

Medical Supplies & Equipment Benefit Code Guide

MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Include d in LTC Per Diem	Guidelin e Limits	Rental or Purchase	From/ Through Dates Require d
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	N	N	1	B	
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Y	Y-LTC N-ICF/DD	1	B	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Y	Y-LTC N-ICF/DD	1	B	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Y	Y-LTC N-ICF/DD	1	B	
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Y	Y-LTC N-ICF/DD	1	B	
E0705	Transfer device, any type, each	N	Y	1	B	
E0720	Transcutaneous electrical stimulation (TENS) device, two lead, localized stimulation	Y	N	1	B	
E0730	Transcutaneous electrical stimulation (TENS) device, four or more leads, for multiple nerve stimulation	Y	N	1 every 4 years	B	
E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from patient's skin)	Y	N	1	P	
E0740	Incontinence treatment system, pelvic floor stimulator monitor sensor and/or trainer	Y	N	1	B	Y
E0744	Neuromuscular stimulator for scoliosis	N	N	1	B	

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E0745	Neuromuscular stimulator for electric shock unit	Y	N	1	B	Y
E0746	Electromyography (EMG) biofeedback device	N	N	1	R	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Y	N	1	B	
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Y	N	1	B	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Y	Y-LTC N-ICF/DD	1	DR	Y
E0776	IV pole	N	Y-LTC N-ICF/DD	1	B (max. 3 mo. rental)	
E0830	Ambulatory traction device, all types, each	N	Y-LTC N-ICF/DD	1	B	
E0840	Traction frame, attached to headboard, cervical traction	N	Y-LTC N-ICF/DD	1	B	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	N	Y-LTC N-ICF/DD	1	B	
E0850	Traction stand, freestanding cervical traction	N	Y-LTC N-ICF/DD	1	B	
E0855	Cervical traction equipment not requiring additional stand or frame	N	Y	1	R	
E0856	Cervical traction device, cervical collar with inflatable air bladder	N	Y-LTC N-ICF/DD	1	B	
E0860	Traction equipment, over door, cervical	N	Y-LTC N-ICF/DD	1	B	

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E0870	Traction frame, attached to footboard, extremity traction	N	Y-LTC N-ICF/DD	1	B	
E0880	Traction stand, freestanding, extremity traction	N	Y-LTC N-ICF/DD	1	B	
E0890	Traction frame, attached to footboard, pelvic traction	N	Y-LTC N-ICF/DD	1	B	
E0900	Traction stand, freestanding, pelvic traction	N	Y-LTC N-ICF/DD	1	B	
E0910	Trapeze bars, aka patient helper, attached to bed, with grab bar	N	Y	1	B	
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	N	Y	1	B	
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	N	Y-LTC N-ICF/DD	1	B	
E0920	Fracture frame, attached to bed, includes weights	N	Y-LTC N-ICF/DD	1	B	
E0930	Fracture frame, freestanding, includes weights	N	Y-LTC N-ICF/DD	1	B	
E0935	Passive motion exercise device; for knee only	N	Y-LTC N-ICF/DD	2	DR	Y
E0936	Continuous passive motion exercise device for use other than knee	N	Y-LTC N-ICF/DD	2	DR	Y
E0940	Trapeze bar, freestanding, complete w/grab bar	N	Y-LTC N-ICF/DD	1	B	
E0941	Gravity assisted traction device, any type	N	Y-LTC N-ICF/DD	1	B	
E0942	Cervical head harness/halter	N	Y-LTC N-ICF/DD	1	B	
E0944	Pelvic belt/harness/boot	N	Y-LTC N-ICF/DD	1	B	
E0945	Extremity belt/harness	N	Y-LTC N-ICF/DD	1	P	

