

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13629	Date: February 12, 2026
	Change Request 14085

SUBJECT: Update to Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations.

EFFECTIVE DATE: March 17, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: March 17, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/ 110/ 110.8/ DMEPOS Benefit Category Determinations

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-02	Transmittal: 13629	Date: February 12, 2026	Change Request: 14085
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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations to make the existing chart layout more concise.

B. Policy: There is no change in policy as a result of this update to the manual.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14085.1	Contractors shall be aware of updates to Pub.100-02, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations.	X		X	X					

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH, DME MAC

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

Table of Contents
(Rev. 13629; Issued: 02-12-26)

110.8 – DMEPOS Benefit Category Determinations

(Rev. 13629; Issued: 02-12-26; Effective:03-17-26; Implementation:03-17-26)

A. General

Whether or not an item or service falls under a Medicare benefit category, such as the Medicare Part B benefit category for DME, is a necessary step in determining whether an item may be covered under the Medicare program and, if applicable, what statutory and regulatory payment rules apply to the items and services. If the item is excluded from coverage by the Act or does not fall within the scope of a defined benefit category, the item cannot be covered under Medicare Part B.

Medicare Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics and Supplies (DMEPOS) benefit category determinations established on or after September 26, 2022, through rulemaking or in accordance with the procedures at 42 CFR §414.114, §414.240 and §414.1670, are listed below. These procedures consider public consultation furnished at public meetings and in writing in accordance with requirements for new DME items by section 531(b) of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub L. 106-554). These procedures are often performed in coordination with Healthcare Common Procedure Coding System (HCPCS) code decisions. This section is a quick reference tool for the benefit categories of items and services evaluated using the procedures described above. The section is organized *chronologically* by the *HCPCS Level II Code* and *includes the code description*, the benefit category determination, *and the HCPCS Coding Cycle in which the code was established*. *To access the details of the public meeting HCPCS Level II coding and benefit category decisions for a particular HCPCS Coding Cycle, please follow this link: <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/current-prior-years-level-ii-coding-decisions>.*

This section only includes benefit category decisions that are associated with new HCPCS Level II codes established on or after September 26, 2022. The benefit category and payment rules for items and services that are assigned to an existing HCPCS *Level II* code(s) are determined by the benefit category and payment rules for that HCPCS code(s). Additional benefit category determinations established before 2022 for DME items are available in CMS Pub. 100-03 Chapter 1, Part 4, Section 280.1 Durable Medical Equipment Reference List.

DMEPOS Benefit Category Determinations

<i>HCPCS Level II Code</i>	<i>Code Description</i>	<i>Benefit Category Determination</i>	<i>HCPCS Coding Cycle</i>
<i>A4271</i>	<i>Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month</i>	<i>DME</i>	<i>Second Biannual, 2023</i>
<i>A4287</i>	<i>Disposable collection and storage bag for breast milk, any size, any type, each</i>	<i>Contractor discretion when used with manual breast pumps (No Medicare DMEPOS benefit category when used with electric breast pumps)</i>	<i>First Biannual, 2022</i>

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each	Prosthetic Device	First Biannual, 2024
A4296	Intermittent urinary catheter; coude (curved) tip, hydrophilic coating, each	Prosthetic Device	First Biannual, 2024
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies	Prosthetic Device	First Biannual, 2024
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Prosthetic Device	Second Biannual, 2023
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Prosthetic Device	Second Biannual, 2022
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	Prosthetic Device	Second Biannual, 2022
A4457	Enema tube, with or without adapter, any type, replacement only, each	No Medicare DMEPOS benefit category	First Biannual, 2022
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	No Medicare DMEPOS benefit category	First Biannual, 2022
A4541	Monthly supplies for use of device coded at E0733	DME	First Biannual, 2022
A4542	Monthly supplies for use of device coded at E0734	DME	First Biannual, 2022
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	DME	First Biannual, 2024
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	DME	First Biannual, 2024
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	DME	First Biannual, 2024
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	No Medicare DMEPOS benefit category	Second Biannual, 2022
A4564	Pessary, disposable, any type	Prosthetic Device	Second Biannual, 2023
A4592	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	DME	Second Biannual, 2023
A4594	Neuromodulation stimulator system, adjunct to rehabilitation	DME	Second Biannual, 2023

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
	<i>therapy regime, mouthpiece each</i>		
<i>A6515</i>	<i>Gradient compression wrap with adjustable straps, full leg, each, custom</i>	<i>Lymphedema Compression Treatment Item</i>	<i>Second Biannual, 2024</i>
<i>A6516</i>	<i>Gradient compression wrap with adjustable straps, foot, each, custom</i>	<i>Lymphedema Compression Treatment Item</i>	<i>Second Biannual, 2024</i>
<i>A6517</i>	<i>Gradient compression wrap with adjustable straps, below knee, each, custom</i>	<i>Lymphedema Compression Treatment Item</i>	<i>Second Biannual, 2024</i>
<i>A6518</i>	<i>Gradient compression wrap with adjustable straps, arm, each, custom</i>	<i>Lymphedema Compression Treatment Item</i>	<i>Second Biannual, 2024</i>
<i>A6519</i>	<i>Gradient compression garment, not otherwise specified, for nighttime use, each</i>	<i>Lymphedema Compression Treatment Item</i>	<i>Second Biannual, 2024</i>
<i>A6611</i>	<i>Gradient compression wrap with adjustable straps, above knee, each, custom</i>	<i>Lymphedema Compression Treatment Item</i>	<i>Second Biannual, 2024</i>
<i>A7021</i>	<i>Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)</i>	<i>DME</i>	<i>First Biannual, 2024</i>
<i>A7023</i>	<i>Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2022</i>
<i>A7049</i>	<i>Expiratory positive airway pressure intranasal resistance valve</i>	<i>No Medicare DMEPOS benefit category</i>	<i>Second Biannual, 2022</i>
<i>A9154</i>	<i>Artificial saliva, 1 ml</i>	<i>No Medicare DMEPOS benefit category</i>	<i>Second Biannual, 2024</i>
<i>A9156</i>	<i>Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2023</i>
<i>A9268</i>	<i>Programmer for transient, orally ingested capsule</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2023</i>
<i>A9269</i>	<i>Programable, transient, orally ingested capsule, for use with external programmer, per month</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2023</i>
<i>A9291</i>	<i>Prescription digital behavioral therapy, fda cleared, per course of treatment</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2022</i>
<i>A9292</i>	<i>Prescription digital visual therapy, software-only, fda cleared, per course of treatment</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2023</i>

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
A9293	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	No Medicare DMEPOS benefit category	Second Biannual, 2023
B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Prosthetic Device	First Biannual, 2023
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	No Medicare DMEPOS benefit category	Second Biannual, 2023
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	DME	First Biannual, 2022
E0201	Penile contracture device, manual, greater than 3 lbs traction force	DME	Second Biannual, 2024
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	DME	Second Biannual, 2023
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	DME	First Biannual, 2024
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	DME	First Biannual, 2023
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	DME	First Biannual, 2023
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	No Medicare DMEPOS benefit category	First Biannual, 2022
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle,	No Medicare DMEPOS benefit category	First Biannual, 2022

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
	<i>used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply</i>		
<i>E0530</i>	<i>Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0678</i>	<i>Non-pneumatic sequential compression garment, full leg</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0679</i>	<i>Non-pneumatic sequential compression garment, half leg</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0680</i>	<i>Non-pneumatic compression controller with sequential calibrated gradient pressure</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0681</i>	<i>Non-pneumatic compression controller without calibrated gradient pressure</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0682</i>	<i>Non-pneumatic sequential compression garment, full arm</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0683</i>	<i>Non-pneumatic, non-sequential, peristaltic wave compression pump</i>	<i>DME</i>	<i>First Biannual, 2024</i>
<i>E0677</i>	<i>Non-pneumatic sequential compression garment, trunk</i>	<i>DME</i>	<i>Second Biannual, 2022</i>
<i>E0711</i>	<i>Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion</i>	<i>No Medicare DMEPOS benefit category</i>	<i>Second Biannual, 2022</i>
<i>E0715</i>	<i>Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2024</i>
<i>E0716</i>	<i>Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2024</i>
<i>E0721</i>	<i>Transcutaneous electrical nerve stimulator for nerves in the auricular region</i>	<i>DME</i>	<i>First Biannual, 2024</i>
<i>E0732</i>	<i>Cranial electrotherapy stimulation (ces) system, includes all supplies and accessories, any type</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0733</i>	<i>Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve</i>	<i>DME</i>	<i>First Biannual, 2022</i>
<i>E0734</i>	<i>External upper limb tremor stimulator of the peripheral nerves of the wrist</i>	<i>DME</i>	<i>First Biannual, 2022</i>

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
E0735	Non-invasive vagus nerve stimulator	DME	First Biannual, 2022
E0736	Transcutaneous tibial nerve stimulator	DME	Second Biannual, 2023
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	No Medicare DMEPOS benefit category	First Biannual, 2024
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	DME	Second Biannual, 2023
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	DME	Second Biannual, 2023
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	DME	First Biannual, 2024
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	DME	First Biannual, 2024
E1022	Wheelchair transportation securement system, any type includes all components and accessories	No Medicare DMEPOS benefit category	Second Biannual, 2024
E1023	Wheelchair transit securement system, includes all components and accessories	No Medicare DMEPOS benefit category	Second Biannual, 2024
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	DME	Second Biannual, 2024
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	DME	Second Biannual, 2024
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	DME	Second Biannual, 2024

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
E1301	Whirlpool tub, walk-in, portable	No Medicare DMEPOS benefit category	First Biannual, 2022
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	DME	Second Biannual, 2023
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	DME	Second Biannual, 2023
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	DME	Second Biannual, 2023
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	DME	Second Biannual, 2023
E1813	Dynamic adjustable knee extension only device, includes soft interface material	DME	Second Biannual, 2023
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	DME	Second Biannual, 2023
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	DME	Second Biannual, 2023
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	DME	Second Biannual, 2023
E1826	Dynamic adjustable finger extension only device, includes soft interface material	DME	Second Biannual, 2023
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	DME	Second Biannual, 2023
E1828	Dynamic adjustable toe extension only device, includes soft interface material	DME	Second Biannual, 2023
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	DME	Second Biannual, 2023
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	DME	Second Biannual, 2024
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	DME	Second Biannual, 2022
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	DME	First Biannual, 2022

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	DME	Second Biannual, 2023
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	DME	Second Biannual, 2023
E2398	Wheelchair accessory, dynamic positioning hardware for back	DME	First Biannual, 2022
E2513	Accessory for speech generating device, electromyographic sensor	DME	First Biannual, 2024
E3000	Speech volume modulation system, any type, including all components and accessories	DME	First Biannual, 2022
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	DME	First Biannual, 2024
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	No Medicare DMEPOS benefit category	First Biannual, 2022
K1034	Provision of covid-19 test, nonprescription self-administered and self-collected use, fda approved, authorized or cleared, one test count	No Medicare DMEPOS benefit category	Second Biannual, 2022
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	No Medicare DMEPOS benefit category	Second Biannual, 2022
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Back Brace	Second Biannual, 2024
L1006	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific	Back Brace	First Biannual, 2024

