

DMEPOS Competitive Bidding Program

Round 2

Product Categories and HCPCS Codes

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Product Category HCPCS Codes
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Oxygen Supplies and Equipment

| Payment Class | HCPCS Code | HCPCS Code Description |
|---|------------|---|
| Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable) | E0424 | Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing |
| Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable) | E0439 | Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing |
| Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable) | E1390 | Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate |
| Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable) | E1391 | Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each |
| Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks) | E0431 | Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing |
| Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks) | E0434 | Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing |
| Payment Class C - Oxygen Generating Portable Equipment Only | 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 |
| Payment Class C - Oxygen Generating Portable Equipment Only | E1392 | Portable Oxygen Concentrator, Rental |
| Payment Class C - Oxygen Generating Portable Equipment Only | 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 |
| Payment Class D - Stationary Oxygen Contents Only | E0441 | Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit |
| Payment Class D - Stationary Oxygen Contents Only | E0442 | Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit |
| Payment Class E - Portable Oxygen Contents Only | E0443 | Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit |
| Payment Class E - Portable Oxygen Contents Only | E0444 | Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit |

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Enteral Nutrients, Equipment and Supplies

| HCPCS Code | HCPCS Code Description |
|------------|---|
| 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 |
| 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 |
| 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 |
| 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 |
| B9000 | Enteral Nutrition Infusion Pump - Without Alarm |
| B9002 | Enteral Nutrition Infusion Pump - With Alarm |
| E0776BA | Iv Pole |

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CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

| HCPCS Code | HCPCS Code Description |
|------------|--|
| A4604 | Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device |
| 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 |
| E0470 | Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device) |
| E0471 | Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device) |
| E0472 | Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device) |
| E0561 | Humidifier, Non-Heated, Used With Positive Airway Pressure Device |
| E0562 | Humidifier, Heated, Used With Positive Airway Pressure Device |
| E0601 | Continuous Airway Pressure (Cpap) Device |

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Hospital Beds and Related Accessories

| HCPCS Code | HCPCS Code Description |
|------------|--|
| E0250 | Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress |
| E0251 | Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress |
| E0255 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress |
| E0256 | Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress |
| E0260 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress |
| E0261 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress |
| E0271 | Mattress, Innerspring |
| E0272 | Mattress, Foam Rubber |
| E0280 | Bed Cradle, Any Type |
| E0290 | Hospital Bed, Fixed Height, Without Side Rails, With Mattress |
| E0291 | Hospital Bed, Fixed Height, Without Side Rails, Without Mattress |
| E0292 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress |
| E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress |
| E0294 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress |
| E0295 | Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress |
| E0301 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress |
| E0302 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress |
| E0303 | Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress |
| E0304 | Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress |
| E0305 | Bed Side Rails, Half Length |
| E0310 | Bed Side Rails, Full Length |
| E0316 | Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type |
| E0910 | Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar |
| E0911 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar |
| E0912 | Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar |
| E0940 | Trapeze Bar, Free Standing, Complete With Grab Bar |

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Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories

| HCPCS Code | HCPCS Code Description |
|-------------------|--|
| A6550 | Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories |
| A7000 | Canister, Disposable, Used With Suction Pump, Each |
| E2402 | Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable |

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Walkers and Related Accessories

| HCPCS Code | HCPCS Code Description |
|------------|--|
| E0130 | Walker, Rigid (Pickup), Adjustable Or Fixed Height |
| E0135 | Walker, Folding (Pickup), Adjustable Or Fixed Height |
| E0140 | Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type |
| E0141 | Walker, Rigid, Wheeled, Adjustable Or Fixed Height |
| E0143 | Walker, Folding, Wheeled, Adjustable Or Fixed Height |
| E0147 | Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance |
| E0148 | Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each |
| E0149 | Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type |
| E0154 | Platform Attachment, Walker, Each |
| E0155 | Wheel Attachment, Rigid Pick-Up Walker, Per Pair |
| E0156 | Seat Attachment, Walker |
| E0157 | Crutch Attachment, Walker, Each |
| E0158 | Leg Extensions For Walker, Per Set Of Four (4) |
| E0159 | Brake Attachment For Wheeled Walker, Replacement, Each |

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Support Surfaces (Group 2 Mattresses and Overlays)

| HCPCS Code | HCPCS Code Description |
|------------|--|
| E0193 | Powered Air Flotation Bed (Low Air Loss Therapy) |
| E0277 | Powered Pressure-Reducing Air Mattress |
| E0371 | Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width |
| E0372 | Powered Air Overlay For Mattress, Standard Mattress Length And Width |
| E0373 | Nonpowered Advanced Pressure Reducing Mattress |

