**Apria DME Items**

**No Prior Authorization Required**

**When Ordered Through Apria**

The following items do not require prior authorization if they are ordered through our preferred DME vendor, Apria. Please note special ordering instructions and quantity limits indicated in this table. To search this table, press control F and type in the search term. If you require assistance, please call Review Services at 1-800-289-1363.

**\*This list applies to all lines of business except Medicare\***

| **Category** | **HCPC (Std)** | **Mod** | **HCPC Description (Max. weight 250 LBs if not otherwise specified)** | **Comments & Special Ordering Instructions** | **Quantity limit** |
| --- | --- | --- | --- | --- | --- |
| **BREAST PUMPS** |  |  |  |  |  |
| Breast Pumps | E0604 | RR | Breast Pump, Electric, Heavy Duty | No supplies included, order kit with pump. | 1 |
| Breast Pumps | A9900 | NU | Breast Pump Kit, Double | Specify in Order Notes "Breast Pump Kit" when using A9900 Medela Symphony Double Kit will be provided. Kits usually last a minimum of 2 months and even more depending on care and usage. |  |
| **CANES** |  |  |  | Canes are adjustable for height and include rubber tips. |  |
| Canes | A4637 | NU | Replacement tips for cane/crutch/walker | Tips are used for canes or walkers. |  |
| Canes | E0100 | NU | Cane adjust/fixed with tip, 300LB Max | Specify in Order Notes if ergonomic or pistol grip is required. If not specified, standard cane with offset handle will be provided. | 1 |
| Canes | E0105 | NU | Cane adjust/fixed quad or 3 prong 300LB Max |  | 1 |
| **COMMODES** |  |  |  | All commodes include frame, bucket, and splash guard. |  |
| Commodes | E0163 | NU | Commode chair with fixed arm | Includes both stationary and mobile. | 1 |
| Commodes | E0165 | NU | Commode chair with detach arm | Includes both stationary and mobile. | 1 |
| Commodes | E0167 | NU | Commode chair pail or pan | Specify in Order Notes if needed for bariatric commode. | 1 |
| Commodes | E0168 | NU | Heavy duty/wide commode chair, 650LB Max | Specify in Order Notes if drop arm is required. | 1 |
| Commodes | E0168 | RR | Heavy duty/wide commode chair, 650LB Max |  | 1 |
| **CPAP & BiPAP** |  |  |  |  |  |
| CPAP & BiPAP | 94660 | NU | CPAP Titration (one-time diagnostic fee and short term use of titrating CPAP) | Product standard is ResMed AirSense APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately. |  |
| CPAP & BiPAP | 95806 | NU | Sleep Study |  |  |
| CPAP & BiPAP | E0470 | NU | Respiratory Assist Device, Bi-Level, Without Back Up Rate, Non-Invasive Interface | Product standard is ResMed AirSense APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately. | 1 |
| CPAP & BiPAP | E0470 | RR | Respiratory Assist Device, Bi-Level, Without Back Up Rate, Non-Invasive Interface | Product standard is ResMed AirSense APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately. | 1 |
| CPAP & BiPAP | E0471 | RR | Respiratory Assist Device, Bi-Level, With Back Up Rate, Non-Invasive Interface | Dual source product: ResMed & Philips-Respironics. "Default" product standard is ResMed. Initial order includes blower unit, filter and tubing. Any other associated supplies are not included and must be ordered separately. | 1 |
| CPAP & BiPAP | E0472 | RR | Respiratory Assist Device, Bi-Level, With Back Up Rate, Invasive Interface | Dual source product: ResMed & Philips-Respironics. "Default" product standard is ResMed. Initial order includes blower unit, filter and tubing. Any other associated supplies are not included and must be ordered separately. | 1 |
| APRIA APAP SET UP CHARGE | S5180 | NU | Therapist, Respiratory Appointment (For Set Up of CPAP or APAP, OCD, POC or ancillary RT services) | Use when E0601, OCD or POC set up requires an Apria RT at the home or Apria branch. | N/A |
| CPAP & BiPAP | E0601 | NU | Continuous airway pressure device | Product standard is ResMed AirSense APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately. | 1 |
