

2016 Unit Limit and Prior Authorization Review

In order to demonstrate sound stewardship of state resources and ensure that Medicaid members have access to and receive appropriate care, the Department sets reasonable limits on the type and amount of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) that may be obtained without a prior authorization. The Department has been reviewing this criteria with the help of the Colorado Association for Medical Equipment Services ([CAMES](#)) and would like your feedback prior to our final decisions.

The table below lists the first section of codes CAMES commented on, the description of each code and the recommendations or information from CAMES. This is not a complete list of the billable codes within the section. For a complete list of billable codes, please reference the most current Health First Colorado [Fee Schedule](#) or the [DMEPOS Billing Manual](#).

Unit Limits are Not Absolute

If a member requires units over the given limits a Prior Authorization Request (PAR) can be submitted with an explanation of why the quantity of units are needed. The new MMIS will pay for claims over the stated limits only with and approved PAR.

For information on how to submit PARs, please visit the Colorado PAR Portal at www.coloradopar.com.

For updates on the transition to the new MMIS, please visit the [Provider News and Implementations](#) webpage where you can sign up for the email distribution list.

Section 1

Disposable supplies, wheelchairs, bedroom equipment, bathroom equipment and complex rehabilitation technology (CRT)

Please email comments to: DMEPOS.BMReview@state.co.us

Section One

Code	Description	CAMES Recommendation
A4265	Paraffin, per pound	Remove PAR requirement. 20 units per month. 60 units per year.
A4450	Tape, non-waterproof, per 18 square inches	Remove PAR requirement. 20 units per month (360 square inches).
A4452	Tape, waterproof, per 18 square inches	Remove PAR requirement. 20 units per month (360 square inches).
A4455	Adhesive remover or solvent, each	3 per month.
A4456	Adhesive remover, wipes, any type, each	50 per month.
A4565	Sling, each	1 per 6 months.
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	1 per 6 months.
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Remove PAR requirement.
A4927	Gloves, non-sterile, per 100	Remove PAR requirement. 4 boxes per month. Define coverage (I.e. Covered for use with wounds, enteral, catheter, not covered when used solely for diapers/briefs/pads changes unless patient has a communicable disease, etc.).
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	3 per month in any combination. (Should not be billed separately when E2402 is approved - E2402 is inclusive of this item.)
A6260	Wound cleansers, any type, any size	3 per month in any combination.
A9281	Reaching/grabbing device, any type, any length, each	Remove PAR requirement. 1 per year.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Manual Wheelchairs: 8 units per occurrence. Power Wheelchairs: 12 units per occurrence. Specialty Beds: 12 units per occurrence.
E0163	Commode chair, mobile or stationary, with fixed arms	1 per year.
E0165	Commode chair, mobile or stationary, with detachable arms	Remove PAR requirement. 1 per year.
E0167	Pail or pan for use with commode chair, replacement only	3 per year.

Section One

Code	Description	CAMES Recommendation
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Remove PAR requirement. 1 per year.
E0170	Commode chair with integrated seat lift mechanism, electric, any type	1 per 3 years.
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	1 per 2 years.
E0172	Seat lift mechanism placed over or on top of toilet, any type	1 per 2 years.
E0175	Foot rest, for use with commode chair, each	1 pair (quantity of 2) per year.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	1 per year.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Remove PAR requirement. 1 per year.
E0182	Pump for alternating pressure pad, for replacement only	1 per year.
E0182	Pump for alternating pressure pad, for replacement only	Remove PAR requirement.
E0184	Mattress, dry flotation	Remove PAR requirement. 1 per year.
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Remove PAR requirement. 1 per year.
E0188	Sheepskin pad, synthetic	Remove PAR requirement. 2 per year.
E0188	Sheepskin pad, synthetic	Remove PAR requirement. 1 per year.
E0189	Sheepskin pad, lambs wool, any size	Remove PAR requirement. 2 per year.
E0189	Sheepskin pad, lambs wool, any size	Remove PAR requirement. 1 per year.
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Remove PAR requirement. 2 per year.
E0191	Heel or elbow protector, each	Remove PAR requirement. 2 per year.
E0196	Mattress, Gel pressure	Remove PAR requirement. 1 per year.
E0197	Air pressure pad for mattress, standard mattress length and width	Remove PAR requirement. 1 per year.

Section One

Code	Description	CAMES Recommendation
E0198	Water pressure pad for mattress, standard mattress length and width	Remove PAR requirement. 1 per year.
E0199	Dry pressure pad for mattress, standard mattress length and width	Remove PAR requirement. 1 per year.
E0235	Paraffin bath unit, portable each	1 per 5 years. (Warranty is valid for 5 years.)
E0240	Bath/shower chair, with or without wheels, any size	Remove PAR requirement. 1 per 2 years.
E0241	Bathtub wall rail, each	Remove PAR requirements. 4 per year.
E0242	Bathtub rail, floor base, each	Remove PAR requirement. 1 per year.
E0243	Toilet rail, each	Remove PAR requirement. 2 per year.
E0244	Toilet seat, raised, each	Remove PAR requirement. 1 per year.
E0245	Tub stool or bench, each	Remove PAR requirement. 1 per year.
E0246	Transfer tub rail attachment, each	Remove PAR requirement. 1 per year.
E0247	Transfer bench for tub or toilet with or without commode opening	Remove PAR requirement. 1 per year.
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Remove PAR requirement. 1 per year.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	1 per 2 years.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	1 per 2 years.
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	1 per 2 years.
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	1 per 2 years.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	1 per 2 years.
E0265	Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress	1 per 2 years.

Section One

Code	Description	CAMES Recommendation
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	1 per 2 years.
E0271	Mattress, innerspring	Remove PAR requirement. 1 per year.
E0272	Mattress, foam rubber	Remove PAR requirement. 1 per year.
E0274	Over-bed table	Remove PAR requirement. 1 per 2 years.
E0277	Powered pressure-reducing air mattress	1 per 2 years. (Power unit is usually warrantied for 2 years).
E0290	Hospital bed, fixed height, without side rails, with mattress	1 per 2 years.
E0291	Hospital bed, fixed height, without side rails, without mattress	1 per 2 years.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	1 per 2 years.
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	1 per 2 years.
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	1 per 2 years.
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	1 per 2 years.
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	1 per 2 years.
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	1 per 2 years.
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	1 per 3 years.
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	1 per 3 years.
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	1 per 3 years.

Section One

Code	Description	CAMES Recommendation
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	1 per 3 years.
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	1 per 3 years.
E0305	Bed side rails, half length, pair	1 pair per year. (Bed side rails are included with the initial purchase of a bed and the warranty lasts between 1-2 years depending on manufacturer.)
E0310	Bed side rails, full length, pair	1 pair per year. (Bed side rails are included with the initial purchase of a bed and the warranty lasts between 1-2 years depending on manufacturer.)
E0315	Bed accessory: board, table, or support device any type	Remove PAR requirement. 1 per 2 years.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	1 per 3 years.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	1 per 3 years.
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	1 per 3 years.
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	1 per 2 years.
E0372	Powered air overlay for mattress, standard mattress length and width	1 per 2 years.
E0373	Non-powered advanced pressure reducing mattress	1 per 2 years.
E0462-KR	Rocking bed with or without side rails, per day	1 per 3 years.
E0621	Sling or seat, patient lift, canvas or nylon	Remove PAR requirement. 2 per year.

Section One

Code	Description	CAMES Recommendation
E0625	Patient lift, bathroom or toilet, not otherwise classified	1 per 2 years.
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	1 per 2 years.
E0635	Patient lift, electric, with seat or sling	1 per 3 years.
E0637	Combination sit to stand/table system, any size including pediatric, with seat lift feature, with or without wheels	1 per 3 years.
E0638	Standing frame/table system, one (1) position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	1 per 3 years.
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	1 per 3 years.
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	1 per 3 years.
E0700	Safety equipment, device or accessory, any type	Remove PAR requirement.
E0705	Transfer Device, Any Type	Remove PAR requirement. 2 per year.
E0710	Restraints, any type (body, chest, wrist or ankle)	Remove PAR requirement. 2 per year.
E0950	Wheelchair accessory, tray, each	1 per year.
E0951	Heel loop/holder, any type, with or without ankle strap, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0952	Toe loop/holder, any type, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 4 per year per serial number.
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 4 per year per serial number.
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0959	Manual wheelchair accessory, adapter for amputee, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0966	Manual wheelchair accessory, headrest extension, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0968	Commode seat, wheelchair	1 per 2 years.

Section One

Code	Description	CAMES Recommendation
E0969	Narrowing device, wheelchair	1 per 2 years.
E0970	No. 2 footplates, except for elevating leg rest	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0971	Manual wheelchair accessory, anti-tipping device, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0974	Manual wheelchair accessory, anti-rollback device, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0980	Safety vest, wheelchair	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0982	Wheelchair accessory, back upholstery replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	1 per 5 years.
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	1 per 5 years.
E0985	Wheelchair accessory, seat lift mechanism	1 per 2 years.
E0986	Manual wheelchair accessory, push activated power assist, each	2 per 2 years per serial number.
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0992	Manual wheelchair accessory, solid seat insert	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E0994	Armrest, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E0995	Wheelchair accessory, calf rest/pad, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E1002	Wheelchair accessory, power seating system, tilt only	1 per 2 years per serial number.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	1 per 2 years per serial number.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	1 per 2 years per serial number.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	1 per 2 years per serial number.

Section One

Code	Description	CAMES Recommendation
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	1 per 2 years per serial number.
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	1 per 2 years per serial number.
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	1 per 2 years per serial number.
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	1 per year per serial number.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including pushrod and leg rest, each	1 per year per serial number.
E1011	Modification to pediatric size wheelchair width adjustment package (not to be dispensed with initial chair)	1 per year per serial number.
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 per year per serial number.
E1015	Shock absorber for manual wheelchair, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E1016	Shock absorber for power wheelchair, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E1020	Residual limb support system for wheelchair, any type	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 8 per year per serial number.
E1029	Wheelchair accessory, ventilator tray, fixed	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E1030	Wheelchair accessory, ventilator tray, gimbaled	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E1031	Rollabout chair, any and all types with castors 5 in or greater	1 per 5 years or repairs exceed 50% of replacement cost.
E1037	Transport chair, pediatric size	1 per year.
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	1 per 5 years or repairs exceed 50% of replacement cost.
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	1 per 5 years or repairs exceed 50% of replacement cost.
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.

Section One

Code	Description	CAMES Recommendation
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating leg rest	1 per 5 years. Length of need must be on prescription.
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.

Section One

Code	Description	CAMES Recommendation
E1161	Manual adult size wheelchair, includes tilt-in-space	1 per 3 years.
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1171	Amputee wheelchair, fixed full-length arms, without footrests or leg rest	1 per 5 years. Length of need must be on prescription.
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or leg rest	1 per 5 years. Length of need must be on prescription.
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	1 per 5 years. Length of need must be on prescription.
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.
E1221	Wheelchair with fixed arm, footrests	1 per 5 years. Length of need must be on prescription.
E1222	Wheelchair with fixed arm, elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1223	Wheelchair with detachable arms, footrests	1 per 5 years. Length of need must be on prescription.
E1224	Wheelchair with detachable arms, elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees)	1 per 3 years.
E1226	Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	1 per 3 years.
E1227	Special height arms for wheelchair	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating leg rest	1 per 5 years. Length of need must be on prescription.

Section One

Code	Description	CAMES Recommendation
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating leg rests	1 per 5 years. Length of need must be on prescription.
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	1 per 5 years. Length of need must be on prescription.
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating leg rest	1 per 5 years. Length of need must be on prescription.
E1296	Special wheelchair seat height from floor	1 per 5 years.
E1297	Special wheelchair seat depth, by upholstery	1 per 2 years.
E1298	Special wheelchair seat depth and/or width, by construction	1 per 5 years.
E1300	Whirlpool, portable (over tub type)	1 per 2 years.
E1310	Whirlpool, nonportable (built-in type)	1 per 2 years.
E1399	Durable medical equipment, miscellaneous	Change PAR to Conditional: Required for Purchase Only.
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	1 per 5 years.
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	1 per 5 years.
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	1 per 5 years.
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	1 per 5 years.
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2207	Wheelchair accessory, crutch and cane holder, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E2208	Wheelchair accessory, cylinder tank carrier, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E2209	Accessory, arm trough, with or without hand support, each	Change PAR to Conditional: Required for Purchase Only. 4 per year per serial number.
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 24 per year per serial number.
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Change to PAR required. 2 per 2 years (manufacturer warranty is 2 years).
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Change to PAR required. 2 per 2 years (manufacturer warranty is 2 years).
E2230	Manual wheelchair accessory, manual standing system	1 per 5 years.
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	1 per 5 years.
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	1 per year per serial number.
E2292	Seat, planar, for pediatric size wheelchair including fixed attached hardware	1 per year per serial number.
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	1 per year per serial number.
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	1 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E2300	Wheelchair accessory, power seat elevation, system, any type	1 per 2 years per serial number.
E2301	Wheelchair accessory, power standing system, any type	1 per 2 years per serial number.
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and two (2) or more power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	1 per year per serial number.
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and one (1) power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	1 per year per serial number.
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 per year per serial number.
E2321	Power wheelchair accessory, hand control interface, remote joysticks, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	1 per year per serial number.
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Change PAR to Conditional: Required for Purchase Only.
E2324	Power wheelchair accessory, chin cup for chin control interface	Change PAR to Conditional: Required for Purchase Only.
E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	Change PAR to Conditional: Required for Purchase Only.
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Change PAR to Conditional: Required for Purchase Only.
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and	Change PAR to Conditional: Required for Purchase Only.

Section One

Code	Description	CAMES Recommendation
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Change PAR to Conditional: Required for Purchase Only.
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Change PAR to Conditional: Required for Purchase Only.
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Change PAR to Conditional: Required for Purchase Only.
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Change PAR to Conditional: Required for Purchase Only.
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-30 inches	1 per 5 years.
E2341	Power wheelchair accessory, nonstandard seat frame width 24-27 inches	1 per 5 years.
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	1 per 5 years.
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	1 per 5 years.
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Change PAR to Conditional: Required for Purchase Only.
E2366	Power wheelchair accessory, battery charger,, single mode, for use with only one (1) battery type, sealed or non-sealed, each	1 per year.
E2368	Power wheelchair component, drive wheel motor, replacement only	2 per 18 months.
E2369	Power wheelchair component, drive wheel gear box, replacement only	2 per 18 months.
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	2 per 18 months.

Section One

Code	Description	CAMES Recommendation
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	2 per year.
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	2 per year.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Change PAR to Conditional: Required for Purchase Only.
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Change PAR to Conditional: Required for Purchase Only.
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Change PAR to Conditional: Required for Purchase Only.
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	1 per 18 months per serial number.
E2378	Power wheelchair component, actuator, replacement only	2 per year per serial number. (Remove the statement regarding 1 unit per month being approved for rental as some power wheelchairs have multiple actuators and could require more than a 1 unit rental.)
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.

Section One

Code	Description	CAMES Recommendation
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Remove PAR for repairs to primary chair. PAR required for back up chair and new equipment. 4 per year per serial number.
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	1 per year.
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	1 per year.
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2609	Custom fabricated wheelchair seat cushion, any size	1 per 2 years. (Cushions should be under warranty for 2 years.)
E2610	Wheelchair seat cushion, powered	1 per 2 years. (Cushions should be under warranty for 2 years.)
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	1 per 2 years unless documentation of significant change in medical condition.

Section One

Code	Description	CAMES Recommendation
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	1 per 2 years unless documentation of significant change in medical condition.
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	1 per 2 years unless documentation of significant change in medical condition.
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	1 per 2 years unless documentation of significant change in medical condition.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	1 per 2 years unless documentation of significant change in medical condition.
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	1 per 2 years unless documentation of significant change in medical condition.
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	1 per 2 years. (Cushions should be under warranty for 2 years.)
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	2 per year.
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	1 per 2 years per serial number.
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	1 per 2 years per serial number.
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	1 per 2 years unless documentation of significant change in medical condition.

Section One

Code	Description	CAMES Recommendation
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	1 per 2 years unless documentation of significant change in medical condition.
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	1 per 2 years per serial number.
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	1 per 2 years per serial number.
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	1 per 2 years per serial number.
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 per 2 years per serial number.
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	1 per 2 years per serial number.
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	1 per year for pediatrics (Due to growth). 1 per 2 years for adults.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	1 per year for pediatrics (Due to growth). 1 per 2 years for adults.

Section One

Code	Description	CAMES Recommendation
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	1 per year for pediatrics (Due to growth). 1 per 2 years for adults.
K0001	Standard wheelchair	1 per 5 years. Length of need must be on prescription.
K0002	Standard Hemi (low seat) wheelchair	1 per 5 years. Length of need must be on prescription.
K0003	Lightweight wheelchair	1 per 5 years. Length of need must be on prescription.
K0004	High strength, lightweight wheelchair	1 per 5 years. Length of need must be on prescription.
K0005	Ultra lightweight wheelchair	1 per 3 years.
K0006	Heavy duty wheelchair	1 per 5 years. Length of need must be on prescription.
K0007	Extra heavy duty wheelchair	1 per 5 years. Length of need must be on prescription.
K0015	Detachable, non-adjustable height armrest, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0017	Detachable, adjustable height armrest, base, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0019	Arm pad, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0020	Fixed, adjustable height armrest, pair	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 1 per year per serial number.

Section One

Code	Description	CAMES Recommendation
K0037	High mount flip-up footrest, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0038	Leg strap, each	2 per year.
K0039	Leg strap, H style, each	2 per year.
K0040	Adjustable angle footplate, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0041	Large size footplate, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0042	Standard size footplate, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0043	Footrest, lower extension tube, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0044	Footrest, lower extension bracket, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0045	Footrest, complete assembly	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
K0046	Elevating leg rest, lower extension tube, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0047	Elevating leg rest, upper hanger bracket, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0050	Ratchet assembly	2 per year.
K0051	Cam release assembly, footrest or leg rest, each	2 per year.
K0052	Swing away, detachable footrests, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0053	Elevating footrests, articulating (telescoping), each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	1 per 5 years.
K0065	Spoke protectors, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.

Section One

Code	Description	CAMES Recommendation
K0071	Front caster assembly, complete, with pneumatic tire, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0073	Caster pin lock, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0077	Front caster assembly, complete, with solid tire, each	Remove PAR requirement for repairs to primary chair. PAR required for repairs to back up chair and new equipment. 2 per year per serial number.
K0098	Drive belt for power wheelchair	2 per year.
K0105	IV hanger, each	1 per 2 years.
K0669	Wheelchair accessory wheelchair seat or back cushion does not meet specific code criteria or no written coding verification from DME PDAC	1 per 2 years.
K0733	Power wheelchair accessory, 12 to 24 AMP hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	2 per year.
T5001	Positioning seat for persons with special orthopedic needs	1 per 2 years.