



Legislative Report

STUDY OF PAYMENT RATES FOR DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Purchasing and Service Delivery

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For more information contact:

Minnesota Department of Human Services
Purchasing and Service Delivery
P.O. Box 64984
St. Paul, MN 55155

651-431-2106



For accessible formats of this information or assistance with additional equal access to human services, call 651-431-2203, or use your preferred relay service. ADA1 (2-18)

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I. Executive summary

Through passage of section 503 of the Consolidated Appropriations Act and section 5002 of the 21st Century Cures Act of 2016, Congress added section 1903(i)(27) to the Social Security Act. These changes prohibit federal Medicaid reimbursement to states for certain durable medical equipment (DME) expenditures that are, in the aggregate, in excess of what Medicare would have paid for such items. The requirement went into effect January 1, 2018.¹

An upper payment limit (UPL) calculation will be used to determine whether DME expenditures for applicable items in Minnesota are, in the aggregate, above the Medicare rate. The UPL is a federal limit on fee-for-service Medicaid reimbursement, which limits federal financial participation (FFP) for state expenditures for certain durable medical equipment. A UPL demonstration must be completed on an annual basis and submitted to the Centers for Medicare and Medicaid Services (CMS) if a state's payment methodology is higher than the Medicare rate.² If a state's fee schedule approved under its state plan for the DME subject to the FFP limitation are at or below Medicare's rate, that state can attest to that and is not required to complete and submit a UPL demonstration. If a state's rate exceeds the Medicare rate, that state must complete and submit the demonstration and must return the overpayment to CMS.

This report will explain why a study on the impact of access by basing medical assistance payment for durable medical equipment and medical supplies on Medicare payment rates, cannot be completed at this time. The first half of 2020 would be the earliest a complete report of payment rates for DME can be run in order to assess any impacts on access. Current payment methodology required under Minnesota Statute 256B.766, bases most DME payments on Medicare plus an additional add-on. With this methodology, it is likely the UPL calculation will show an aggregate payment higher than Medicare.

¹ Limit on Federal Financial Participation for Durable Medical Equipment in Medicaid, corrected January 4, 2018: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18001.pdf>.

² Payment Limit Demonstrations, Centers for Medicare and Medicaid Services: <https://www.medicaid.gov/medicaid/finance/payment-limit-demonstrations/index.html>.

II. Legislation

Minnesota 2017, 1st Special Session, Chapter 6, Article 4, Section 64

STUDY OF PAYMENT RATES FOR DURABLE MEDICAL EQUIPMENT AND SUPPLIES.

The commissioner of human services shall study the impact of basing medical assistance payment for durable medical equipment and medical supplies on Medicare payment rates, as limited by the payment provisions in the 21st Century Cures Act, Public Law 114-255, on access by medical assistance enrollees to these items. The study must include recommendations for ensuring and improving access by medical assistance enrollees to durable medical equipment and medical supplies. The commissioner shall report study results and recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 1, 2019.

III. Background

The 2017 Legislature requested a study on the impact of basing medical assistance payment for durable medical equipment and medical supplies on Medicare payment rates, as limited by the payment provisions in the 21st Century Cures Act, Public Law 114-255. Effective January 1, 2018, the law prohibits federal funds for certain durable medical equipment that are, in the aggregate, in excess of what Medicare would have paid for the same items within the fee-for-service program. Providers have expressed concerns that this reduction in payment could affect patient access.

The upper payment limit requirement applies to certain fee-for-service DME items, not all items. The categories of DME items include those listed below. (Appendix- List of HCPCS Codes Subject to the Upper Payment Limit).

