Round 2 Recompete
Items and Services

The Round 2 Recompete of the Competitive Bidding Program includes seven product categories. Each product category is composed of multiple items and services that are identified by Healthcare Common Procedure Coding System (HCPCS) codes. For the Round 2 Recompete, we are bidding most of the items included in previous rounds and grouping certain items into different product categories. The external infusion pumps and supplies product category, which was bid in the Round 1 Recompete, is not included in the Round 2 Recompete.

The Round 2 Recompete includes the following product categories:

- Enteral Nutrients, Equipment and Supplies
- General Home Equipment and Related Supplies and Accessories
    - includes hospital beds and related accessories, group 1 and 2 support surfaces, commode chairs, patient lifts, and seat lifts
- Nebulizers and Related Supplies
- Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories
- Respiratory Equipment and Related Supplies and Accessories
    - includes oxygen, oxygen equipment, and supplies; continuous positive airway pressure (CPAP) devices and respiratory assist devices (RADs) and related supplies and accessories
- Standard Mobility Equipment and Related Accessories
    - includes walkers, standard power and manual wheelchairs, scooters, and related accessories
- Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies

Lists of the Round 2 Recompete HCPCS codes are available on the Competitive Bidding Implementation Contractor (CBIC) website, www.dmecompetitivebid.com, under **Round 2 & National Mail-Order Recompete > Product Categories.**

IMPORTANT NOTE: CMS will be conducting the national mail-order recompete for diabetic testing supplies at the same time as the Round 2 Recompete. A list of national mail-order recompete HCPCS codes is available on the CBIC website under **Round 2 & National Mail-Order Recompete > Product Categories.**

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

DMEPOS Competitive Bidding Program

Round 2 Recompete

Product Categories and HCPCS Codes

Enteral Nutrients, Equipment and Supplies	2
General Home Equipment and Related Supplies and Accessories	3
Nebulizers and Related Supplies	6
Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories	7
Respiratory Equipment and Related Supplies and Accessories	8
Standard Mobility Equipment and Related Accessories	10
Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies	15

Product Category HCPCS Codes

Round 2 Recompete

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
B9002	Enteral Nutrition Infusion Pump - With Alarm
E0776BA	IV Pole

Product Category HCPCS Codes

Round 2 Recompete

General Home Equipment and Related Supplies and Accessories

(includes hospital beds and related accessories; group 1 and 2 support surfaces; commode chairs, patient lifts, and seat lifts)

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
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
A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty
E0182	Pump For Alternating Pressure Pad, For Replacement Only
E0184	Dry Pressure Mattress
E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width
E0186	Air Pressure Mattress
E0187	Water Pressure Mattress
E0188	Synthetic Sheepskin Pad
E0189	Lambswool Sheepskin Pad, Any Size
E0193	Powered Air Flotation Bed (Low Air Loss Therapy)
E0196	Gel Pressure Mattress
E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width
E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width
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
E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode
E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms
E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms
E0167	Pail Or Pan For Use With Commode Chair, Replacement Only
E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each
E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type
E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type
E0275	Bed Pan, Standard, Metal Or Plastic
E0276	Bed Pan, Fracture, Metal Or Plastic
E0325	Urinal; Male, Jug-Type, Any Material
E0326	Urinal; Female, Jug-Type, Any Material
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)
E0635	Patient Lift, Electric With Seat Or Sling
E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls

E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs
E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism
E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric

Product Category HCPCS Codes

Round 2 Recompete

Nebulizers and Related Supplies

HCPCS Code	HCPCS Code Description
A7003	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Disposable
A7004	Small Volume Nonfiltered Pneumatic Nebulizer, Disposable
A7005	Administration Set, With Small Volume Nonfiltered Pneumatic Nebulizer, Non-Disposable
A7006	Administration Set, With Small Volume Filtered Pneumatic Nebulizer
A7007	Large Volume Nebulizer, Disposable, Unfilled, Used With Aerosol Compressor
A7010	Corrugated Tubing, Disposable, Used With Large Volume Nebulizer, 100 Feet
A7012	Water Collection Device, Used With Large Volume Nebulizer
A7013	Filter, Disposable, Used With Aerosol Compressor Or Ultrasonic Generator
A7014	Filter, Nondisposable, Used With Aerosol Compressor Or Ultrasonic Generator
A7015	Aerosol Mask, Used With Dme Nebulizer
A7017	Nebulizer, Durable, Glass Or Autoclavable Plastic, Bottle Type, Not Used With Oxygen
A7018	Water, Distilled, Used With Large Volume Nebulizer, 1000 Ml
E0565	Compressor, Air Power Source For Equipment Which Is Not Self- Contained Or Cylinder Driven
E0570	Nebulizer, With Compressor
E0572	Aerosol Compressor, Adjustable Pressure, Light Duty For Intermittent Use
E0585	Nebulizer, With Compressor And Heater
E1372	Immersion External Heater For Nebulizer