| CPAP & BiPAP | E0601 | RR | Continuous airway pressure device | Product standard is ResMed AirSense APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately. | 1 |
| **CPAP/BiPAP SUPPLIES** |  |  |  |  |  |
| CPAP/BiPAP Supplies | A7027 | NU | Combination oral/nasal mask, used with continuous positive airway pressure device, each | ResMed Liberty Hybrid | 1 per 3 months |
| CPAP/BiPAP Supplies | A7028 | NU | Combination oral/nasal mask, used with continuous positive airway pressure device, replacement cushion | ResMed Liberty Hybrid | 2 per month |
| CPAP/BiPAP Supplies | A7029 | NU | Combination oral/nasal mask, used with continuous positive airway pressure device, replacement pillow | ResMed Liberty Hybrid | 2 per month |
| CPAP/BiPAP Supplies | A7030 | NU | CPAP full face mask | ResMed is Product Standard. Specify in Order notes the brand/model of mask. | 1 per 3 months |
| CPAP/BiPAP Supplies | A7031 | NU | Replacement face mask interface | Specify in Order notes the brand/model of mask that this will be used with. | 1 per month |
| CPAP/BiPAP Supplies | A7032 | NU | Replacement nasal cushion | FOR USE WITH PILLOW SET UP ONLY - Pads and nose pieces used with Pressure Shell (A7034). Order as 2 ea. | 2 per month |
| CPAP/BiPAP Supplies | A7033 | NU | Replacement nasal pillows | FOR USE WITH PILLOW SET UP ONLY - replacement pillows used with Pressure Shell (A7034). Order as 1 pr. | 2 per month |
| CPAP/BiPAP Supplies | A7034 | NU | Nasal application device | ResMed is Product Standard. Specify Mask or Pressure Shell (for pillow set up). | 1 per 3 months |
| CPAP/BiPAP Supplies | A7035 | NU | Positive airway pressure headgear | Res ResMed is Product Standard. | 1 per 6 months |
| CPAP/BiPAP Supplies | A7036 | NU | Positive airway pressure chinstrap |  | 1 per6 months |
| CPAP/BiPAP Supplies | A7037 | NU | Positive airway pressure tubing | Smooth Bore tubing or Humidifier tubing (replacement). If not specified, Apria will provide 6ft tubing. | 1 per 3 months |
| CPAP/BiPAP Supplies | A4604 | NU | Tubing with heating element | Heated tubing for PAP devices equipped with heated humidification system that supports heated tubing. This tubing will only work with the heated humidification system that includes a reusable water chamber (A7046). | 1 per 3 months |
| CPAP/BiPAP Supplies | A7038 | NU | Positive airway pressure filter | Order in increments of 6 each. | 2 per month |
| CPAP/BiPAP Supplies | A7039 | NU | Filter, non-disposable w/pap |  | 1 per 6 months |
| CPAP/BiPAP Supplies | A7046 | NU | Replacement water chamber, PAP or ventilator device | Use this to order a humidifier replacement for a ResMed or Respironics PAP unit. | 1 per 6 months |
| CPAP/BiPAP SUPPLIES | A9270 | NU | CPAP Mask Liners, all sizes (such as REMzzz, Gecko and Boomerang) |  | N/A |
| CPAP/BiPAP Supplies | E0562 | NU | Humidifier Heated used w/ PAP or ventilator device |  | 1 |
| **CRUTCHES** |  |  |  |  |  |
| Crutches | E0110 | NU | Crutch forearm pair | Order as 1 pair. Specify in Order Notes the Height and Weight. If not specified, standard adult item will be provided. | 1 |
| Crutches | E0114 | NU | Crutch underarm pair no wood | Order as 1 pair. Specify in Order Notes the Height and Weight. If not specified, standard adult items will be provided. | 1 |
| Crutches | E0153 | NU | Forearm crutch platform attachment | Specify Left or Right Arm in Order Notes. | 1 |
| **DECUBITUS CARE** |  |  |  |  |  |
| Decubitus Care | A4640 | NU | Alternating pressure pad, replacement |  | 1 |
| Decubitus Care | E0184 | RR | Dry pressure mattress |  | 1 |
| Decubitus Care | E0185 | RR | Gel pressure mattress pad overlay |  | 1 |
| Decubitus Care | E0191 | NU | Protector heel or elbow |  |  |
| Decubitus Care | E0197 | NU | Air pressure pad for mattress | Otherwise known as "Waffle Pad" for mattress. | 1 |
| Decubitus Care | E0199 | NU | Dry pressure pad for mattress | Otherwise known as "Egg crate Pad" for mattress. | 1 |