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E0946	Fracture frame, dual w/cross bars, attached to bed	N	Y-LTC N-ICF/DD	1	B	
E0947	Fracture frame, attachments for complex pelvic traction	Y	Y-LTC N-ICF/DD	1	B	
E0948	Fracture frame, attachments for complex cervical traction	Y	Y-LTC N-ICF/DD	1	B	
E0950	Wheelchair accessory, tray, each	N	Y-LTC N-ICF/DD	1	B	
E0951	Heel loop/holder, any type, with or without ankle strap, each	N	Y-LTC N-ICF/DD	2	B	
E0952	Toe loop/holder, any type, each	N	Y-LTC N-ICF/DD	2	B	
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	N	Y-LTC N-ICF/DD	1	B	
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	N	Y-LTC N-ICF/DD	2	B	
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	N	Y-LTC N-ICF/DD	2	B	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	N	Y-LTC N-ICF/DD	1	B	
E0959	Manual wheelchair accessory, adapter for amputee, each	N	Y-LTC N-ICF/DD	2	B	
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting system	N	Y-LTC N-ICF/DD	2	B	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	N	Y-LTC N-ICF/DD	2	B	
E0966	Manual wheelchair accessory, headrest extension, each	N	Y-LTC N-ICF/DD	1	B	
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	N	Y-LTC N-ICF/DD	2	B	

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E0969	Wheelchair narrowing device	N	Y-LTC N-ICF/DD	1	B	
E0971	Wheelchair anti-tipping device	N	Y-LTC N-ICF/DD	1	B	
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly	N	Y-LTC N-ICF/DD	2	B	
E0974	Manual wheelchair accessory, anti-rollback device, each	N	Y-LTC N-ICF/DD	2	B	
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	N	Y-LTC N-ICF/DD	1	B	
E0980	Wheelchair safety vest	N	Y-LTC N-ICF/DD	1	B	
E0981	Wheelchair accessory, seat upholstery, replacement only, each	N	Y-LTC N-ICF/DD	1	B	
E0982	Wheelchair accessory, back upholstery, replacement only, each	N	Y-LTC N-ICF/DD	1	B	
E0985	Wheelchair accessory, seat lift mechanism	Y - when item is added on to an existing chair, N – for new purchases, but must be listed as part of the wheelchair package in auth request	N	1	B	
E0986	Manual wheelchair accessory, push activated power assist, each	Y - when item is added on to an existing chair, N – for new purchases, but must be listed as part of the wheelchair package in auth request	N	1	B	
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	N	Y-LTC N-ICF/DD	2	B	

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E0992	Wheelchair solid seat insert	N	Y-LTC N-ICF/DD	1	B	
E0994	Wheelchair arm rest each	N	Y-LTC N-ICF/DD	2	B	
E0995	Wheelchair accessory, calf rest/pad, each	N	Y-LTC N-ICF/DD	2	B	
E1002	Wheelchair accessory, power seating system, tilt only	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	B	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	B	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	B	

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E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	B	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	B	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	B	

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E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	B	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Y – when added to existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	2	B	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Y – when added to existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	B	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Y PA >\$400	N	1	B	

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E1014	Reclining back, addition to pediatric size wheelchair	Y – when added to existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	B	
E1020	Residual limb support system for wheelchair	N	Y-LTC N-ICF/DD	2	B	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	N	N	1	B	
E1029	Wheelchair accessory, ventilator tray, fixed	N	N	1	B	
E1030	Wheelchair accessory, ventilator tray, gimbaled	N	N	1	B	
E1161	Manual adult size wheelchair, includes tilt in space	Y – for purchases, and after 3 mos rental	N – but must be authorized for LTC	1	B	
E1225	Wheelchair accessory, manual semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each	Y – when added to existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	B	
E1226	Wheelchair accessory, manual fully reclining back (recline greater than 80 degrees), each	Y – when added to existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	B	