- nebulizers
- crutches
- canes
- commodes
- decubitus care equipment
- heat/cold application device
- hospital beds and accessories
- oxygen and related respiratory equipment
- intermittent positive pressure breathing (IPPB) machines
- monitoring devices
- compression devices
- ultraviolet light devices
- infusion pumps
- traction devices
- orthopedic devices
- manual and power wheelchairs
- wheelchair accessories
- power operated vehicles
- flexion/extension devices
- wound therapy
- speech generating devices

Only items that are covered by Medicare, and have an established Medicare rate, are subject to the upper payment limit. Orthotics, prosthetics, medical supplies, and items for which Medicare is not the primary payer are not subject to the UPL. Additionally, items that are subject to volume purchasing strategies are exempt from the UPL. In Minnesota, that includes oxygen. Finally, DME items provided in an institutional setting paid as a part of the institutional payment are not subject to the UPL.

Medicare establishes different payment rates for DME depending on the location of the enrollee. In Medicare this includes a rural rate, a non-rural rate, and a competitive bid area rate. Minnesota’s Medicare Competitive Bidding Area (CBA) includes the counties of Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Scott, Chisago, Isanti, Sherburne, and Wright and is referred to as the Minneapolis-St. Paul-Bloomington CBA. The areas included in the CBA are further defined by ZIP code.³ States may elect to perform the UPL calculation using the applicable Medicare rate for the area of the state, or the lowest Medicare rate that would have been paid.

³ DMEPOS Competitive Bidding Program, revised June 26, 2018:
<https://www.dmecompetitivebid.com/palmetto/cbicrd2recompete.nsf/vMasterDID/9L2SSW0884>

IV. Calculation of the Upper Payment Limit

CMS has indicated that all states must demonstrate compliance with the UPL unless they either use Medicare payment rates (or a lesser percentage thereof) to reimburse providers for DME or conduct a robust comparison using rate and utilization data to show that their aggregate reimbursement is less than the aggregate reimbursement using the Medicare rates. Minnesota's current rate methods for DME prohibit the state from meeting either exception, so the state must conduct the annual demonstration of compliance with the UPL.

Under current law, (256B.766) with a few exceptions for more specialized items, Minnesota's payment rates under the Medicaid program for durable medical equipment and supplies are based on the Medicare rate plus an additional add-on payment. Currently, there are two add-ons for DME products that were subject to a previous competitive bid performed by Medicare in 2008. Additionally, a provision in Minnesota law prohibits the Medicaid program from following the Medicare rate if the Medicare rate is reduced as a result of a competitive bid.

Current law assumes that the state Medicaid program collects federal financial participation on the state share of payments made to providers, except where the state legislature specifically requires the use of state funds without a federal match. The Cures Act limits the amount of federal financial participation that states can receive for DME products to the amount that they would receive, in the aggregate, had the Medicare rate been paid.

As mentioned above, the majority of DME products are paid in excess of the Medicare rate, thus it is reasonable to assume that the upper payment limit calculation will show that the aggregate federal financial participation collected by Minnesota will be in excess of the amount allowed. The Centers for Medicare and Medicaid Services have informed states that any federal financial participation received in excess of the aggregate limit will need to be refunded. Likewise, the state share of any amount that exceeds the limit will be returned to the state general fund.

Guidance released by CMS over the past several months have clarified that states are to submit the results of their upper payment limit calculations by March of the following year. With the upper payment limit taking effect January 1, 2018, the first calculation that will be performed will be done in March of 2019 for calendar year 2018, with an upper payment calculation occurring each March thereafter for the previous calendar year. Given this timeline from CMS, an upper payment limit calculation has not yet occurred, and as a result, no recoupments from providers have occurred either.

V. Access

The aim of this report is to assess if limiting payments to DME providers to the Medicare rate will have an impact on access for Medicaid fee-for-service recipients. As mentioned in the previous section of the report, the limitation on federal financial participation took effect in January of 2018, with the first upper payment limit calculation required by CMS in March of 2019 for calendar year 2018.

Given the effective date, the upper payment limit calculation has not been performed. DHS will use the list of codes provided by CMS to pull the appropriate data in early 2019 and complete the analysis of comparing Minnesota Medicaid payments in the aggregate on those DME products to the aggregate payment amount had Medicare rates been paid. Once that analysis is complete, submitted and validated by CMS, the department will then reprocess claims in accordance with the upper payment limit calculation.