| Decubitus Care | A9999 | NU | EHOB Waffle Boot, each | Order in increments of each (e.g., if a pair is needed order as 2). Specify in Order Notes EHOB Waffle Boot. |  |
| **ENTERAL** |  |  |  | Apria cannot take back unused cans of enteral formula. |  |
| Enteral | A4211 | NU | Supplies For Self-Administered Injection (Luer Lock Syringe, 1cc To 15cc) | Include size specifications in Order Notes. Order in unit of measure of each (e.g., 1 box of 100 should be ordered as 100 each) Apria does not stock in branch. Need to process McKesson order by 2:00 PM for Next Day Delivery |  |
| Enteral | B4034 | NU | Enteral feed supply kit syringe, per day | Standard syringe size is 60CC. Syringes available from 20CC to 60CC. If size not specified in Order Notes, 60CC syringes will be provided. Only 60 cc available for first dose | 1/day |
| Enteral | B4035 | NU | Enteral feed supply pump per day | Standard bag size is 1000ML. Bags available from 500ML to 1200ML. If size not specified in Order Notes, 1000ML bag will be provided. | 1/day |
| Enteral | B4036 | NU | Enteral feed supply kit gravity fed per day | Standard bag size is 1000ML. | 1/day |
| Enteral | B4081 | NU | Enteral NG tubing w/ stylet | Include size specifications in Order Notes. | 1/month not to exceed 3 in a 3-month period |
| Enteral | B4082 | NU | Enteral NG tubing w/o stylet | Include size specifications in Order Notes. | 1/month not to exceed 3 in a 3-month period |
| Enteral | B4083 | NU | Enteral stomach tube levine | Include size specifications in Order Notes. Need FR/CM/and brand at time of order Apria does not stock in branch. Need to process McKesson order by 2:00 PM for Next Day Delivery | 1/month not to exceed 3 in a 3-month period |
| Enteral | B4087 | NU | Gastro/jejunostomy tube, std | Include size specifications in Order Notes. Need FR/CM/and brand at time of order Apria does not stock in branch. Need to process McKesson order by 2:00 PM for Next Day Delivery | 1/month not to exceed 3 in a 3-month period |
| Enteral | B4088 | NU | Gastro/jejunostomy tube, low-pro | Include size specifications in Order Notes. (Often referred to as the MIC-KEY Button) Need FR/CM/and brand at time of order Apria does not stock in branch. Need to process McKesson order by 2:00 PM for Next Day Delivery | 1/month not to exceed 3 in a 3-month period |
| Enteral | B9998 | NU | Gastronomy/Jejunostomy Tubing Extension Set; Tubing for Mic-key Button; or Adapter | For USE WITH PUMP ONLY. Specify 12" or 24" (if not specified Apria will provide 12”). Order in increments of 5 each. (Often referred to as Secure-Lock)Apria does not stock in branch. Need to process McKesson order by 2:00 PM for Next Day Delivery |  |
| Enteral | B9002 | RR | Enteral infusion pump w/ alarm | See INFUSION PUMP section for IV Pole. Kangaroo "Joey" pump will be provided unless other pump requested in Order Notes. | 1 |
| **HEAT, COLD & PHOTO THERAPY** |  |  |  |  |  |
| Heat, Cold & Photo Therapy | E0202 | RR | Phototherapy (with set up and supplies) | Includes set up and supplies (e.g. Bili Blanket). Fixed rental rate for 1 - 5 days (specify desired number of days in Order Notes). If needed for more than 5 days, Kaiser must send a subsequent order. If 2 units required at same time, order as 2 each. | N/A |
| **HOSPITAL BEDS** |  |  |  |  |  |
| Hospital Beds | E0260 | RR | Hospital Bed, semi-electric (head and foot adjustment), with any type side rails; with mattress, 350LB Max | Specify in notes if different mattress required or if full rails desired. Apria will provide half rails unless otherwise specified. | 1 |
| Hospital Beds | E0271 | NU | Mattress innerspring | Chargeable to Kaiser for use on patient owned bed only, provided at no charge with Apria supplied bed | 1 |
| Hospital Beds | E0272 | NU | Mattress foam rubber | Chargeable to Kaiser for use on patient owned bed only, provided at no charge with Apria supplied bed | 1 |
| Hospital Beds | E0275 | NU | Bed pan standard |  | 1 |