Product Category HCPCS Codes

Round 2 Recompete

Negative Pressure Wound Therapy (NPWT) 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

Product Category HCPCS Codes

Round 2 Recompete

Respiratory Equipment and Related Supplies and Accessories

(includes oxygen, oxygen equipment, and supplies; continuous positive airway pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories)

Payment Class	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
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 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 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 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 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 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
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 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

Product Category HCPCS Codes

HCPCS code E0147 (walker, heavy duty, multiple braking system, variable wheel resistance) has been removed from Round 2 Recompete of the DMEPOS Competitive Bidding Program effective 3/15/16.

Round 2 Recompete

Standard Mobility Equipment and Related Accessories

(includes walkers, standard power and manual wheelchairs, scooters, and related accessories)

HCPCS Code	HCPCS Code Description
E1031	Rollabout Chair, Any And All Types With Castors 5" Or Greater
E1037	Transport Chair, Pediatric Size
E1038	Transport Chair, Adult Size, Patient Weight Capacity Up To And Including 300 Pounds
E1039	Transport Chair, Adult Size, Heavy Duty, Patient Weight Capacity Greater Than 300 Pounds
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
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
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
E0705	Transfer Device, Any Type, Each
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
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment, Each
E0959	Manual Wheelchair Accessory, Adapter For Amputee, 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
E0966	Manual Wheelchair Accessory, Headrest Extension, Each
E0967	Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Each
E0971	Manual Wheelchair Accessory, Anti-Tipping Device, Each
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, Each
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each
E0985	Wheelchair Accessory, Seat Lift Mechanism
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each
E0992	Manual Wheelchair Accessory, Solid Seat Insert
E1015	Shock Absorber For Manual Wheelchair, Each
E1016	Shock Absorber For Power Wheelchair, Each
E1020	Residual Limb Support System For Wheelchair, Any Type
E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory
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
E2205	Manual Wheelchair Accessory, Handrim Without Projections (Includes Ergonomic Or Contoured), Any Type, Replacement Only, Each

E2206	Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each
E2207	Wheelchair Accessory, Crutch And Cane Holder, 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
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each
E2214	Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each
E2215	Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each
E2220	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each
E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Each
E2222	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each
E2224	Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each
E2225	Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each
E2228	Manual Wheelchair Accessory, Wheel Braking System And Lock, Complete, Each
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware
E2359	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E. G. Gel Cell, Absorbed Glassmat)
E2361	Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E. G. Gel Cell, Absorbed Glassmat)
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E. G. Gel Cell, Absorbed Glassmat)
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
E2368	Power Wheelchair Component, Drive Wheel Motor, Replacement Only
E2369	Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only
E2370	Power Wheelchair Component, Integrated Drive Wheel Motor And Gear Box Combination, Replacement Only
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E. G. Gel Cell, Absorbed Glassmat), Each
E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only
E2378	Power Wheelchair Component, Actuator, Replacement Only
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
E2397	Power Wheelchair Accessory, Lithium-Based Battery, 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
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
E2626	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable
E2627	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type
E2628	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining
E2629	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints)
E2630	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support
E2631	Wheelchair Accessory, Addition To Mobile Arm Support, Elevating Proximal Arm
E2632	Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control
E2633	Wheelchair Accessory, Addition To Mobile Arm Support, Supinator

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
K0065	Spoke Protectors, Each
K0069	Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each
K0071	Front Caster Assembly, Complete, With Pneumatic Tire, Each
K0072	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each
K0073	Caster Pin Lock,each
K0077	Front Caster Assembly, Complete, With Solid Tire, Each
K0098	Drive Belt For Power Wheelchair
K0105	IV Hanger, Each
K0195	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)
K0733	Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E. G. , Gel Cell, Absorbed Glassmat)
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
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

Product Category HCPCS Codes

Round 2 Recompete

Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies

HCPCS Code	HCPCS Code Description
A4557	Lead Wires, (E. G. , Apnea Monitor), Per Pair
A4595	Electrical Stimulator Supplies, 2 Lead, Per Month, (E. G. Tens, Nmes)
E0720	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Two Lead, Localized Stimulation
E0730	Transcutaneous Electrical Nerve Stimulation (Tens) Device, Four Or More Leads, For Multiple Nerve Stimulation
E0731	Form Fitting Conductive Garment For Delivery Of Tens Or Nmes (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric)