

DMEPOS Competitive Bidding Program

Round 2

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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
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
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
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

HCPCS Code	HCPCS Code Description
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
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

HCPCS Code	HCPCS Code Description
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
K0001	Standard Wheelchair
K0002	Standard Hemi (Low Seat) Wheelchair
K0003	Lightweight Wheelchair
K0004	High Strength, Lightweight 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
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

HCPCS Code	HCPCS Code Description
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

DMEPOS Competitive Bidding Program
National Mail-Order Competition
Product Category and HCPCS Codes

Mail-Order Diabetic Supplies

HCPCS Code	HCPCS Code Description
A4233KL	Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4234KL	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4235KL	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4236KL	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4253KL	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips
A4256KL	Normal, Low And High Calibrator Solution / Chips
A4258KL	Spring-Powered Device For Lancet, Each
A4259KL	Lancets, Per Box Of 100