| Hospital Beds | E0276 | NU | Bed pan fracture |  | 1 |
| Hospital Beds | E0280 | NU | Bed cradle |  | 1 |
| Hospital Beds | E0303 | RR | Hospital bed heavy duty extra wide, <600LBs | Please specify in notes if full or half rails needed, if not specified Apria will provide half rails. | 1 |
| Hospital Beds | E0304 | RR | Hospital bed heavy duty extra wide, >600LBs, 1000LB Max | Please specify in notes if full or half rails needed, if not specified Apria will provide half rails. | 1 |
| Hospital Beds | E0305 | NU | Bed Side Rails, half length | Chargeable to Kaiser for use on patient owned bed only, provided at no charge with Apria supplied bed. Order as 1 PAIR. | 1 |
| Hospital Beds | E0310 | RR | Rails bed side full length | Chargeable to Kaiser for use on patient owned bed only, provided at no charge with Apria supplied bed. Order as 1 PAIR. | 1 |
| Hospital Beds | E0325 | NU | Urinal male jug-type |  | 1 |
| Hospital Beds | E0326 | NU | Urinal female jug-type |  | 1 |
| **INFUSION PUMPS** |  |  |  |  |  |
| Infusion Pumps | B9006 | RR | Parenteral infusion pump stationary |  | 1 |
| Infusion Pumps | E0776 | NU | IV Pole |  | 1 |
| Infusion Pumps | E0776 | RR | IV Pole |  | 1 |
| Infusion Pumps | E0781 | RR | External ambulatory infusion pump | Please specify desired Brand/Model of Pump. If not specified Apria will supply the "CADD". Specify in Order Notes how pump is to be used (e.g., TPN, hydration, PCA, intermittent medication). | 1 |
| **MONITORS & SUPPLIES** |  |  |  |  |  |
| Monitors & Supplies | A4556 | NU | Electrodes, pair | Order as 1 pair (e.g., 2 each should ordered as 1 pair). Specify in Order Notes if it is to be used for Apnea Monitor (E0619), TENS (E0730) or NMS (E0745) Unit. If not specified, Apria will provide for Apnea Monitor. |  |
| Monitors & Supplies | A4557 | NU | Lead wires, pair | Order as 1 pair (e.g., 2 each should ordered as 1 pair). Specify in Order Notes size in inches and if it is to be used for Apnea Monitor (E0619), TENS (E0730) or NMS (E0745) Unit. If not specified, Apria will provide 24" Wires for Apnea Monitor. |  |
| Monitors & Supplies | E0619 | RR | Apnea Monitor, With Recording Feature | Set up includes 1 belt, initial supply of 2 pairs (4 each) of Electrodes (A4556) and initial supply of 1 pair (2 each) of Lead Wires (A4557) at no charge | 1 |
| **NEBULIZER** |  |  |  |  |  |
| Nebulizer | A7003 | NU | Nebulizer administration set |  |  |
| Nebulizer | A7004 | NU | Disposable nebulizer small volume |  |  |
| Nebulizer | A7005 | NU | Small Volume - Disposable nebulizer set | Must specify if PARI is needed. |  |
| Nebulizer | A7006 | NU | Filtered nebulizer admin set |  |  |
| Nebulizer | A7007 | NU | Large volume nebulizer disposable |  |  |
| Nebulizer | A7008 | NU | Disposable nebulizer prefill |  |  |
| Nebulizer | A7010 | NU | Disposable corrugated tubing | Order in unit of measure of each (1 each=100 feet). |  |
| Nebulizer | A7012 | NU | Nebulizer water collection device |  |  |
| Nebulizer | A7013 | NU | Disposable compressor filter |  |  |
| Nebulizer | A7014 | NU | Compressor non-disposable filter |  |  |
| Nebulizer | A7015 | NU | Aerosol mask used w/nebulizer |  |  |
| Nebulizer | E0565 | NU | Compressor air power source |  | 1 |
| Nebulizer | E0565 | RR | Compressor air power source |  | 1 |
| Nebulizer | E0570 | NU | Nebulizer with compressor | Initial delivery includes small volume nebulizer compressor, (Nebulizer Cup) [A7003], and disposable filter [A7013]. Must specify if PARI is needed. | 1 |
| Nebulizer | E0585 | RR | Nebulizer w/ compressor & heater |  | 1 |
| **O2 RELATED RESPIRATORY EQUIP** |  |  |  |  |  |
| O2 Related Respiratory Equip | E0482 | RR | Cough stimulating device |  | 1 |
| O2 Related Respiratory Equip | E0484 | NU | Non-electric oscillatory pep device | Flutter Valve Must specify: Acapella Choice or Aerobika). If not specified, Apria will provide Acapella. | 1 |