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Standard (Power & Manual) Wheelchairs, Scooters, and Related Accessories

| HCPCS Code | HCPCS Code Description |
|------------|---|
| E0950 | Wheelchair Accessory, Tray, Each |
| E0951 | Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each |
| E0955 | Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each |
| E0956 | Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each |
| E0957 | Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each |
| E0960 | Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware |
| E0961 | Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each |
| E0971 | Manual Wheelchair Accessory, Anti-Tipping Device, Each |
| E0973 | Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each |
| E0978 | Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each |
| E0986 | Manual Wheelchair Accessory, Push Activated Power Assist, Each |
| E0990 | Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each |
| E0992 | Manual Wheelchair Accessory, Solid Seat Insert |
| E1016 | Shock Absorber For Power Wheelchair, Each |
| E1020 | Residual Limb Support System For Wheelchair |
| E1028 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory |
| E1030 | Wheelchair Accessory, Ventilator Tray, Gimbaleed |
| E1031 | Rollabout Chair, Any And All Types With Castors 5" Or Greater |
| E1038 | Transport Chair, Adult Size, Patient Weight Capacity Up To And Including 300 Pounds |
| E1225 | Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each |
| E1226 | Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each |
| E2201 | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches |
| E2202 | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches |
| E2203 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches |
| E2204 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches |
| E2206 | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each |
| E2208 | Wheelchair Accessory, Cylinder Tank Carrier, Each |

| HCPCS Code | HCPCS Code Description |
|------------|---|
| E2209 | Accessory, Arm Trough, With Or Without Hand Support, Each |
| E2210 | Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each |
| E2211 | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each |
| E2213 | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each |
| E2231 | Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware |
| E2360 | Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each |
| E2361 | Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat) |
| E2362 | Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each |
| E2363 | Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) |
| E2364 | Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each |
| E2365 | Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) |
| E2366 | Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each |
| E2367 | Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each |
| E2368 | Power Wheelchair Component, Motor, Replacement Only |
| E2369 | Power Wheelchair Component, Gear Box, Replacement Only |
| E2370 | Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only |
| E2371 | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each |
| E2381 | Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each |
| E2383 | Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each |
| E2384 | Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each |
| E2386 | Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each |
| E2387 | Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each |
| E2391 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each |
| E2392 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each |
| E2394 | Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each |
| E2395 | Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each |
| E2396 | Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each |
| E2601 | General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth |
| E2602 | General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth |
| E2603 | Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth |
| E2604 | Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth |
| E2605 | Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth |
| E2606 | Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth |

| HCPCS Code | HCPCS Code Description |
|------------|--|
| E2607 | Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth |
| E2608 | Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth |
| E2611 | General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware |
| E2612 | General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware |
| E2613 | Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware |
| E2614 | Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware |
| E2615 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware |
| E2616 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware |
| E2620 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware |
| E2621 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware |
| E2622 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth |
| E2623 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches or Greater, Any Depth |
| E2624 | Skin Protection and Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth |
| E2625 | Skin Protection and Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches or Greater, Any Depth |
| K0001 | Standard Wheelchair |
| K0002 | Standard Hemi (Low Seat) Wheelchair |
| K0003 | Lightweight Wheelchair |
| K0004 | High Strength, Lightweight Wheelchair |
| K0005 | Ultralightweight Wheelchair |
| K0006 | Heavy Duty Wheelchair |
| K0007 | Extra Heavy Duty Wheelchair |
| K0015 | Detachable, Non-Adjustable Height Armrest, Each |
| K0019 | Arm Pad, Each |
| K0040 | Adjustable Angle Footplate, Each |
| K0052 | Swingaway, Detachable Footrests, Each |
| K0053 | Elevating Footrests, Articulating (Telescoping), Each |
| K0056 | Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultralightweight Wheelchair |
| K0069 | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each |
| K0070 | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each |
| K0077 | Front Caster Assembly, Complete, With Solid Tire, Each |
| K0195 | Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base) |
| K0800 | Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds |
| K0801 | Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds |

| HCPCS Code | HCPCS Code Description |
|------------|---|
| K0802 | Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds |
| K0813 | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds |
| K0814 | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds |
| K0815 | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds |
| K0816 | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds |
| K0820 | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds |
| K0821 | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds |
| K0822 | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds |
| K0823 | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds |
| K0824 | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds |
| K0825 | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds |
| K0826 | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds |
| K0827 | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds |
| K0828 | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More |
| K0829 | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More |