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E1229	Wheelchair, pediatric size, not otherwise specified	Y	N	1	B	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Y3 and purchases	N	1	B	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Y3 and purchases	N	1	B	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Y3 and purchases	N	1	B	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Y3 and purchases	N	1	B	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Y3 and purchases	N	1	B	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Y3 and purchases	N	1	B	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Y3 and purchases	N	1	B	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Y3 and purchases	N	1	B	
E1239	Power wheelchair, pediatric size, not otherwise specified	Y	N	1	B	
E1340	Repair for non-routine service for DME requiring a technician. Labor component per 15 minutes	Y > \$400 Labor & parts combined	N	48	P	
E1353	Regulator	Y > 1 per year	N	1	B	
E1355	Stand/rack	Y > 1 per year	Y-LTC N-ICF/DD	1	B	
E1372	Immersion/external heater for nebulizer	N	Y-LTC N-ICF/DD	1	B	
E1390	Oxygen concentrator, capable of delivering 85% or greater concentration at a prescribed flow rate	N	N	1	R	

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E1399	DME miscellaneous	Y > \$400 for purchases	Y	MN	B	Y
E1700	Jaw motion rehab system	N	N	1	B	
E1701	Replacement cushion for jaw motion rehab. system package of 6	N	N	MN	P	
E1702	Replacement measuring scales for jaw motion rehab. system, package of 200	N	N	10	P	
E1800	Dynamic adjustable elbow extension/flexion device, or equal	N	N	2	B	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion, includes all components and accessories	N	N	2	B	
E1805	Dynamic adjustable wrist extension/flexion device, or equal	N	N	2	B	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion, includes all components and accessories	N	N	2	B	
E1810	Dynamic adjustable knee extension/flexion device, or equal	N	N	2	B	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	N	N	2	B	
E1812	Dynamic knee, extension/flexion device with active resistance control	N	N	2	B	
E1815	Dynamic adjustable ankle extension/flexion device, or equal	N	N	2	B	

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E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion, includes all components and accessories	N	N	1	B	
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	N	N	2	B	
E1820	Soft interface material, dynamic adjustable extension/flexion device, or equal	N	N	2	B	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive	N	N	1	B	
E1825	Dynamic adjustable finger extension/flexion device, or equal	N	N	2	B	Y
E1830	Dynamic adjustable toe extension/flexion device, or equal	N	N	2	B	Y
E1840	Dynamic adjustable shoulder flexion/ abduction/rotation device, includes soft interface material	N	N	2	B	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories	N	N	1	B	
E1902	Communication board, non-electronic augmentative or alternative communication	N	N	1	P	
E2000	Gastric suction pump, home model, portable or stationary, electric	N	Y-LTC N-ICF/DD	1	B	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	N	Y-LTC N-ICF/DD	1	B	

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Y = Authorization required.

Y1 = Authorization required after 1 month dispensing.

Y3 = Authorization required after 3 months rental.

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Guideline Limits:

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Rental/Purchase:

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	N	Y-LTC N-ICF/DD	1	B	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	N	Y-LTC N-ICF/DD	1	B	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	N	Y-LTC N-ICF/DD	1	B	
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	N	Y-LTC N-ICF/DD	2	B	
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	N	Y-LTC N-ICF/DD	2	B	
E2207	Wheelchair accessory, crutch and cane holder, each	N	Y-LTC N-ICF/DD	2	B	
E2208	Wheelchair accessory, cylinder tank carrier, each	N	Y-LTC N-ICF/DD	1	B	
E2209	Wheelchair accessory, arm trough, with or without hand support, each	N	Y-LTC N-ICF/DD	2	B	
E2210	Wheelchair accessory, bearings, any type, replacement only, each	N	Y-LTC N-ICF/DD	12	P	
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	N	v	2	B	
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	N	v	2	B	
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	N	Y-LTC N-ICF/DD	2	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2219	Manual wheelchair accessory, foam caster tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	N	Y-LTC N-ICF/DD	2	B	
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size	N	Y-LTC N-ICF/DD	2	B	
E2223	Manual wheelchair accessory, valve, any type, replacement only, each	N	Y-LTC N-ICF/DD	4	B	
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	N	Y-LTC N-ICF/DD	2	B	
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	N	Y-LTC N-ICF/DD	2	B	
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	N	Y-LTC N-ICF/DD	2	B	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	N	Y-LTC N-ICF/DD	2	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	N	Y-LTC N-ICF/DD	1	B	
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	N	N	1	P	
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	N	N	1	P	
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	N	N	1	P	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	N	N	1	P	
E2300	Power wheelchair accessory, power seat elevation system	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	P	
E2301	Power wheelchair accessory, power standing system	Y – when item is added on to an existing chair; N – for new purchase, but must be listed as part of the wheelchair package in auth request	Y-LTC N-ICF/DD	1	P	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function switch, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	Y-LTC N-ICF/DD	1	B	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	Y-LTC N-ICF/DD	1	B	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	N	Y-LTC N-ICF/DD	1	B	
E2324	Power wheelchair accessory, chin cup for chin control interface	N	N	1	B	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	N	N	1	B	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	N	N	1	B	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	N	N	1	B	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	N	N	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Y - when item added on to existing wheelchair; N - for new purchases, but must be listed as part of the wheelchair package in auth request.	N	1	B	
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	N	N	2	B	
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	N	2	B	
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	N	N	2	B	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	N	2	B	
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	N	N	2	B	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	N	2	B	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed and non-sealed, each	N	N	1	B	
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	N	N	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2368	Power wheelchair component, motor, replacement only	N	N	2	B	
E2369	Power wheelchair component, gear box, replacement only	N	N	2	B	
E2370	Power wheelchair component, motor and gear box combination, replacement only	N	N	2	B	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery (e.g., gel cell, absorbed glassmat), each	N	N	2	B	
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	N	N	2	B	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Y - when added to existing chair; N - for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	P	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Y - when added to existing chair; N - for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	P	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Y - when added to existing chair; N - for new purchase, but must be listed as part of the wheelchair package in auth request	N	1	P	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Y - when item is added on to an existing chair, N – for new purchases, but must be listed as part of the wheelchair package in auth request	N	1	P	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Y - when item is added on to an existing chair, N – for new purchases, but must be listed as part of the wheelchair package in auth request	N	1	B	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	N	N	2	P	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	N	N	2	P	

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MHCP Benefits						
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E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable, any type, replacement only, each	N	N	2	P	
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	N	N	4	P	
E2385	Power wheelchair accessory, tube for pneumatic caster wheel tire, any size, replacement only, each	N	N	4	P	
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	N	N	2	P	
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	N	N	4	P	
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	N	N	2	P	
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	N	N	4	P	
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	N	N	2	P	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	N	N	4	P	
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	N	N	4	P	
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each	N	N	2	P	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	N	N	2	P	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	N	N	4	P	
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	N	N	4	P	
E2397	Power wheelchair accessory, lithium-based battery, each	N	N	1	B	
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Y - when item is added on to an existing chair, N – for new purchases, but must be listed as part of the wheelchair package in auth request	N	MN	B	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Y	N	1	DR	Y
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	N	Y-LTC N-ICF/DD	1	B	
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	N	Y-LTC N-ICF/DD	1	B	
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	N	Y-LTC N-ICF/DD	1	B	
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	N	Y-LTC N-ICF/DD	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	N	Y-LTC N-ICF/DD	1	B	
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	N	Y-LTC N-ICF/DD	1	B	
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	N	Y-LTC N-ICF/DD	1	B	
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	N	Y-LTC N-ICF/DD	1	B	
E2609	Custom fabricated wheelchair seat cushion, any size	Y in LTC	N	1	B	
E2610	Wheelchair seat cushion, powered	N	Y-LTC N-ICF/DD	1	B	
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	N	Y-LTC N-ICF/DD	1	B	
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	N	Y-LTC N-ICF/DD	1	B	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	N	N	1	B	
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	N	N	1	B	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	N	N	1	B	