| **OXYGEN** |  |  |  | Rentals include standard supplies (i.e., cannulas, masks, tubing, face tent) and fills. Plastic Humidifier available up request at no charge |  |
| Oxygen | E0424 | RR | Stationary compressed gas 02 | Provided at no charge if back up system to O2 Concentrator or O2 Liquid Stationary System. ONLY order if Primary System. | 1 |
| Oxygen | E0431 | RR | Portable gaseous 02 | Includes standard regulator, specify in Order Notes if OCD required. Must have pulse oximetry testing prior to provision of OCD. If oximetry testing is performed by an Apria RT, must also order S5180. | 1 |
| Oxygen | E0434 | RR | Portable liquid 02 | Must be filled from Oxygen Liquid Stationary Unit (E0439). Member must have an order for a E0439 unit. Includes standard regulator, specify in Order Notes if OCD required. Must have pulse oximetry testing prior to provision of OCD. If oximetry testing is performed by an Apria RT, must also order S5180. | 1 |
| Oxygen | E0439 | RR | Stationary liquid 02 |  | 1 |
| Oxygen | E0441 | NU | Stationary O2 contents, gas |  | N/A |
| Oxygen | E0442 | NU | Stationary O2 contents, liquid |  | N/A |
| Oxygen | E0443 | NU | Portable 02 contents, gas |  | N/A |
| Oxygen | E0444 | NU | Portable 02 contents, liquid |  | N/A |
| Oxygen | E1390 | RR | Oxygen concentrator | E1390 is not recommended for use in following cases: for infants or for use of Liter Flows < 1 LPM. O2 Gas Stationary Units (E0424) are recommended for these cases. | 1 |
| Oxygen | E1391 | RR | Oxygen concentrator, dual |  | 1 |
| Oxygen | E1392 | RR | Portable oxygen concentrator (POC) | Includes internal battery pack, external battery (legacy models only) and battery charger (E1357). Note: the internal battery duration of the Inogen unit exceeds the combined duration of the internal and external batteries of the legacy units (i.e. XP02) Note: Patient must be able to clinically tolerate Oxygen Conserving Device (OCD) technology utilized by POCs, validated by an oximetry. Must be ordered in conjunction with S5180 (RT visit for oximetry). Patient must have portability needs that cannot be met by other portable gas oxygen systems. Delivery note: POCs will be centrally stocked in the Apria ADCs and not in the Apria branches. Advance 14-day delivery is required. | 1 |
| Oxygen | K0738 | RR | Portable gas oxygen system | Must be ordered with E1390 | 1 |
| **PATIENT LIFTS** |  |  |  |  |  |
| Patient Lifts | E0621 | NU | Patient lift sling or seat | Specify in Order Notes if commode opening needed. Sling without commode opening will be provided if not specified. | 1 |
| **SUCTION PUMP** |  |  |  |  |  |
| Suction Pump | E0600 | NU | Suction pump portable home model |  | 1 |
| Suction Pump | E0600 | RR | Suction pump portable home model |  | 1 |
| Suction Pump | E2000 | RR | Gastric suction pump home model |  | 1 |
| **SUCTION, LARYNGECTOMY,TRACH, O2 & VENT SUPPLIES1** |  |  |  |  |  |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4216 | NU | Sterile water/saline, 10 ml | Please specify size in milliliters order notes (3ML, 5ML or 15ML). If size not specified Apria will provide 5ML. Must be ordered in increments of 100 each (1 Box = 100 each) | 4 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4217 | NU | Sterile water/saline, 500 ml | Please specify size in liters (.5L, 1L, 1.5L, 2L) and Saline or Water in order notes. If size is not specified Apria will provide 1L Sterile Water bottles. Must be ordered in increments of 12 each (1 Box/Case = 12 each). | 4 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4322 | NU | Irrigation syringe | Please specify size in cc's (50, 60, or 70) in Order Notes, if not specified Apria will provide 60cc's | Not covered for Trach only Enteral |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4450 | NU | Non-waterproof tape | EA = One Roll | 40 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4452 | NU | Waterproof tape | EA = One Roll | 40 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4481 | NU | Tracheotomy