SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment
- L3980 Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
- L3982 Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
- L3984 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment

**Orthotic Supplies, Miscellaneous**

- L4000 Replace girdle for spinal orthosis (CTLSO or SO)
- L4002 Replacement strap, any orthosis, includes all components, any length, any type
- L4350 Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
- L4360 Walking boot, pneumatic, and/or vacuum, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
- L4370 Pneumatic full leg splint, prefabricated, includes fitting and adjustment
- L4380 Pneumatic knee splint, prefabricated, includes fitting and adjustment
- L4386 Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment
- L4392 Replacement soft interface material, static AFO
- L4394 Replace soft interface material, foot drop splint
- L4396 Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
- L4398 Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment

**Q Codes: Temporary Q0000–Q9999**

CMS assigns Q codes to procedures, services, and supplies on a temporary basis. When a permanent code is assigned, the Q code is deleted and cross-referenced.

This section contains national codes assigned by CMS on a temporary basis. This list contains current codes.

Q codes fall under the jurisdiction of the local carrier unless they represent an incidental service or are otherwise specified.

- Q4049** Finger splint, static
- Q4051** Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

**Coding Tips**

Since Q codes are under the jurisdiction of local Medicare carriers, coverage and coding guidelines may vary.

Check your Medicare carrier’s coding guidelines and coverage issues before reporting services using these codes.

**S Codes: Temporary National Codes (Non-Medicare) (\$5000–\$9999)**

Blue Cross/Blue Shield and other commercial payers develop S codes to report drugs, services, and supplies. These codes may not be used to bill services paid under any Medicare payment system. Medicare does not reimburse for services under S codes.

- S8450** Splint, prefabricated, digit (specify digit by use of modifier)
- S8451** Splint, prefabricated, wrist or ankle
- S8452** Splint, prefabricated, elbow
- S8948** Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
- S8990** Physical or manipulative therapy performed for maintenance rather than restoration
- S9131** Physical therapy; in the home, per diem
- S9476** Vestibular rehabilitation program, non-physician provider, per diem

**Coding Tip**

S codes are not valid for reporting services performed on Medicare patients. Before reporting services with S codes to commercial insurance carriers, verify with your carrier that the selected code is covered.