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Durable Medical Equipment and Supplies

- To verify coverage, contracted providers can use the [Eligibility Inquiry tool](#) .
- To see prior authorization requirements or medical necessity review criteria, see the [Pre authorization Code Check](#) tool.
- Non-contracted providers can contact the Provider Assistance Unit at 1-888-767-4670.

Important information

- Procedure authorizations do not include the standard E&M code range
- All codes that are underlined under each reason name include the same range as code in parentheses.
- For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.

Durable Medical Equipment and Supplies

Burn Garment Full Body Custom: (A6501)

A6501, S9999

Burn Garment Lower Body Custom: (A6507)

A6507, A6508, A6509, A6511, S9999

Burn Garment Other: (A6512)

A6512, S9999

Burn Garment Upper Body Custom: (A6504)

A6502, A5603, A6504, A6505, A6506, A6510, S9999

Compression Burn Mask Custom: (A6513)

A6513, S9999

Compression Garment Custom Lower Body: (A6571)

A6571, A6573, S9999

Compression Garment Custom Upper Body: (A6567)

A6567, A6569, S9999



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Compression Garment Other: (A6549)

A6549, S9999

Compression Garment Prefabricated Lower Body: (A6570)

A6570, A6572, S9999

Compression Garment Prefabricated Upper Body: (A6566)

A6566, A6568, S9999

Compression Gauntlet Prefabricated: (A6582)

A6582, S9999

Compression Glove Custom: (A6579)

A6579, A6580, S9999

Compression Glove Prefabricated: (A6581)

A6581, S9999

Compression Sleeve Custom :(A6574)

A6574, A6576, A6577, S9999

Compression Sleeve Prefabricated: (A6575)

A6575, A6578, S9999

Compression Stocking Garter Belt: (A6544)

A6544, S9999

Compression Stocking Lower Body Custom: (A6553)

A6553, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6610, S9999

Compression Stocking Lower Body Prefabricated: (A6552)

A6552, A6554, A6535, A6538, A6541, A6530, A6533, A6534, A6536, A6537, A6539, A6540, S9999

Compression Wrap Lower Body Prefabricated: (A6583)

A6583, S9999

Compression Wrap Other: (A6584)

A6584, S9999

Gradient Compression WRAP Supplies- Upper Extremity: (A6594)

A6594, A6596, A6597, A6598, A6599, A6600, A6602, A6603, A6604, A6605, A6606, A6607, A6608, S9999



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Gradient Compression WRAP Supplies- Upper Extremity: (A6595)

A6595, A6596, A6597, A6598, A6599, A6600, A6602, A6603, A6604, A6605, A6606, A6607, A6608, S9999

Nighttime Compression Garment Lower Body Custom: (A6525)

A6525, A6527, S9999

Nighttime Compression Garment Lower Body Prefabricated: (A6524)

A6524, A2526, S9999

Nighttime Compression Garment Upper Body Custom: (A6521)

A6521, A6523, A6529, S9999

Nighttime Compression Garment Upper Body Prefabricated: (A6520)

A6520, A6522, A6528, S9999

Pressure Wrap Lower Body Prefabricated: (A6585)

A6585, A6586, A6587, S9999

Pressure Wrap Upper Body Prefabricated: (A6588)

A6588, S9999

Surgical Dressing Compression Garments: (A6531)

A6531, A6532, A6545, S9999

CPAP Devices: (E0601)

94660, 99503, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0562, E0601, S5180, S9999

BiPAP Devices

BiPAP S: (E0470)

94660, 99503, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0470, E0562, S5180, S9999

BiPAP ST: (E0471 or E0472)

94660, 99503, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0471, E0472, E0562, S5180, S9999

Heated Humidifier for CPAP and BiPAP S/ST: (E0562)

A4604, E0562, S9999



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CPAP/BiPAP Supplies: (A7034)

99503, A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, S8150, S9999

Semi-Electric Hospital Bed: (E0260)

E0181, E0184, E0199, E0250, E0251, E0255, E0260, E0261, E0910, E0940, S9999

Total Electric Hospital Bed: (E0265)

E0181, E0184, E0265, E0266, E0910, E0940, S9999

Bariatric Hospital Bed 350lb-600lb: (E0303)

E0181, E0184, E0199, E0303, E0910, E0912, E0940, S9999

Bariatric Hospital Bed over 600lb: (E0304)

E0181, E0184, E0199, E0304, E0910, E0940, S9999

Clamp On Trapeze: (E0910)

E0910, S9999

Freestanding Trapeze: (E0940)

E0940, S9999

Large Volume Nebulizer: (E0565)

A4619, A7003, A7004, A7005, A7006, A7007, A7010, A7011, A7012, A7013, A7014, A7015, A7016, A7017, A7525, E0565, S9999

Nebulizer: (E0570)

A4619, A7003, A7004, A7005, A7006, A7007, A7010, A7011, A7012, A7013, A7014, A7015, A7016, A7017, A7525, E0570, S9999

Ultrasonic Nebulizer: (E0575)

A4619, A7003, A7004, A7005, A7006, A7007, A7010, A7011, A7012, A7013, A7014, A7015, A7016, A7017, A7525, E0575, S9999

Nebulizer with heater: (E0585)

A4619, A7003, A7004, A7005, A7006, A7007, A7010, A7011, A7012, A7013, A7014, A7015, A7016, A7017, A7525, E0585, S9999

Nebulizer Supplies: (A7003)

A4619, A7003, A7004, A7005, A7006, A7007, A7010, A7011, A7012, A7013, A7014, A7015, A7016, A7017, A7525, S9999



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Durable Medical Equipment and Supplies

Canes: (E0100)

E0100, E0105, S9999

Replacement tip, cane, crutch, walker: (A4637)

A4637, S9999

Commodes: (E0163 or E0165)

E0163, E0165, S9999

Replacement Commode Chair Pail or Pan: (E0167)

E0167, S9999

Commode Chair extra wide/heavy duty: (E0168)

E0168, S9999

Oxygen rental: (E0439)

99503, E0424, E0431, E0433, E0434, E0439, E1390, E1391, E1392, K0738, S5180, S9999

Additional Battery Pack/Cartridge for Portable Concentrator: (E1356)

E1359, S9999

Oxygen contents: (E0441, E0442, E0443, or E0444)

99503, E0441, E0442, E0443, E0444, S5180, S9999

Pulse Oximeter: (E0445)

A4606, E0445, S9999

Overnight Pulse Oximetry Study (94762):

94760, 94761, 94762, 99002

Suction, Laryngectomy, and Tracheostomy Supplies: (A4624)

A4216, A4217, A4218, A4364, A4402, A4450, A4452, A4456, A4481, A4605, A4623, A4624, A4625, A4626, A4628, A4629, A5120, A5126, A6216, A6402, A7000, A7001, A7002, A7007, A7010, A7012, A7501, A7502, A7503, A7504, A7505, A7506, A7507, A7508, A7509, A7520, A7521, A7522, A7524, A7525, A7526, A7527, L8500, L8501, L8505, L8507, L8509, L8510, L8511, L8512, L8513, S9999

Ventilator: (E0465 or E0466)

A4216, A4217, A4322, A4450, A4452, A4483, A4618, A4619, A4620, A4623, A4624, A4625, A4626, A4627, A4628, A4629, A4927, A4928, A4929, A4930, A6402, A7002, A7003, A7046, A7501, A7502, A7503, A7504, A7505, A7506, A7507, A7508, A7509, A7520, A7521, A7522, A7523, A7524, A7525, A7526, A7527, E0465, E0466, S9999



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Walker - Front Wheeled or no wheels: (E0143)

E0135, E0143, E0154, E0155, E0157, E0158, E0159, S9999

Walker - 4 wheeled walker: (E0143)

E0156, E0143, S9999

Walker - 4 wheeled heavy duty: (E0147)

E0147, S9999

Walker - heavy duty, no wheels: (E0148)

E0148, S9999

Knee Scooter/Roller-Aid: (E0118)

E0118, S9999

Gait Trainer - pediatric: (E8000)

E8000, E8001, E8002, S9999

Wheelchair Rental standard or hemi: (K0001)

E0705, E0961, E2208, E2601, E2602, E2603, E2604, E2605, E2606, E2622, E2623, E2624, K0001, K0002, S9999

Wheelchair Rental lightweight: (K0003)

E0705, E0961, E2208, E2601, E2602, E2603, E2604, E2605, E2606, E2622, E2623, E2624, K0003, K0004, S9999

Wheelchair Rental heavy duty: (K0006)

E0705, E0961, E2208, E2601, E2602, E2603, E2604, E2605, E2606, E2622, E2623, E2624, K0006, K0007, S9999

Note: A non-adjunctive CGM (Continuous Glucose Monitor) can be used to make treatment decisions without the need for a stand-alone BGM (Blood Glucose Monitor) to confirm testing results. An adjunctive CGM requires the user verify their glucose levels or trends displayed on a CGM with a BGM prior to making treatment decisions.

Non-Adjunctive CGM (Continuous Glucose Monitor) & Supplies (Medicare/Non-Medicare): (E2103)

A4239, A4456, A5120, E2103, S9999

Adjunctive CGM (Continuous Glucose Monitor) & Supplies (Medicare): (E2102)

A4238, A4456, A5120, A6257, A9276, A9277, A9278, E0784, E2102, S9999



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Non-therapeutic CGM (Continuous Glucose Monitor) & Supplies (Non-Medicare): (A9276)