filter |  | 62 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4483 | NU | Moisture exchanger (HME) |  | 30 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4605 | NU | Tracheotomy suction catheter closed system |  | 2 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4608 | NU | Transtracheal oxygen catheter | Includes both Transtracheal Catheter Scoop and Transtracheal O2 hose | included |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4618 | NU | Breathing circuits |  | Included |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4623 | NU | Tracheotomy inner cannula | Please include complete cannula specifications and size (in mm) in Order Notes. | 62 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4624 | NU | Tracheal suction tube | Order in unit of measure of each. E.g., 1 case of 50 must ordered as 50 each. | 90 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4625 | NU | Tracheotomy care kit for new tracheotomies | Includes: Cotton 4 X 4 Gauze Sponges (4), Cotton Tip Applicators (2), Trach Brush (1), Tape (1), and Pipe Cleaners (2), Plastic 2 Compartment Tray (1), Removable Plastic Basin (1), Trach Dressing (1), Water-Resistant Drape (1), Gloves (2) | 8 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4626 | NU | Tracheotomy cleaning brush |  | Medicare doesn't cover brush included in kit |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4628 | NU | Oropharyngeal suction catheter |  | 12 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4629 | NU | Tracheotomy care kit | Includes: Cotton 4 X 4 Gauze Sponges (2), Cotton Tip Applicators (2), Trach Brush (1), Tape (1) and Pipe Cleaners (1) | 30 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4927 | NU | Gloves, Non-Sterile, Each | Must be ordered in increments of 100 each as are packaged 100 per box. Please specify size in notes (Small, Med, Large) if no size specified Apria will provide Medium | 1 box per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A4930 | NU | Gloves, Sterile, Each | Must be ordered in increments of 100 each as are packaged 100 per box. Please specify size in notes (Small, Med, Large) if no size specified Apria will provide Medium | 1 box per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A6216 | NU | Disk/foam pad +or- adhesive | Must be ordered in increments of 200 each as are packaged 200 per box. Please specify size in notes (Small, Med, Large) if no size specified Apria will provide Medium | 1 box per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A6402 | NU | Sterile gauze <= 16 sq in | Order in multiples of 50 or 70 each. Please specify Type (Split Gauze or Non-Split Gauze) AND size (4 X 4, 2 X 2, etc.) in Order Notes, if not provided Apria will provide 4 X 4 Split Gauze | 1 box per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7501 | NU | Tracheotomy valve w/ diaphragm |  | 1 |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7002 | NU | Tubing used w suction pump | Included at no charge with initial delivery of Suction Pump (E0600) or Gastric Suction Pump (E2000) | 1 |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7504 | NU | Tracheotomy HMEs filter |  | 62 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7505 | NU | HMEs or tracheal valve housing |  | 2 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7507 | NU | Integrated filter & holder |  | 62 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7508 | NU | Housing & Integrated Adhesive |  | 62 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7520 | NU | Tracheotomy/laryngectomy tube non-cuffed | Include complete tube specifications and size (in mm) in Order Notes. | 1 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7521 | NU | Tracheotomy/laryngectomy tube cuffed | Include complete tube specifications and size (in mm) in Order Notes. | 1 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7522 | NU | Tracheotomy/laryngectomy tube stainless | Include complete tube specifications