



COVID-19 Related Policy Updates Applicable to Durable Medical Equipment (DME) Providers

To support our providers in these exceptional circumstances, CareCentrix is working with our health plan clients to facilitate policy updates during the COVID-19 pandemic. As we hear back from the health plans, we will continue to update our providers on our policy changes. **New information is highlighted below in red.**

NOTES:

- **Providers servicing Blue Card members must follow the home plan’s eligibility, benefits and utilization management guidelines.**
- **Providers servicing FEP members must follow the plan’s eligibility, benefits and utilization management guidelines.**

Expiration Date on Policy Changes

The policy changes outlined apply through the below expiration dates and are subject to extension as the COVID-19 pandemic evolves.

| Florida Blue | Horizon | CIGNA |
|--------------|-----------|-----------|
| 6/30/2020 | 6/30/2020 | 7/31/2020 |

Retro-authorizations and Registrations

- Services can be rendered prior to the submission of a request for authorization or registration.
- A retro-authorization request or registration can be submitted up to 90 days post service for dates of service through **dates mentioned above.**
- A request for authorization or registration must be submitted prior to the submission of the claim.

| Florida Blue | Horizon | CIGNA | | | |
|---------------------------|---------------------------|---------------------------|-------------|-----------------------------------|------|
| | | Core Business | NALC* | Shared Administration / Alliance* | PSG* |
| Allowed for all Diagnoses | Allowed for all Diagnoses | Allowed for All Diagnoses | Not Allowed | | |

*National Association of Letter Carriers (NALC), Alliance Patients, and Payer Solutions Group (PSG) patients can be identified when checking patient benefits on the Cigna website under ‘Coverage Status’.
EDRC 1338. 042020

Respiratory Equipment and Supplies for Patients with a Diagnosis of COVID-19

Prior authorization is not required for patients requiring respiratory-related equipment and supplies to treat or manage COVID-19. Providers must continue to register the equipment or supplies in the CareCentrix HomeBridge® portal initially or retrospectively up to 90 days post service for dates of service through **dates mentioned above**. Requests must include a physician’s order for the requested equipment or supply and a diagnosis of, or related to, COVID-19. Claims will be processed according to the patient’s benefits. The respiratory equipment covered by this policy change includes home oxygen, nebulizers, respiratory assist devices, ventilators, suction machines, pulse oximeters, and cough assist systems.

| Florida Blue | Horizon | CIGNA | | | |
|--------------|---|---------------|-------|----------------------------------|------|
| | | Core Business | NALC* | Shared Administration/ Alliance* | PSG* |
| Allowed | Allowed - In addition, no authorization is required for a 30-day supply of oxygen for any patient (any diagnosis) discharged from the ER. | Allowed | | Not Allowed | |

When submitting your requests and a patient does not have a definitive diagnosis of COVID-19 (U07.1), please use one of the diagnosis codes at the link below from the ICD-10-CM Official Coding and Reporting Guidelines from the CDC when submitting your claims. The diagnosis codes at the link below represent the ICD-10-CM Official Coding and Reporting Guidelines from the CDC valid April 1, 2020 through September 30, 2020 <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>.

Replacement DME for Patients Displaced Due to the Pandemic

For replacement DME that is required due to the patient’s displacement caused by the pandemic, please submit the request via the CareCentrix HomeBridge® portal and include a valid prescription and documentation of the patient’s circumstance.

| Florida Blue | Horizon | CIGNA | | | |
|--------------|---------|---------------|-------------|----------------------------------|------|
| | | Core Business | NALC* | Shared Administration/ Alliance* | PSG* |
| Allowed | Allowed | Allowed | Not Allowed | | |

DME and Early Resupply for All Patients

If a patient needs supplies and their authorization/registration has expired or they need an early shipment (due to concerns over dispensing delays), providers may distribute up to a 90-day supply or as otherwise specified below. Additionally, providers can deliver resupply orders up to 30 days in advance of the patient’s resupply due date. Please see the attached list of applicable DME resupply code. For patients currently receiving enteral formula, providers may distribute a 90-day supply if needed by the patient or as otherwise specified below.

| Florida Blue | Horizon | CIGNA | | | |
|--------------|---------|--|-------------|----------------------------------|------|
| | | Core Business | NALC* | Shared Administration/ Alliance* | PSG* |
| Allowed | Allowed | Allowed up to 180 day supply for DME including enteral formula | Not Allowed | | |