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MHCP Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	N	N	1	B	
E2617	Custom fabricated back cushion, any size, including any type mounting hardware	Y in LTC	N	1	B	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	N	Y-LTC N-ICF/DD	2	B	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	N	N	1	B	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	N	N	1	B	
S5560	Insulin delivery device, reusable pen, 1.5 ml size	Y	Y	1	P	
S5561	Insulin delivery device, reusable pen, 3 ml size	Y	Y	1	P	
S5570	Insulin delivery device, disposable pen (including insulin), 1.5 ml size	Y	Y	1	P	
S5571	Insulin delivery device, disposable pen (including insulin), 3 ml size	Y	Y	1	P	

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MHCP Orthotic & Prosthetic Benefits

HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface	Y>\$3,000	N	1	P	
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	Y>\$3,000	N	1	P	
L1500	Mobility standing frame (THKAO)	Y>\$3,000	Y	1/year	B	
L1510	Pre-manufactured standing frame with or without tray and accessories (THKAO)	Y>\$3,000	N	1/year	B	
L3208	Surgical boot, each, infant	N	N	2	P	
L3209	Surgical boot, each, child	N	N	2	P	
L3211	Surgical boot, each, junior	N	N	2	P	
L3212	Benesch boot, pair, infant	N	N	2	P	
L3213	Benesch boot, pair, child	N	N	MN	P	
L3214	Benesch boot, pair, junior	N	N	2	P	
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace	N	N	2 per dispensing, up to 4 per year	P	
L3225	Orthopedic footwear, men's shoe, oxford, used as integral part of brace	N	N	2 per dispensing, up to 4 per year	P	
L3230	Orthopedic footwear, custom shoes, depth inlay	Y	N	2 per dispensing, up to 4 per year	P	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Y	N	2 per dispensing, up to 4 per year	P	

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MHCP Orthotic & Prosthetic Benefits

HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
L3251	Foot, shoe molded to patient model, silicone shoe, each	Y	N	2 per dispensing, up to 4 per year	P	
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	Y	N	2 per dispensing, up to 4 per year	P	
L3253	Foot, molded shoe plastazote (or similar), custom fitted, each	Y	N	2	P	
L3260	Surgical boot/shoe, each	N	N	2	P	
L3265	Plastazote sandal, each	N	N	2	P	
L3300	Lift, elevation, heel, tapered to metatarsal, per inch	Y > 3000	N	12	P	
L3310	Lift, elevation, heel and sole, neoprene, per inch	Y > \$3000	N	12	P	
L3320	Lift, elevation, metal extension (skate)	Y > \$3000	N	12	P	
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Y > \$3000	N	2	P	
L3334	Lift, elevation, heel, per inch	Y > \$3000	N	12	P	
L3340	Heel wedge, SACH	Y > \$3000	N	2	P	
L3350	Heel wedge	Y > \$3000	N	2	P	
L3360	Sole wedge, outside sole	Y > \$3000	N	2	P	
L3370	Sole wedge, between sole	Y > \$3000	N	2	P	
L3380	Clubfoot wedge	Y > \$3000	N	2	P	
L3390	Outflare wedge	Y > \$3000	N	2	P	
L3400	Metatarsal bar wedge, rocker	Y > \$3000	N	2	P	
L3410	Metatarsal bar wedge, between sole	Y > \$3000	N	2	P	
L3420	Full sole and heel wedge, between sole	Y > \$3000	N	2	P	