and size (in mm) in Order Notes. | 1 per 12 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7525 | NU | Tracheotomy mask | Specify in Order Notes if need "Adult" or "Pediatric" or "Neonatal", if not specified Apria will provide an adult size | 4 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7526 | NU | Tracheotomy tube collar |  | 31 per month |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7527 | NU | Tracheotomy/laryngectomy tube plug/stop | Include complete tube specifications and size (in mm) in Order Notes. | 2 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8499 | NU | Charger or Battery Pack for Electronic Larynx |  | Included |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8500 | NU | Artificial larynx |  | 1 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8501 | NU | Tracheotomy speaking valve | Please include complete specifications and size (in mm) in Order Notes | 1 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8505 | NU | Replacement Battery, Artificial Larynx |  | Included |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8507 | NU | Tracheal-esophageal voice pros pt inserted | Please include complete specifications and size (in mm) in Order Notes | 1 per 3 months |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8509 | NU | Tracheal-esophageal voice pros md inserted | Please include complete specifications and size (in mm) in Order Notes | no restrictions |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | L8510 | NU | Voice amplifier |  | no restrictions |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | S8189 | NU | Tracheotomy Protector Stoma Foam |  | no restrictions |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | S8999 | NU | Resuscitation Bag, Each | When using S8999 indicate item being requested. Please specify in Order Notes if need "Adult", "Pediatric" or "Neonatal". If not specified, Apria will provide an adult size | not covered |
| Suction, Laryngectomy, Trach, O2 & Vent Supplies | A7506 | NU | HMEs tracheotomy valve adhesive disk |  | 62 per month |
| **TRACTION** |  |  |  |  |  |
| Traction | E0830 | RR | Traction Lumbar Supine Unit | Refer to E0849 for cervical traction. | 1 |
| Traction | E0840 | RR | Traction frame attach headboard | Must have Apria rented bed | 1 |
| Traction | E0849 | NU | Cervical traction equipment |  | 1 |
| Traction | E0849 | RR | Cervical traction equipment |  | 1 |
| Traction | E0855 | NU | Cervical traction equipment |  | 1 |
| Traction | E0855 | RR | Cervical traction equipment |  | 1 |
| Traction | E0860 | NU | Traction equipment cervical traction |  | 1 |
| Traction | E0870 | NU | Traction frame attach footboard | Must have Apria rented bed | 1 |
| Traction | E0890 | RR | Traction frame attach pelvic | Must have Apria rented bed | 1 |
| Traction | E0900 | RR | Traction stand free stand pelvic | Must be ordered in conjunction with E0944 | 1 |
| Traction | E0910 | NU | Trapeze bar attached to bed |  | 1 |
| Traction | E0910 | RR | Trapeze bar attached to bed |  | 1 |
| Traction | E0940 | RR | Trapeze bar free standing, 250 LB Max |  | 1 |
| Traction | E0942 | NU | Cervical head harness/halter | Includes the cervical head harness/halter for the EZ Trac and Saunders Units | 1 |
| Traction | E0944 | NU | Pelvic belt/harness/boot |  | 1 |
| **VENTILATORS** |  |  |  | Member must meet clinical criteria for discharge prior to receiving Ventilator |  |
| Ventilators | E0465 | RR | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) |  | 1 |
| Ventilators | E0465 | TW | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) 2nd vent |  | 1 |
| Ventilators | E0466 | RR | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) |  | 1 |
| Ventilators | E0466 | TW | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) 2nd vent |  | 1 |