Because the UPL is based on an aggregate limit, DHS cannot provide an accurate analysis until all services have been rendered for 2018. When DHS performs the analysis to meet the March 2019 due date from CMS, time for claims run out for services rendered in 2018 will have occurred, and the department will be able to determine how much the state's Medicaid program payments exceed the federal limit.

However, even with that initial information, the department is not able to perform the needed analysis to assess if this change has had an impact on access. Once the upper payment limit calculation is performed in March of 2019, it will take some time to submit to CMS, receive confirmation from CMS, and have the claims reprocessed in order to collect the portion of any payment over the aggregate limit. This process is likely to be completed sometime in the middle of 2019 and thus the payment change will not be realized by providers until that time. With those factors in mind, it is unlikely that any changes in provider behavior that could impact access as result of the upper payment limit could potentially be analyzed before the first half of 2020.

As mentioned earlier in the report, the upper payment limit was largely based on competitive bids that were done by Medicare on DME products. In 2016, CMS released a fact sheet claiming Medicare's Competitive Bid Program has maintained Medicare beneficiary access to quality products from accredited suppliers in all competitive bidding areas, with few beneficiary complaints. CMS implemented real-time claims monitoring, customer satisfaction surveys, and a formal complaint process for beneficiaries, caregivers, providers and suppliers for reporting concerns about contract suppliers or other competitive bidding implementation issues.⁴

While an impact cannot be measured in Minnesota at this time, Michigan has worked with CMS to determine whether changes to their rates would be necessary as a result of the 21st Century Cures Act.

⁴ Competitive bidding program continues to maintain access and quality while helping to save Medicare millions, Centers for Medicare and Medicaid Services, September 8, 2016: <https://www.cms.gov/newsroom/fact-sheets/competitive-bidding-program-continues-maintain-access-and-quality-while-helping-save-medicare>.

After Michigan conducted the robust comparison necessary to demonstrate their current rates and payments are below the aggregate annual UPL, CMS confirmed that the state was below Medicare's aggregate limit, and they will not need to conduct an annual demonstration of compliance with the UPL. In conversation with Michigan, the state shared their observations on the impact of the implementation of the Competitive Bid Program in their area. Michigan has been running reports for the past four years and each year the number of smaller DME providers has decreased and the number of large, typically out-of-state providers that are enrolled as Medicare providers with competitive bid contracts, has steadily increased. The state shared the number of services provided to Medicaid recipients over the past four years has not decreased.

DHS will conduct the annual analysis and reprocess payments from providers as appropriate to maintain compliance with this federal requirement. The department will also monitor access as the changes make their way through the system to assess what, if any impact, these changes have on the state's Medicaid program.

VI. Appendix- List of HCPCS Codes Subject to the Upper Payment Limit*

*The following codes represent codes that Medicare paid in 2017. New codes in 2018 or subsequent years that are paid by Medicare will become part of that year's UPL calculation as well.