*National Association of Letter Carriers (NALC), Alliance Patients, and Payer Solutions Group (PSG) patients can be identified when checking patient benefits on the Cigna website under ‘Coverage Status’.
EDRC 1338. 042020

Custom Wheelchair Assessments for all Patients

- Providers may replace the face-to-face requirement with either a physician prescription or physician tele-evaluation.
- Providers may conduct a video evaluation by a Licensed Certified Medical Practitioner.
- Providers may perform the home assessment via video or verbal interview.

| Florida Blue | Horizon | CIGNA | | | |
|--------------|---------|---------------|-------------|----------------------------------|-------|
| | | Core business | NALC* | Shared Administration/ Alliance* | PSG * |
| Allowed | Allowed | Allowed | Not Allowed | | |

Initiation of Patients on Positive Airway Pressure Therapy

For the safety of both patients and providers, patients that have been prescribed positive airway pressure (PAP) therapy for the treatment of Obstructive Sleep Apnea (OSA) may be instructed on the proper use, operation, and maintenance of the equipment via telephone or video messaging. The reimbursement of the initial instruction which is typically provided in person for sleep management patients is included in the price of the equipment and there is no additional reimbursement for this instruction. **This change extends through 6/30/2020 for all the below clients except for CIGNA, which is through 7/31/2020.**

| Always | Fallon | PEIA | CIGNA | Florida Blue |
|---------|--------|------|-------|--------------|
| Allowed | | | | |

Documentation and Face-to-Face Physician Evaluations

Supporting documentation issued by physician surrogates such as a nurses, case managers, etc. will be accepted. For reauthorizations when a test or a physician face-to-face is required, existing orders and results currently available will be accepted if we are unable to obtain the order or results from the physician or surrogate.

| Florida Blue | Horizon | CIGNA | | | |
|--------------|---------|---------------|-------------|----------------------------------|-------|
| | | Core Business | NALC* | Shared Administration/ Alliance* | PSG * |
| Allowed | Allowed | Allowed | Not Allowed | | |

Patient Signature on Delivery

To minimize person-to-person contact on delivery of Durable Medical Equipment (DME), a patient signature will not be required during the COVID-19 pandemic.

If a patient signature is not obtained, providers must retain the following documentation:

- Proof of delivery;
- Reason signature is missing; and
- Confirmation that the patient received their medication.

If there are any issues with providing timely care to patients, please notify CareCentrix immediately.

If you require additional assistance, please contact CareCentrix at (800) 808-1902.

Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to your assigned Network Management representative for assistance.

*National Association of Letter Carriers (NALC), Alliance Patients, and Payer Solutions Group (PSG) patients can be identified when checking patient benefits on the Cigna website under 'Coverage Status'.
EDRC 1338. 042020

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| A6010 | Collagen based wound filler, dry form, sterile, per gram of collagen |
| A6011 | Collagen based wound filler, gel/paste, per gram of collagen |
| A6021 | Collagen dressing, sterile, size 16 sq. in. or less, each |
| A6022 | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each |
| A6023 | Collagen dressing, sterile, size more than 48 sq. in., each |
| A6024 | Collagen dressing wound filler, sterile, per 6 inches |
| A6196 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing |
| A6197 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6198 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing |
| A6199 | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches |
| A6203 | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6204 | Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6205 | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6209 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6210 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6211 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6212 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6213 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6214 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6215 | Foam dressing, wound filler, sterile, per gram |
| A6216 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6217 | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6218 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6219 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6220 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6221 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6222 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6223 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6224 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A6228 | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6229 | Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6230 | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6231 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing |
| A6232 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing |
| A6233 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing |
| A6234 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6235 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6236 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6237 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6238 | 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 |
| A6239 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6240 | Hydrocolloid dressing, wound filler, paste, sterile, per ounce |
| A6241 | Hydrocolloid dressing, wound filler, dry form, sterile, per gram |
| A6242 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6243 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6244 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6245 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6246 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6247 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6248 | Hydrogel dressing, wound filler, gel, per fluid ounce |
| A6250 | Skin sealants, protectants, moisturizers, ointments, any type, any size |
| A6251 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6252 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6253 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6254 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A6255 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6256 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6260 | Wound cleansers, any type, any size |
| A6261 | Wound filler, gel/paste, per fluid ounce, not otherwise specified |
| A6262 | Wound filler, dry form, per gram, not otherwise specified |
| A6266 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard |
| A6402 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6403 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6404 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6407 | Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard |
| A6410 | Eye pad, sterile, each |
| A6411 | Eye pad, non-sterile, each |
| A6412 | Eye patch, occlusive, each |
| A6413 | Adhesive bandage, first-aid type, any size, each |
| A6441 | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard |
| A6442 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard |
| A6443 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6444 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard |
| A6445 | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard |
| A6446 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6447 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard |
| A6448 | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard |
| A6449 | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6450 | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard |
| A6451 | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6452 | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard |
| A6453 | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard |
| A6454 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| A6455 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard |
| A6456 | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6457 | Tubular dressing with or without elastic, any width, per linear yard |
| A6460 | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6461 | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A4310 | Insertion tray without drainage bag and without catheter (accessories only) |
| A4311 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4312 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone |
| A4313 | Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation |
| A4314 | Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4315 | Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone |
| A4316 | Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation |
| A4321 | Therapeutic agent for urinary catheter irrigation |
| A4326 | Male external catheter with integral collection chamber, any type, each |
| A4327 | Female external urinary collection device; meatal cup, each |
| A4328 | Female external urinary collection device; pouch, each |
| A4330 | Perianal fecal collection pouch with adhesive, each |
| A4331 | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each |
| A4334 | Urinary catheter anchoring device, leg strap, each |
| A4335 | Incontinence supply; miscellaneous |
| A4336 | Incontinence supply, urethral insert, any type, each |
| A4337 | Incontinence supply, rectal insert, any type, each |
| A4338 | Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4340 | Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each |
| A4344 | Indwelling catheter, foley type, two-way, all silicone, each |
| A4346 | Indwelling catheter; foley type, three way for continuous irrigation, each |
| A4349 | Male external catheter, with or without adhesive, disposable, each |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| A4351 | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4352 | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each |
| A4353 | Intermittent urinary catheter, with insertion supplies |
| A4354 | Insertion tray with drainage bag but without catheter |
| A4355 | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each |
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each |
| A4358 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each |
| A4360 | Disposable external urethral clamp or compression device, with pad and/or pouch, each |
| A4520 | Incontinence garment, any type, (e.g., brief, diaper), each |
| A4553 | Non-disposable underpads, all sizes |
| A4554 | Disposable underpads, all sizes |
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each |
| A4608 | Transtracheal oxygen catheter, each |
| A4628 | Oropharyngeal suction catheter, each |
| A5082 | Continent device; catheter for continent stoma |
| A5105 | Urinary suspensory with leg bag, with or without tube, each |
| A5112 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each |
| A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment |
| A7048 | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each |
| E0350 | Control unit for electronic bowel irrigation/evacuation system |
| E0352 | Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system |
| A4361 | Ostomy faceplate, each |
| A4362 | Skin barrier; solid, 4 x 4 or equivalent; each |
| A4363 | Ostomy clamp, any type, replacement only, each |
| A4366 | Ostomy vent, any type, each |
| A4367 | Ostomy belt, each |
| A4368 | Ostomy filter, any type, each |
| A4369 | Ostomy skin barrier, liquid (spray, brush, etc.), per oz |
| A4371 | Ostomy skin barrier, powder, per oz |
| A4372 | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A4373 | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each |
| A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each |
| A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each |
| A4377 | Ostomy pouch, drainable, for use on faceplate, plastic, each |
| A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each |
| A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each |
| A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each |
| A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each |
| A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each |
| A4384 | Ostomy faceplate equivalent, silicone ring, each |
| A4385 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each |
| A4387 | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each |
| A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each |
| A4389 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each |
| A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each |
| A4391 | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each |
| A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each |
| A4393 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each |
| A4394 | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce |
| A4395 | Ostomy deodorant for use in ostomy pouch, solid, per tablet |
| A4396 | Ostomy belt with peristomal hernia support |
| A4397 | Irrigation supply; sleeve, each |
| A4398 | Ostomy irrigation supply; bag, each |
| A4399 | Ostomy irrigation supply; cone/catheter, with or without brush |
| A4400 | Ostomy irrigation set |
| A4402 | Lubricant, per ounce |
| A4404 | Ostomy ring, each |
| A4405 | Ostomy skin barrier, non-pectin based, paste, per ounce |
| A4406 | Ostomy skin barrier, pectin-based, paste, per ounce |
| A4407 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| A4408 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each |
| A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each |
| A4410 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each |
| A4411 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each |
| A4412 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each |
| A4413 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each |
| A4414 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each |
| A4415 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each |
| A4416 | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each |
| A4417 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each |
| A4418 | Ostomy pouch, closed; without barrier attached, with filter (1 piece), each |
| A4419 | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each |
| A4420 | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each |
| A4421 | Ostomy supply; miscellaneous |
| A4422 | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each |
| A4423 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each |
| A4424 | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each |
| A4425 | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each |
| A4426 | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each |
| A4427 | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each |
| A4428 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each |
| A4429 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each |
| A4430 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each |
| A4431 | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each |
| A4432 | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each |
| A4433 | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each |
| A4434 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each |
| A4435 | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each |
| A5051 | Ostomy pouch, closed; with barrier attached (1 piece), each |
| A5052 | Ostomy pouch, closed; without barrier attached (1 piece), each |
| A5053 | Ostomy pouch, closed; for use on faceplate, each |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A5054 | Ostomy pouch, closed; for use on barrier with flange (2 piece), each |
| A5055 | Stoma cap |
| A5056 | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each |
| A5057 | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each |
| A5061 | Ostomy pouch, drainable; with barrier attached, (1 piece), each |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each |
| A5063 | Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each |
| A5071 | Ostomy pouch, urinary; with barrier attached (1 piece), each |
| A5072 | Ostomy pouch, urinary; without barrier attached (1 piece), each |
| A5073 | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each |
| A5081 | Stoma plug or seal, any type |
| A5083 | Continent device, stoma absorptive cover for continent stoma |
| A5093 | Ostomy accessory; convex insert |
| A5120 | Skin barrier, wipes or swabs, each |
| A5121 | Skin barrier; solid, 6 x 6 or equivalent, each |
| A5122 | Skin barrier; solid, 8 x 8 or equivalent, each |
| A5126 | Adhesive or non-adhesive; disk or foam pad |
| A5131 | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. |
| A4209 | Syringe with needle, sterile 5 cc or greater, each |
| A4210 | Needle-free injection device, each |
| A4211 | Supplies for self-administered injections |
| A4212 | Non-coring needle or stylet with or without catheter |
| A4213 | Syringe, sterile, 20 cc or greater, each |
| A4215 | Needle, sterile, any size, each |
| A4216 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml |
| A4217 | Sterile water/saline, 500 ml |
| A4218 | Sterile saline or water, metered dose dispenser, 10 ml |
| A4244 | Alcohol or peroxide, per pint |
| A4245 | Alcohol wipes, per box |
| A4246 | Betadine or phisohex solution, per pint |
| A4247 | Betadine or iodine swabs/wipes, per box |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| A4248 | Chlorhexidine containing antiseptic, 1 ml |
| A4265 | Paraffin, per pound |
| A4300 | Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access |
| A4301 | Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.) |
| A4320 | Irrigation tray with bulb or piston syringe, any purpose |
| A4322 | Irrigation syringe, bulb or piston, each |
| A4332 | Lubricant, individual sterile packet, each |
| A4364 | Adhesive, liquid or equal, any type, per oz |
| A4450 | Tape, non-waterproof, per 18 square inches |
| A4452 | Tape, waterproof, per 18 square inches |
| A4455 | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce |
| A4456 | Adhesive remover, wipes, any type, each |
| A4458 | Enema bag with tubing, reusable |
| A4461 | Surgical dressing holder, non-reusable, each |
| A4463 | Surgical dressing holder, reusable, each |
| A4467 | Belt, strap, sleeve, garment, or covering, any type |
| A4470 | Gravlee jet washer |
| A4480 | Vabra aspirator |
| A4490 | Surgical stockings above knee length, each |
| A4495 | Surgical stockings thigh length, each |
| A4500 | Surgical stockings below knee length, each |
| A4510 | Surgical stockings full length, each |
| A4559 | Coupling gel or paste, for use with ultrasound device, per oz |
| A4570 | Splint |
| A4615 | Cannula, nasal |
| A4617 | Mouth piece |
| A4649 | Surgical supply; miscellaneous |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope |
| A4927 | Gloves, non-sterile, per 100 |
| A4928 | Surgical mask, per 20 |
| A4930 | Gloves, sterile, per pair |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A4931 | Oral thermometer, reusable, any type, each |
| A4932 | Rectal thermometer, reusable, any type, each |
| A5113 | Leg strap; latex, replacement only, per set |
| A5114 | Leg strap; foam or fabric, replacement only, per set |
| A6000 | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card |
| A6025 | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each |
| A6154 | Wound pouch, each |
| A6206 | Contact layer, sterile, 16 sq. in. or less, each dressing |
| A6207 | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6208 | Contact layer, sterile, more than 48 sq. in., each dressing |
| A6257 | Transparent film, sterile, 16 sq. in. or less, each dressing |
| A6258 | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6259 | Transparent film, sterile, more than 48 sq. in., each dressing |
| A7040 | One way chest drain valve |
| A7041 | Water seal drainage container and tubing for use with implanted chest tube |
| A9155 | Artificial saliva, 30 ml |
| A9273 | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type |
| E0710 | Restraints, any type (body, chest, wrist or ankle) |
| A4481 | Tracheostoma filter, any type, any size, each |
| A4605 | Tracheal suction catheter, closed system, each |
| A4623 | Tracheostomy, inner cannula |
| A4624 | Tracheal suction catheter, any type other than closed system, each |
| A4625 | Tracheostomy care kit for new tracheostomy |
| A4626 | Tracheostomy cleaning brush, each |
| A4629 | Tracheostomy care kit for established tracheostomy |
| A7501 | Tracheostoma valve, including diaphragm, each |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each |
| A7503 | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each |
| A7504 | Filter for use in a tracheostoma heat and moisture exchange system, each |
| A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7506 | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each |
| A7508 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each |
| A7520 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each |
| A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each |
| A7522 | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each |
| A7523 | Tracheostomy shower protector, each |
| A7524 | Tracheostoma stent/stud/button, each |
| A7525 | Tracheostomy mask, each |
| A7526 | Tracheostomy tube collar/holder, each |
| A7527 | Tracheostomy/laryngectomy tube plug/stop, each |
| L8501 | Tracheostomy speaking valve |
| L8507 | Tracheo-esophageal voice prosthesis, patient inserted, any type, each |
| L8511 | Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each |
| L8512 | Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10 |
| L8513 | Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each |
| L8514 | Tracheoesophageal puncture dilator, replacement only, each |
| L8515 | Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each |
| S8189 | Tracheostomy supply, not otherwise classified |
| A4281 | Tubing for breast pump, replacement |
| A4282 | Adapter for breast pump, replacement |
| A4283 | Cap for breast pump bottle, replacement |
| A4284 | Breast shield and splash protector for use with breast pump, replacement |
| A4285 | Polycarbonate bottle for use with breast pump, replacement |
| A4286 | Locking ring for breast pump, replacement |
| K1005 | Disposable collection and storage bag for breast milk, any size, any type, each |
| S8265 | Haberman feeder for cleft lip/palate |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply |
| K0553 | Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service |
| A9277 | Transmitter; external, for use with interstitial continuous glucose monitoring system |
| A9279 | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A4206 | Syringe with needle, sterile, 1 cc or less, each |
| A4207 | Syringe with needle, sterile 2 cc, each |
| A4208 | Syringe with needle, sterile 3 cc, each |
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips) |
| A4252 | Blood ketone test or reagent strip, each |
| A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| A4255 | Platforms for home blood glucose monitor, 50 per box |
| A4256 | Normal, low and high calibrator solution / chips |
| A4257 | Replacement lens shield cartridge for use with laser skin piercing device, each |
| A4258 | Spring-powered device for lancet, each |
| A4259 | Lancets, per box of 100 |
| A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each |
| A4657 | Syringe, with or without needle, each |
| E0620 | Skin piercing device for collection of capillary blood, laser, each |
| A4224 | Supplies for maintenance of insulin infusion catheter, per week |
| A4225 | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each |
| A4230 | Infusion set for external insulin pump, non needle cannula type |
| A4231 | Infusion set for external insulin pump, needle type |
| A4232 | Syringe with needle for external insulin pump, sterile, 3 cc |
| K0601 | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each |
| K0603 | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each |
| K0604 | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each |