| Ventilators |  |  | No Charge Vent Supplies: Swivel Trach Adaptor, External Battery, Battery Cable, Battery Charger, Humidifier Bracket, and Heater Pigtail | Provided at no charge are the following items: Swivel Trach Adaptor, External Battery, Battery Cable, Battery Charger, Humidifier Bracket and Heater Pigtail. The following items are chargeable and should be ordered separately: E0562 Heated Humidifier and A4618 Vent Circuit. | N/A |
| **WALKERS** |  |  |  | See CANE section for cane/walker tips |  |
| Walkers | E0135 | NU | Walker folding adjust/fixed, 300LB Max | Specify in Order Notes "youth" if desired. If not specified, Apria will provide adult size Walker. If separate walker wheels are required, order E0135 and wheels (E0155) separately. | 1 |
| Walkers | E0143 | NU | Walker folding wheeled w/o seat, 300LB Max | If walker special is required, it needs to be ordered with E0143 and E0156 Rollator. | 1 |
| Walkers | E0147 | NU | Walker variable wheel resist, 375# max |  | 1 |
| Walkers | E0148 | NU | Heavy duty walker no wheels, 750LB Max | If separate walker wheels are required, please order as E0148 separately. | 1 |
| Walkers | E0149 | NU | Heavy duty wheeled walker, 700LB Max |  | 1 |
| Walkers | E0154 | NU | Walker platform attachment |  | 1 |
| Walkers | E0155 | NU | Walker wheel attachment, pair | Order as 1 pair. Specify 5" or 3" in Order Note. If not specified, Apria will provide 3". | 1 |
| Walkers | E0156 | NU | Walker seat attachment | To be used with E0143 or E0149 when Rollator type walker specified | 1 |
| Walkers | E0158 | NU | Walker leg extenders set of 4 | Must be ordered as pairs (e.g., 2 each must order as 1 Pair) | 1 |
| Walkers | E0159 | NU | Brake for wheeled walker, replacement | 1 pair must be ordered as 2 EA | 1 |
| **WHEELCHAIR** |  |  |  | Wheelchairs include detachable arms ('DA') and elevated leg rests ('ELR') OR detachable footrests ('DFR'). They do not include anti-tippers. Youth Wheelchairs are 10" to 14" wide, Adult Wheelchairs are 16" to 18" wide. Any wheelchair 20" wide or more are classified "heavy duty". |  |
| Wheelchair | K0001 | RR | Standard wheelchair | Specify in Order Notes "youth" if desired. If not specified, Apria will deliver an adult sized Wheelchair.   Amputee kit (E1399), stump rests (KPMSG), and anti-tippers (E0971) need to be ordered separately | 1 |
| Wheelchair | K0002 | RR | Standard hemi (low seat) wheelchair | Specify in Order Notes "youth" if desired. If not specified, Apria will deliver an adult sized Wheelchair. | 1 |
| Wheelchair | K0003 | RR | Lightweight wheelchair | Please specify in Order Notes "youth" if desired. If not specified, Apria will deliver an adult sized Wheelchair. | 1 |
| Wheelchair | K0004 | RR | High strength lightweight wheelchair |  | 1 |
| Wheelchair | K0006 | RR | Heavy duty wheelchair |  | 1 |
| Wheelchair | K0007 | RR | Extra heavy duty wheelchair |  | 1 |
| **WHEELCHAIR ACCESSORY** |  |  |  |  |  |
| Wheelchair Accessory | E0705 | NU | Transfer device |  | 1 |
| Wheelchair Accessory | E0961 | NU | Wheelchair brake extension | Must be ordered in increments of Pairs, E.g., 2 each must order as 1 Pair. If you only require 1 each, please order a 1 Pair and state in order notes that you only require "1". | 2 |
| Wheelchair Accessory | E0971 | NU | Wheelchair anti-tipping device | Must be ordered as Each, E.g., a pair must be ordered as 2 each [2 EA] | 2 |
| Wheelchair Accessory | E0978 | NU | Wheelchair accessory, safety belt pelvic strap | Specify Velcro or Airplane Buckle in Order Notes. If not specified, Apria will provide Airplane buckle. | 1 |
| Wheelchair Accessory | E2208 | NU | Cylinder tank carrier |  | 1 |
| Wheelchair Accessory | E2208 | RR | Cylinder tank carrier |  | 1 |
| Wheelchair Accessory | E2209 | NU | Arm trough each | Specify Left or Right Arm in Order Notes. If not specified, Apria will deliver Left Arm. | 1 |
| Wheelchair Accessory | K0195 | RR | Elevating wheelchair leg rests | For Patient owned chair or second set for Apria provided W/C. Order as 1 Pair (Apria provides a pair). First pair included at no charge for Apria provided chair | 1 |