| Procedure Code | Procedure Code Description | Procedure Code Type |
|----------------|------------------------------|---------------------|
| A7007 | Lg vol nebulizer disposable | DME Equipment |
| A7009 | Nebulizer reservoir bottle | DME Equipment |
| A7017 | Nebulizer not used w oxygen | DME Equipment |
| E0100 | Cane adjust/fixed with tip | DME Equipment |
| E0105 | Cane adjust/fixed quad/3 pro | DME Equipment |
| E0110 | Crutch forearm pair | DME Equipment |
| E0111 | Crutch forearm each | DME Equipment |
| E0112 | Crutch underarm pair wood | DME Equipment |
| E0113 | Crutch underarm each wood | DME Equipment |
| E0114 | Crutch underarm pair no wood | DME Equipment |
| E0116 | Crutch underarm each no wood | DME Equipment |
| E0118 | Crutch substitute | DME Equipment |
| E0130 | Walker rigid adjust/fixed ht | DME Equipment |
| E0135 | Walker folding adjust/fixed | DME Equipment |
| E0140 | Walker w trunk support | DME Equipment |
| E0141 | Rigid wheeled walker adj/fix | DME Equipment |
| E0143 | Walker folding wheeled w/o s | DME Equipment |
| E0144 | Enclosed walker w rear seat | DME Equipment |
| E0147 | Walker variable wheel resist | DME Equipment |
| E0148 | Heavy duty walker no wheels | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E0160 | Sitz type bath or equipment | DME Equipment |
| E0161 | Sitz bath/equipment w/faucet | DME Equipment |
| E0163 | Commode chair with fixed arm | DME Equipment |
| E0165 | Commode chair with detacharm | DME Equipment |
| E0167 | Commode chair pail or pan | DME Equipment |
| E0168 | Heavyduty/wide commode chair | DME Equipment |
| E0170 | Commode chair electric | DME Equipment |
| E0171 | Commode chair non-electric | DME Equipment |
| E0181 | Press pad alternating w/ pum | DME Equipment |
| E0184 | Dry pressure mattress | DME Equipment |
| E0185 | Gel pressure mattress pad | DME Equipment |
| E0186 | Air pressure mattress | DME Equipment |
| E0188 | Synthetic sheepskin pad | DME Equipment |
| E0189 | Lambswool sheepskin pad | DME Equipment |
| E0193 | Powered air flotation bed | DME Equipment |
| E0194 | Air fluidized bed | DME Equipment |
| E0196 | Gel pressure mattress | DME Equipment |
| E0197 | Air pressure pad for mattres | DME Equipment |
| E0199 | Dry pressure pad for mattres | DME Equipment |
| E0210 | Electric heat pad standard | DME Equipment |
| E0235 | Paraffin bath unit portable | DME Equipment |
| E0250 | Hosp bed fixed ht w/ mattres | DME Equipment |
| E0251 | Hosp bed fixd ht w/o mattres | DME Equipment |
| E0255 | Hospital bed var ht w/ matttr | DME Equipment |
| E0256 | Hospital bed var ht w/o matt | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E0261 | Hosp bed semi-electr w/o mat | DME Equipment |
| E0265 | Hosp bed total electr w/ mat | DME Equipment |
| E0266 | Hosp bed total elec w/o matt | DME Equipment |
| E0277 | Powered pres-redu air mattrs | DME Equipment |
| E0290 | Hosp bed fx ht w/o rails w/m | DME Equipment |
| E0291 | Hosp bed fx ht w/o rail w/o | DME Equipment |
| E0292 | Hosp bed var ht no sr w/matt | DME Equipment |
| E0293 | Hosp bed var ht no sr no mat | DME Equipment |
| E0294 | Hosp bed semi-elect w/ mattr | DME Equipment |
| E0295 | Hosp bed semi-elect w/o matt | DME Equipment |
| E0296 | Hosp bed total elect w/ matt | DME Equipment |
| E0300 | Enclosed ped crib hosp grade | DME Equipment |
| E0301 | HD hosp bed, 350-600 lbs | DME Equipment |
| E0302 | Ex hd hosp bed > 600 lbs | DME Equipment |
| E0303 | Hosp bed hvy dty xtra wide | DME Equipment |
| E0304 | Hosp bed xtra hvy dty x wide | DME Equipment |
| E0329 | Ped hospital bed semi/elect | DME Equipment |
| E0371 | Nonpower mattress overlay | DME Equipment |
| E0372 | Powered air mattress overlay | DME Equipment |
| E0373 | Nonpowered pressure mattress | DME Equipment |
| E0424 | Stationary compressed gas O2 | DME Equipment |
| E0431 | Portable gaseous O2 | DME Equipment |
| E0434 | Portable liquid O2 | DME Equipment |
| E0439 | Stationary liquid O2 | DME Equipment |
| E0441 | Oxygen contents, gaseous | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E0442 | Oxygen contents, liquid | DME Equipment |
