

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-02 Medicare Benefit Policy</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13774</b>	<b>Date: May 8, 2026</b>
	<b>Change Request 14085</b>

**Transmittal 13629 issued February 12, 2026, is being rescinded and replaced by Transmittal 13774, dated May 8, 2026, to include several organizational and accuracy improvements to section 110.8, Chapter 15 of the Benefit Policy Manual. In the General section, language was added to clarify that only codes associated with new HCPCS Level II codes are included, and the ordering terminology was changed from "chronologically" to "alphanumerically," with code A4438 repositioned accordingly. Within the table, the header for the fourth column was revised and a fifth "Notes" column was added, with 24 codes noted as having transitioned from K-codes during the First Biannual 2023 cycle. HCPCS Level II codes A6590, A6591, A9277, A9278, and K1036 were added to the table, and the descriptors for codes A4271, A9291, E2001, and K1004 were revised. Codes A4592, L1651, and V4524 were changed to A4593, L1653, and V2524, respectively, and the coding cycles for codes L1952 and L6700 were amended. All other information remains the same.**

**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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 13774	Date: May 8, 2026	Change Request: 14085
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**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:**

**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**

**Pre-Implementation Contact(s):** Hafsa Vahora, 410-786-7899 or Hafsa.Vahora@cms.hhs.gov

**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. 13774; Issued: 05-08-26)***

## 110.8 – DMEPOS Benefit Category Determinations

(Rev.13774; Issued:05-08-26; 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, *and that are associated with new HCPCS Level II codes*, 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 *alphanumerically* 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

HCPCS Level II Code	Code Description	Benefit Category Determination	HCPCS Coding Cycle in which BCD Established	Notes
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, <i>per 50 tests</i>	DME	Second Biannual, 2023	
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	Contractor discretion when used with manual breast pumps (No Medicare DMEPOS benefit category when	First Biannual, 2022	<i>A4287 previously K1005. See First Biannual, 2023.</i>

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
		used with electric breast pumps)		
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	
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	
<i>A4438</i>	<i>Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each</i>	<i>Prosthetic Device</i>	<i>Second Biannual, 2023</i>	
A4457	Enema tube, with or without adapter, any type, replacement only, each	No Medicare DMEPOS benefit category	First Biannual, 2022	<i>A4457 previously K1013. See First Biannual, 2023.</i>
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	No Medicare DMEPOS benefit category	First Biannual, 2022	<i>A4540 previously K1023. See First Biannual, 2023.</i>
A4541	Monthly supplies for use of device coded at E0733	DME	First Biannual, 2022	<i>A4541 previously K1017. See First Biannual, 2023.</i>
A4542	Monthly supplies for use of device coded at E0734	DME	First Biannual, 2022	<i>A4542 previously K1019. See First Biannual, 2023.</i>
A4543	Supplies for transcutaneous electrical nerve stimulator,	DME	First Biannual, 2024	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	for nerves in the auricular region, per month			
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	
<i>A4593</i>	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	DME	Second Biannual, 2023	
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece each	DME	Second Biannual, 2023	
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	Lymphedema Compression Treatment Item	Second Biannual, 2024	
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	Lymphedema Compression Treatment Item	Second Biannual, 2024	
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	Lymphedema Compression Treatment Item	Second Biannual, 2024	
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	Lymphedema Compression Treatment Item	Second Biannual, 2024	
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	Lymphedema Compression Treatment Item	Second Biannual, 2024	
<i>A6590</i>	<i>External urinary catheters; disposable, with wicking material, for use with suction pump, per month</i>	<i>DME</i>	<i>Second Biannual, 2022</i>	
<i>A6591</i>	<i>External urinary catheter; non-disposable, for use with suction pump, per month</i>	<i>DME</i>	<i>Second Biannual, 2022</i>	
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	Lymphedema Compression Treatment Item	Second Biannual, 2024	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	DME	First Biannual, 2024	
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	No Medicare DMEPOS benefit category	First Biannual, 2022	<i>A7023 previously K1026. See First Biannual, 2023.</i>
A7049	Expiratory positive airway pressure intranasal resistance valve	No Medicare DMEPOS benefit category	Second Biannual, 2022	
A9154	Artificial saliva, 1 ml	No Medicare DMEPOS benefit category	Second Biannual, 2024	
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	No Medicare DMEPOS benefit category	First Biannual, 2023	
A9268	Programmer for transient, orally ingested capsule	No Medicare DMEPOS benefit category	First Biannual, 2023	
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	No Medicare DMEPOS benefit category	First Biannual, 2023	
<i>A9277</i>	<i>Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2022</i>	
<i>A9278</i>	<i>Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2022</i>	
A9291	Prescription digital <i>cognitive and/or</i> behavioral therapy, fda cleared, per course of treatment	No Medicare DMEPOS benefit category	First Biannual, 2022	
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	No Medicare DMEPOS benefit category	First Biannual, 2023	
A9293	Fertility cycle (contraception & conception) tracking software application, fda	No Medicare DMEPOS benefit category	Second Biannual, 2023	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	cleared, per month, includes accessories (e.g., thermometer)			
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	No Medicare DMEPOS benefit category	First Biannual, 2022	<i>E0492 previously K1028. See First</i>