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
	<i>patient by an individual with expertise</i>		
<i>L1320</i>	<i>Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated</i>	<i>Back Brace</i>	<i>Second Biannual, 2023</i>
<i>L1651</i>	<i>Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf</i>	<i>Brace</i>	<i>First Biannual, 2024</i>
<i>L1681</i>	<i>Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise</i>	<i>Leg Brace</i>	<i>First Biannual, 2023</i>
<i>L1821</i>	<i>Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf</i>	<i>Brace</i>	<i>First Biannual, 2024</i>
<i>L1933</i>	<i>Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf</i>	<i>Leg Brace</i>	<i>First Biannual, 2024</i>
<i>L1952</i>	<i>Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf</i>	<i>Leg Brace</i>	<i>First Biannual, 2024</i>
<i>L2006</i>	<i>Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated</i>	<i>Leg Brace</i>	<i>First Biannual, 2022</i>
<i>L3161</i>	<i>Foot, adductus positioning device, adjustable</i>	<i>Leg Brace</i>	<i>First Biannual, 2022</i>
<i>L5615</i>	<i>Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control</i>	<i>Prosthetic (Artificial Leg)</i>	<i>First Biannual, 2022</i>

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	Prosthetic (Artificial Leg)	Second Biannual, 2023
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	Prosthetic (Artificial Leg)	Second Biannual, 2024
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	Prosthetic (Artificial Leg)	Second Biannual, 2023
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Prosthetic (Artificial Leg)	First Biannual, 2022
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Prosthetic (Artificial Leg)	First Biannual, 2023
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	Prosthetic (Artificial Arm)	First Biannual, 2024
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by L6692	Prosthetic (Artificial Arm)	Second Biannual, 2024
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	Prosthetic (Artificial Arm)	Second Biannual, 2024
L6030	Upper extremity addition, external frame, partial hand including fingers	Prosthetic (Artificial Arm)	Second Biannual, 2024
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	Prosthetic (Artificial Arm)	Second Biannual, 2024
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)''	Prosthetic (Artificial Arm)	Second Biannual, 2024
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	Prosthetic (Artificial Arm)	Second Biannual, 2024
L6037	Immediate post-surgical or early fitting, application of initial	Prosthetic (Artificial Arm)	Second Biannual, 2024

<i>HCPCS Level II Code</i>	<i>Code Description</i>	<i>Benefit Category Determination</i>	<i>HCPCS Coding Cycle</i>
	<i>rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers</i>		
<i>L7406</i>	<i>Addition to upper extremity, user adjustable, mechanical, residual limb volume management system</i>	<i>Prosthetic (Artificial Arm)</i>	<i>Second Biannual, 2024</i>
<i>L8678</i>	<i>Electrical stimulator supplies (external) for use with implantable neurostimulator, per month”</i>	<i>Prosthetic Device</i>	<i>Second Biannual, 2022</i>
<i>L8720</i>	<i>External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg”</i>	<i>Prosthetic Device</i>	<i>First Biannual, 2024</i>
<i>L8721</i>	<i>Receptor sole for use with l8720, replacement, each</i>	<i>Prosthetic Device</i>	<i>First Biannual, 2024</i>
<i>S9002</i>	<i>Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device</i>	<i>No Medicare DMEPOS benefit category</i>	<i>Second Biannual, 2023</i>
<i>V4524</i>	<i>Contact lens, hydrophilic, spherical, photochromic additive, per lens</i>	<i>Prosthetic Device</i>	<i>First Biannual, 2022</i>
<i>V2525</i>	<i>Contact lens, hydrophilic, dual focus, per lens</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2022</i>
<i>V2526</i>	<i>Contact lens, hydrophilic, with blue-violet filter, per lens</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2023</i>

B. DMEPOS Benefit Category Determinations for Miscellaneous Items and Services

The instructions in section A. apply to all claims for items and services billed using HCPCS codes for specific items and services that have national BCDs. For claims for items and services billed using HCPCS codes for miscellaneous DMEPOS items and services (e.g., A9999, B9999, E1399, K0108, L3999), the contractors must determine if the item or service falls within one of the benefit categories for DMEPOS and whether or not the item or service is excluded from coverage in accordance with the rules of section 1862 of the Social Security Act and other Medicare laws, regulations, and program instructions. These determinations are made on an individual, claim-by-claim basis.