| E0444 | Portable O2 contents, liquid | DME Equipment |
| E0465 | Home vent invasive interface | DME Equipment |
| E0466 | Home vent non-invasive inter | DME Equipment |
| E0470 | RAD w/o backup non-inv intf | DME Equipment |
| E0471 | RAD w/backup non inv intrfc | DME Equipment |
| E0472 | RAD w backup invasive intrfc | DME Equipment |
| E0482 | Cough stimulating device | DME Equipment |
| E0483 | Chest compression gen system | DME Equipment |
| E0500 | Ippb all types | DME Equipment |
| E0570 | Nebulizer with compression | DME Equipment |
| E0572 | Aerosol compressor adjust pr | DME Equipment |
| E0574 | Ultrasonic generator w svneb | DME Equipment |
| E0585 | Nebulizer w/ compressor & he | DME Equipment |
| E0600 | Suction pump portab hom modl | DME Equipment |
| E0601 | Cont airway pressure device | DME Equipment |
| E0607 | Blood glucose monitor home | DME Equipment |
| E0620 | Cap bld skin piercing laser | DME Equipment |
| E0627 | Seat lift incorp lift-chair | DME Equipment |
| E0629 | Seat lift for pt furn-non-el | DME Equipment |
| E0630 | Patient lift hydraulic | DME Equipment |
| E0635 | Patient lift electric | DME Equipment |
| E0636 | PT support & positioning sys | DME Equipment |
| E0639 | Moveable patient lift system | DME Equipment |
| E0640 | Fixed patient lift system | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E0651 | Pneum compressor segmental | DME Equipment |
| E0652 | Pneum compres w/cal pressure | DME Equipment |
| E0691 | Uvl pnl 2 sq ft or less | DME Equipment |
| E0692 | Uvl sys panel 4 ft | DME Equipment |
| E0693 | Uvl sys panel 6 ft | DME Equipment |
| E0694 | Uvl md cabinet sys 6 ft | DME Equipment |
| E0720 | Tens two lead | DME Equipment |
| E0730 | Tens four lead | DME Equipment |
| E0740 | Incontinence treatment systm | DME Equipment |
| E0745 | Neuromuscular stim for shock | DME Equipment |
| E0747 | Elec osteogen stim not spine | DME Equipment |
| E0748 | Elec osteogen stim spinal | DME Equipment |
| E0760 | Osteogen ultrasound stimtor | DME Equipment |
| E0764 | Functional neuromuscularstim | DME Equipment |
| E0779 | Amb infusion pump mechanical | DME Equipment |
| E0781 | External ambulatory infus pu | DME Equipment |
| E0784 | Ext amb infusn pump insulin | DME Equipment |
| E0791 | Parenteral infusion pump sta | DME Equipment |
| E0849 | Cervical pneum trac equip | DME Equipment |
| E0855 | Cervical traction equipment | DME Equipment |
| E0860 | Tract equip cervical tract | DME Equipment |
| E0870 | Tract frame attach footboard | DME Equipment |
| E0880 | Trac stand free stand extrem | DME Equipment |
| E0900 | Trac stand free stand pelvic | DME Equipment |
| E0910 | Trapeze bar attached to bed | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E0911 | HD trapeze bar attach to bed | DME Equipment |
| E0912 | HD trapeze bar free standing | DME Equipment |
| E0920 | Fracture frame attached to b | DME Equipment |
| E0930 | Fracture frame free standing | DME Equipment |
| E0935 | Cont pas motion exercise dev | DME Equipment |
| E0940 | Trapeze bar free standing | DME Equipment |
| E0941 | Gravity assisted traction de | DME Equipment |
| E0946 | Fracture frame dual w cross | DME Equipment |
| E0947 | Fracture frame attachmnts pe | DME Equipment |
| E1031 | Rollabout chair with casters | DME Equipment |
| E1035 | Patient transfer system | DME Equipment |
| E1036 | Patient transfer system | DME Equipment |
| E1037 | Transport chair, ped size | DME Equipment |
| E1038 | Transport chair pt wt<=300lb | DME Equipment |
| E1039 | Transport chair pt wt >300lb | DME Equipment |
| E1086 | Hemi-wheelchair detachable a | DME Equipment |
| E1088 | Wheelchair lightweight det a | DME Equipment |
| E1093 | Wheelchair wide w/ foot rest | DME Equipment |
| E1130 | Whlchr stand fxd arm ft rest | DME Equipment |
| E1140 | Wheelchair standard detach a | DME Equipment |
| E1150 | Wheelchair standard w/ leg r | DME Equipment |
| E1160 | Wheelchair fixed arms | DME Equipment |
| E1161 | Manual adult wc w tiltinspac | DME Equipment |
| E1232 | Folding ped wc tilt-in-space | DME Equipment |
| E1233 | Rig ped wc tltnspc w/o seat | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E1234 | Fld ped wc tltnspc w/o seat | DME Equipment |