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<b>Notes</b>
	muscle, controlled by phone application			<i>Biannual, 2023.</i>
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	No Medicare DMEPOS benefit category	First Biannual, 2022	<i>E0493 previously K1029. See First Biannual, 2023.</i>
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	DME	First Biannual, 2022	<i>E0530 previously K1001. See First Biannual, 2023.</i>
E0678	Non-pneumatic sequential compression garment, full leg	DME	First Biannual, 2022	<i>E0678 previously K1032. See First Biannual, 2023.</i>
E0679	Non-pneumatic sequential compression garment, half leg	DME	First Biannual, 2022	<i>E0679 previously K1033. See First Biannual, 2023.</i>
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	DME	First Biannual, 2022	<i>E0680 previously K1024. See First Biannual, 2023.</i>
E0681	Non-pneumatic compression controller without calibrated gradient pressure	DME	First Biannual, 2022	<i>E0681 previously K1031. See First Biannual, 2023.</i>
E0682	Non-pneumatic sequential compression garment, full arm	DME	First Biannual, 2022	<i>E0682 previously K1025. See First Biannual, 2023.</i>
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	DME	First Biannual, 2024	
E0677	Non-pneumatic sequential compression garment, trunk	DME	Second Biannual, 2022	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	No Medicare DMEPOS benefit category	Second Biannual, 2022	
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	No Medicare DMEPOS benefit category	First Biannual, 2024	
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	No Medicare DMEPOS benefit category	First Biannual, 2024	
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	DME	First Biannual, 2024	
E0732	Cranial electrotherapy stimulation (ces) system, includes all supplies and accessories, any type	DME	First Biannual, 2022	<i>E0732 previously K1002. See First Biannual, 2023.</i>
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	DME	First Biannual, 2022	<i>E0733 previously K1016. See First Biannual, 2023.</i>
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	DME	First Biannual, 2022	<i>E0734 previously K1018. See First Biannual, 2023.</i>
E0735	Non-invasive vagus nerve stimulator	DME	First Biannual, 2022	<i>E0735 previously K1020. See First Biannual, 2023.</i>
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	DME	Second Biannual, 2023	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	microprocessor, all components and accessories			
E0739	Rehabilitation 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	
E1301	Whirlpool tub, walk-in, portable	No Medicare DMEPOS benefit category	First Biannual, 2022	<i>E1301 previously K1003. See First Biannual, 2023.</i>

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
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	DME	Second Biannual, 2024	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	without range of motion adjustment, includes all components and accessories			
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 <i>and/or fecal</i> management system	DME	First Biannual, 2022	<i>E2001 previously K1006. See First Biannual, 2023.</i>
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	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	<i>E3000 previously K1009. See First Biannual, 2023.</i>
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	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	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
<i>K1036</i>	<i>Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month</i>	<i>No Medicare DMEPOS benefit category</i>	<i>First Biannual, 2023</i>	
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 patient by an individual with expertise	Back Brace	First Biannual, 2024	
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	Back Brace	Second Biannual, 2023	
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	Brace	First Biannual, 2024	
L1681	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	Leg Brace	First Biannual, 2023	
L1821	Knee orthosis, elastic with condylar pads and joints,	Brace	First Biannual, 2024	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	with or without patellar control, prefabricated, off the shelf			
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	Leg Brace	First Biannual, 2024	
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	Leg Brace	<i>Second Biannual, 2024</i>	
L2006	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	Leg Brace	First Biannual, 2022	
L3161	Foot, adductus positioning device, adjustable	Leg Brace	First Biannual, 2022	<i>E3161 previously K1015. See First Biannual, 2023.</i>
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Prosthetic (Artificial Leg)	First Biannual, 2022	<i>E5615 previously K1014. See First Biannual, 2023.</i>
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	Prosthetic (Artificial Leg)	Second Biannual, 2023	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	swing, and stance phase control			
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Prosthetic (Artificial Leg)	First Biannual, 2022	<i>E5926 previously K1022. See First Biannual, 2023.</i>
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	Prosthetic (Artificial Leg)	First Biannual, 2023	
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 rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	Prosthetic (Artificial Arm)	Second Biannual, 2024	
L6700	Upper extremity addition, external powered feature,	Prosthetic (Artificial Arm)	<i>Second Biannual, 2024</i>	

<b>HCPCS Level II Code</b>	<b>Code Description</b>	<b>Benefit Category Determination</b>	<b>HCPCS Coding Cycle in which BCD Established</b>	<i>Notes</i>
	myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement			
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	Prosthetic (Artificial Arm)	Second Biannual, 2024	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month”	Prosthetic Device	Second Biannual, 2022	
L8720	External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg”	Prosthetic Device	First Biannual, 2024	
L8721	Receptor sole for use with 18720, replacement, each	Prosthetic Device	First Biannual, 2024	
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	No Medicare DMEPOS benefit category	Second Biannual, 2023	
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	Prosthetic Device	First Biannual, 2022	
V2525	Contact lens, hydrophilic, dual focus, per lens	No Medicare DMEPOS benefit category	First Biannual, 2022	
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	No Medicare DMEPOS benefit category	First Biannual, 2023	

## **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.