| K0605 | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each |
| K0602 | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each |
| A4233 | Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each |
| A4234 | Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4235 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4236 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4220 | Refill kit for implantable infusion pump |
| A4221 | Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately) |
| A4222 | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| K0552 | Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each |
| A7003 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable |
| A7004 | Small volume nonfiltered pneumatic nebulizer, disposable |
| A7005 | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable |
| A7006 | Administration set, with small volume filtered pneumatic nebulizer |
| A7009 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer |
| A7010 | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet |
| A7012 | Water collection device, used with large volume nebulizer |
| A7013 | Filter, disposable, used with aerosol compressor or ultrasonic generator |
| A7014 | Filter, nondisposable, used with aerosol compressor or ultrasonic generator |
| A7015 | Aerosol mask, used with dme nebulizer |
| A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer |
| A7017 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen |
| A7018 | Water, distilled, used with large volume nebulizer, 1000 ml |
| E0565 | Compressor, air power source for equipment which is not self-contained or cylinder driven |
| E0572 | Aerosol compressor, adjustable pressure, light duty for intermittent use |
| E1372 | Immersion external heater for nebulizer |
| K0730 | Controlled dose inhalation drug delivery system |
| S8100 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask |
| S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask |
| A4619 | Face tent |
| A4620 | Variable concentration mask |
| E0424 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing |
| E0433 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge |
| E0434 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing |
| E0435 | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor |
| E0439 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| E0440 | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing |
| E0441 | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit |
| E0442 | Stationary oxygen contents, liquid, 1 month's supply = 1 unit |
| E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit |
| E0444 | Portable oxygen contents, liquid, 1 month's supply = 1 unit |
| E0447 | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm) |
| A4606 | Oxygen probe for use with oximeter device, replacement |
| A4616 | Tubing (oxygen), per foot |
| E0425 | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing |
| E0430 | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing |
| E0431 | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing |
| E0445 | Oximeter device for measuring blood oxygen levels non-invasively |
| E0455 | Oxygen tent, excluding croup or pediatric tents |
| E1352 | Oxygen accessory, flow regulator capable of positive inspiratory pressure |
| E1353 | Regulator |
| E1354 | Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each |
| E1355 | Stand/rack |
| E1356 | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each |
| E1357 | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each |
| E1358 | Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each |
| E1405 | Oxygen and water vapor enriching system with heated delivery |
| E1406 | Oxygen and water vapor enriching system without heated delivery |
| K0738 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing |
| K0740 | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes |
| S8096 | Portable peak flow meter |
| S8097 | Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer) |
| S8185 | Flutter device |
| S8186 | Swivel adapter |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each |
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair |
| A7030 | Full face mask used with positive airway pressure device, each |
| A7031 | Face mask interface, replacement for full face mask, each |
| A7032 | Cushion for use on nasal mask interface, replacement only, each |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap |
| A7035 | Headgear used with positive airway pressure device |
| A7036 | Chinstrap used with positive airway pressure device |
| A7037 | Tubing used with positive airway pressure device |
| A7038 | Filter, disposable, used with positive airway pressure device |
| A7039 | Filter, non disposable, used with positive airway pressure device |
| A7044 | Oral interface used with positive airway pressure device, each |
| A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each |
| A4556 | Electrodes, (e.g., apnea monitor), per pair |
| A4557 | Lead wires, (e.g., apnea monitor), per pair |
| A4558 | Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz |
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes) |
| A4630 | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient |
| E0731 | Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric) |
| E0720 | Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation |
| E0730 | Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation |
| A4611 | Battery, heavy duty; replacement for patient owned ventilator |
| A4612 | Battery cables; replacement for patient-owned ventilator |
| A4613 | Battery charger; replacement for patient-owned ventilator |
| A4618 | Breathing circuits |
| A6550 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories |
| A7000 | Canister, disposable, used with suction pump, each |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|---|
| A7001 | Canister, non-disposable, used with suction pump, each |
| A7002 | Tubing, used with suction pump, each |
| A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each |
| K0744 | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less |
| K0745 | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches |
| K0746 | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches |
| B4081 | Nasogastric tubing with stylet |
| B4082 | Nasogastric tubing without stylet |
| B4083 | Stomach tube - levine type |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each |
| B9998 | Noc for enteral supplies |
| E0776 | Iv pole |
| B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4100 | Food thickener, administered orally, per ounce |
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit |
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit |
| B4104 | Additive for enteral formula (e.g., fiber) |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |

DME RESUPPLY CODES 05/28/2020

| HCPC | CMS DESCRIPTION |
|-------|--|
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake |
| S9434 | Modified solid food supplements for inborn errors of metabolism |
| S9435 | Medical foods for inborn errors of metabolism |