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MHCP Orthotic & Prosthetic Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
L3430	Heel, counter, plastic reinforced	Y>\$3000	N	2	P	
L3440	Heel, counter, leather, reinforced	Y>\$3000	N	2	P	
L3450	Heel, SACH cushion type	Y>\$3000	N	2	P	
L3455	Heel, new leather, standard	Y>\$3000	N	2	P	
L3460	Heel, new rubber, standard	Y>\$3000	N	2	P	
L3465	Heel, Thomas w/wedge	Y>\$3000	N	2	P	
L3470	Heel, Thomas extended to ball	Y>\$3000	N	2	P	
L3480	Heel, pad and depression for spur	Y>\$3000	N	2	P	
L3485	Heel, pad, removable for spur	Y>\$3000	N	2	P	
L3500	Orthopedic shoe addition, insole leather	Y>\$3000	N	2	P	
L3510	Orthopedic shoe addition, insole rubber	Y>\$3000	N	2	P	
L3520	Orthopedic shoe addition, insole, felt covered with leather	Y>\$3000	N	2	P	
L3595	Orthopedic shoe addition, march bar	Y>\$3000	N	2	P	
L3649	Orthopedic shoe, shoe modifications or transfers, not otherwise classified	Y>\$3000	N	2	P	
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments	Y>\$3000	N	2	P	
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	Y>\$3000	N	1	P	

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L3807	WHFO, w/o joint(s), prefabricated, includes fitting and adjustment, any type	N	N	2	P	
L3808	WHFO, rigid without joints, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Y>\$3000	N	1	P	
L3923	Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type	Y>\$3000	N	2	P	
L4205	Repair of orthotic device, labor component, per 15 minutes	N	N	MN	P	
L7500	Repair of prosthetic device, hourly rate (excludes V5335 repair of oral or laryngeal prosthesis or artificial larynx)	Y>\$3000	N	12	P	
L8000	Breast prosthesis, mastectomy bra	Y>\$3000	N	6/year; only dispense 2 at a time	P	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	Y>\$3000	N	6/year; only dispense 2 at a time	P	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	Y>\$3000	N	6/year; only dispense 2 at a time	P	
L8010	Breast prosthesis, mastectomy sleeve	Y>\$3000	N	2	P	
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	Y>\$3000	N	2	P	
L8020	Breast prosthesis, mastectomy form	Y>\$3000	N	2	P	
L8030	Breast prosthesis, silicone or equal	Y>\$3000	N	2	P	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	Y>\$3000	N	2	P	
L8039	Breast prosthesis, NOS	Y>\$3000	N	2	P	

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HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
L8501	Tracheostomy speaking valve	Y>\$3000	N	1	P	
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	N	N	1	P	
S8460	Camisole, post-mastectomy	Y>\$3,000	N	1	P	

MHCP Medical Supply Benefits						
HCPCS Code	Description of Code	Authorization Required	Included in LTC Per Diem	Guideline Limits	Rental or Purchase	From/Through Dates Required
S8186	Trach swivel adaptor	N	Y-LTC N-ICF/DD	4/month	P	
S8189	Tracheostomy supply, not otherwise classified	N	Y-LTC N-ICF/DD	MN	P	
S8210	Mucus trap	N	Y	1	P	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	N	N	4	P	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	N	N	4	P	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	N	N	4	P	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	N	N	4	P	
S8424	Gradient pressure aid (sleeve), ready made	N	N	4	P	
S8425	Gradient pressure aid (glove), custom made, medium weight	N	N	4	P	
S8426	Gradient pressure aid (glove), custom made, heavy weight	N	N	4	P	
S8427	Gradient pressure aid (glove), ready made	N	N	4	P	

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MHCP Medical Supply Benefits						
HCPCS Code	Description of Code	Authorization Required	Include d in LTC Per Diem	Guidelin e Limits	Rental or Purchase	From/ Through Dates Require d
S8428	Gradient pressure aid (gauntlet), ready made	N	N	4	P	
S8429	Gradient pressure exterior wrap	N	N	MN	P	
S8430	Padding for compression bandage, per roll	N	Y-LTC N-ICF/DD	MN	P	
S8431	Compression bandage, per roll	N	Y-LTC N-ICF/DD	MN	P	
S8450	Splint, prefabricated, digit, specify digit by use of modifier	N	N	10	P	
S8451	Splint, prefabricated, wrist or ankle	N	N	2	P	
S8452	Splint, prefabricated, elbow	N	N	2	P	
S8490	Insulin syringe (1 unit = 100 syringes, any size)	N	Y	4 units	P	
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	N	Y	1	P	

3/15/11

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