A4238, A4456, A5120, A6257, A9276, A9277, A9278, E2102, S9999

Date	Description
05/12/2021	Created
02/01/2023	<p>Removed reason Continuous Glucose Monitor (CGM) therapeutic adjunctive and supplies: – non-Medicare.</p> <p>Changed referral reason name from Continuous Glucose Monitor (CGM) – Medicare to Continuous Glucose Monitor (CGM) Non-Adjunctive and trigger code from K0553 to E2103.</p> <p>Changed referral reason name from Continuous Glucose Monitor (CGM) Non-therapeutic Non-Medicare to Continuous Glucose Monitor (CGM) Adjunctive.</p> <p>Added A4456 and A5120 to Continuous Glucose Monitor (CGM) Non-Adjunctive and supplies.</p> <p>Added E2102, S9999 to Continuous Glucose Monitor (CGM) Adjunctive and supplies.</p>
02/27/2023	Added A4238 to Continuous Glucose Monitor (CGM) Adjunctive and supplies.
04/25/2023	<p>Updated reason name Continuous Glucose Monitor (CGM) Non-therapeutic and supplies: – Non-Medicare to-Continuous Glucose Monitor (CGM) Adjunctive and supplies and updated trigger code from A9276 to E2102.</p> <p>Updated reason name Continuous Glucose Monitor (CGM and supplies: – Medicare to-Continuous Glucose Monitor (CGM) Non-Adjunctive and supplies and update trigger code from K0553 or K0554 to E2103...</p>
05/19/2023	<p>Removed reasons Continuous Glucose Monitor (CGM) Non-Adjunctive and supplies: (E2103 and reason Continuous Glucose Monitor (CGM) Adjunctive and supplies: (E2102).</p> <p>Added new reasons Non-Adjunctive CGM (Continuous Glucose Monitor) & Supplies (Medicare/Non-Medicare): (E2103)</p> <p>Adjunctive CGM (Continuous Glucose Monitor) & Supplies (Medicare): (E2102)</p> <p>Non-therapeutic CGM (Continuous Glucose Monitor) & Supplies (Non-Medicare): (A9276)</p> <p>Added note to show description of adjunctive vs non adjunctive.</p>
01/01/2024	<p>Added New Reasons</p> <ul style="list-style-type: none"> Burn Garment Full Body Custom Burn Garment Lower Body Custom Burn Garment Other Burn Garment Upper Body Custom Compression Burn Mask Custom Compression Garment Custom Lower Body Compression Garment Custom Upper Body Compression Garment Other Compression Garment Prefabricated Lower Body Compression Garment Prefabricated Upper Body Compression Gauntlet Prefabricated



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	Compression Glove Custom Compression Glove Prefabricated Compression Sleeve Custom Compression Sleeve Prefabricated Compression Stocking Garter Belt Compression Stocking Lower Body Custom Compression Stocking Lower Body Prefabricated Compression Wrap Lower Body Prefabricated Compression Wrap Other Gradient Compression WRAP Supplies- Upper Extremity Gradient Compression WRAP Supplies- Upper Extremity Nighttime Compression Garment Lower Body Custom Nighttime Compression Garment Lower Body Prefabricated Nighttime Compression Garment Upper Body Custom Nighttime Compression Garment Upper Body Prefabricated Pressure Wrap Lower Body Prefabricated Pressure Wrap Upper Body Prefabricated Surgical Dressing Compression Wrap Lower Body Prefabricated
02/02/2024	Removed E0147 from Walker - heavy duty, no wheels and added S9999. Removed A6531 and A6532 from Compression Stocking Lower Body Prefabricated. Updated Surgical Dressing Compression Wrap Lower Body Prefabricated to Surgical Dressing Compression Garments. Updated trigger code from A6545 to A6531 and added A6531 and A6532 to Surgical Dressing Compression Garments.
04/30/2024	Added A4238 and E2102 to Non-therapeutic CGM (Continuous Glucose Monitor) & Supplies (Non-Medicare).
06/20/2024	Reformatted page and Important information section.
07/30/2024	Added A4456, A5120, A6257, A9276, A9277, A9278 to Adjunctive CGM (Continuous Glucose Monitor) & Supplies (Medicare).
08/08/2024	For Clarification Under Important information- And added new bullet -For procedures that include additional codes beyond the ones listed below the individual reason name, we've added a link to the Procedure Standard Code Range. If the link is not present, the additional codes are not included.
08/27/2024	Updated trigger code from E0156 to E0143 for Walker - 4 wheeled walker.
09/25/2024	Added E0784 to Adjunctive CGM (Continuous Glucose Monitor) & Supplies (Medicare).

Information on this site is for informational purposes only and does not guarantee coverage or payment. All services must be considered medically necessary and certain services may be subject to additional clinical review criteria. All benefits are subject to the patient's medical coverage agreement including visit, quantity, and/or dollar limits.

The Kaiser Permanente Published Range page was developed to assist in administering plan benefits. For information concerning whether a specific service or benefit is covered, please refer to the patient's



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medical coverage agreement, the Provider Manual, your Provider contract, or call the Kaiser Permanente Provider Assistance Unit at 1-888-767-4670.

The Kaiser Permanente Published Range page results reflect the range information at the time of the inquiry only. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change the Published Ranges, at Kaiser Permanente's sole discretion. Termed codes will remain in the range for 24 months to allow time for claims submission.