| E1235 | Rigid ped wc adjustable | DME Equipment |
| E1236 | Folding ped wc adjustable | DME Equipment |
| E1237 | Rgd ped wc adjstabl w/o seat | DME Equipment |
| E1238 | Fld ped wc adjstabl w/o seat | DME Equipment |
| E1240 | Whchr litwt det arm leg rest | DME Equipment |
| E1250 | Wheelchair lightwt fixed arm | DME Equipment |
| E1260 | Wheelchair lightwt foot rest | DME Equipment |
| E1390 | Oxygen concentrator | DME Equipment |
| E1391 | Oxygen concentrator, dual | DME Equipment |
| E1392 | Portable oxygen concentrator | DME Equipment |
| E1800 | Adjust elbow ext/flex device | DME Equipment |
| E1801 | SPS elbow device | DME Equipment |
| E1802 | Adjst forearm pro/sup device | DME Equipment |
| E1805 | Adjust wrist ext/flex device | DME Equipment |
| E1806 | SPS wrist device | DME Equipment |
| E1810 | Adjust knee ext/flex device | DME Equipment |
| E1811 | SPS knee device | DME Equipment |
| E1812 | Knee ext/flex w act res ctrl | DME Equipment |
| E1815 | Adjust ankle ext/flex device | DME Equipment |
| E1816 | SPS ankle device | DME Equipment |
| E1818 | SPS forearm device | DME Equipment |
| E1820 | Soft interface material | DME Equipment |
| E1821 | Replacement interface SPSD | DME Equipment |
| E1825 | Adjust finger ext/flex devc | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| E1830 | Adjust toe ext/flex device | DME Equipment |
| E1831 | Static str toe dev ext/flex | DME Equipment |
| E1840 | Adj shoulder ext/flex device | DME Equipment |
| E1841 | Static str shldr dev rom adj | DME Equipment |
| E2000 | Gastric suction pump hme mdl | DME Equipment |
| E2100 | Bld glucose monitor w voice | DME Equipment |
| E2101 | Bld glucose monitor w lance | DME Equipment |
| E2402 | Neg press wound therapy pump | DME Equipment |
| E2500 | SGD digitized pre-rec <=8min | DME Equipment |
| E2502 | SGD prerec msg >8min <=20min | DME Equipment |
| E2508 | SGD spelling phys contact | DME Equipment |
| E2510 | SGD w multi methods msg/accs | DME Equipment |
| K0001 | Standard wheelchair | DME Equipment |
| K0002 | Stnd hemi (low seat) whlchr | DME Equipment |
| K0003 | Lightweight wheelchair | DME Equipment |
| K0004 | High strength ltwt whlchr | DME Equipment |
| K0005 | Ultralightweight wheelchair | DME Equipment |
| K0006 | Heavy duty wheelchair | DME Equipment |
| K0007 | Extra heavy duty wheelchair | DME Equipment |
| K0009 | Other manual wheelchair/base | DME Equipment |
| K0010 | Stnd wt frame power whlchr | DME Equipment |
| K0011 | Stnd wt pwr whlchr w control | DME Equipment |
| K0012 | Ltwt portbl power whlchr | DME Equipment |
| K0455 | Pump uninterrupted infusion | DME Equipment |
| K0554 | Ther cgm receiver/monitor | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| K0730 | Ctrl dose inh drug deliv sys | DME Equipment |
| K0738 | Portable gas oxygen system | DME Equipment |
| K0800 | POV group 1 std up to 300lbs | DME Equipment |
| K0801 | POV group 1 hd 301-450 lbs | DME Equipment |
| K0802 | POV group 1 vhd 451-600 lbs | DME Equipment |
| K0806 | POV group 2 std up to 300lbs | DME Equipment |
| K0807 | POV group 2 hd 301-450 lbs | DME Equipment |
| K0808 | POV group 2 vhd 451-600 lbs | DME Equipment |
| K0813 | PWC gp 1 std port seat/back | DME Equipment |
| K0814 | PWC gp 1 std port cap chair | DME Equipment |
| K0815 | PWC gp 1 std seat/back | DME Equipment |
| K0816 | PWC gp 1 std cap chair | DME Equipment |
| K0820 | PWC gp 2 std port seat/back | DME Equipment |
| K0821 | PWC gp 2 std port cap chair | DME Equipment |
| K0822 | PWC gp 2 std seat/back | DME Equipment |
| K0823 | PWC gp 2 std cap chair | DME Equipment |
| K0824 | PWC gp 2 hd seat/back | DME Equipment |
| K0825 | PWC gp 2 hd cap chair | DME Equipment |
| K0826 | PWC gp 2 vhd seat/back | DME Equipment |
| K0827 | PWC gp vhd cap chair | DME Equipment |
| K0828 | PWC gp 2 xtra hd seat/back | DME Equipment |
| K0829 | PWC gp 2 xtra hd cap chair | DME Equipment |
| K0835 | PWC gp2 std sing pow opt s/b | DME Equipment |
| K0836 | PWC gp2 std sing pow opt cap | DME Equipment |
| K0837 | PWC gp 2 hd sing pow opt s/b | DME Equipment |

| Procedure Code | Procedure Code Description | Procedure Code Type |
|-----------------------|-----------------------------------|----------------------------|
| K0838 | PWC gp 2 hd sing pow opt cap | DME Equipment |
| K0839 | PWC gp2 vhd sing pow opt s/b | DME Equipment |
| K0840 | PWC gp2 xhd sing pow opt s/b | DME Equipment |
| K0841 | PWC gp2 std mult pow opt s/b | DME Equipment |
| K0842 | PWC gp2 std mult pow opt cap | DME Equipment |
| K0843 | PWC gp2 hd mult pow opt s/b | DME Equipment |
| K0848 | PWC gp 3 std seat/back | DME Equipment |
| K0849 | PWC gp 3 std cap chair | DME Equipment |
| K0850 | PWC gp 3 hd seat/back | DME Equipment |
| K0851 | PWC gp 3 hd cap chair | DME Equipment |
| K0852 | PWC gp 3 vhd seat/back | DME Equipment |
| K0853 | PWC gp 3 vhd cap chair | DME Equipment |
| K0856 | PWC gp3 std sing pow opt s/b | DME Equipment |
| K0857 | PWC gp3 std sing pow opt cap | DME Equipment |
| K0858 | PWC gp3 hd sing pow opt s/b | DME Equipment |
| K0859 | PWC gp3 hd sing pow opt cap | DME Equipment |
| K0860 | PWC gp3 vhd sing pow opt s/b | DME Equipment |
| K0861 | PWC gp3 std mult pow opt s/b | DME Equipment |
| K0862 | PWC gp3 hd mult pow opt s/b | DME Equipment |
| K0863 | PWC gp3 vhd mult pow opt s/b | DME Equipment |