Priority Health	BILLING POLICY No. 017
MISCELLANEOUS DURABLE MEDICAL EQUIPMENT	
Date of origin: Aug. 2024	**Review dates: 10/2024, 11/2024, 1/2025, 2/2025, 3/2025, 5/2025, 6/2025, 7/2025, 3/2026, 06/2026**

DEFINITION

This policy identifies the payment and documentation requirements associated with various durable medical equipment (DME) items.

MEDICAL POLICY

- Durable Medical Equipment (#91110) – reference for coverage details

DOCUMENTATION REQUIREMENTS

We align with the Centers for Medicare & Medicaid Services (CMS) standard documentation requirements for supplies and DME. Reference CMS Article A55426 – Standard Documentation Requirements for All Claims Submitted to DME MACs for documentation requirements.

NAVIGATE POLICY-SPECIFIC INFORMATION

- Wheelchair options and accessories
- Wheelchair seating
- Walkers
- Hearing aid and cochlear implant replacement parts and accessories
- Hospital beds and accessories
- Seat lift mechanisms
- Commodes
- Place of service
- Modifiers
- Frequency limits

WHEELCHAIR OPTIONS AND ACCESSORIES

- Up to two batteries with code E2359, E2361, E2363, E2365, E2371 or K0733 at any one time are allowed.
- A non-sealed battery with code E2358, E2360, E2362, E2364 or E2372 will be denied.
- A single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery. If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary.
- Miscellaneous options, accessories or replacement parts for wheelchairs that don't have a specific HCPCS code and aren't included in another code should be coded K0108 (supporting documentation must be submitted with unlisted codes).
- The right (RT) and left (LT) modifiers must be used when applicable.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time and must not be billed separately at the time of billing the Column I code.

Column I	Column II
Power Operated Vehicle (K0800, K0801, K0802, K0806, K0807, K0808, K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories

Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power Wheelchair Base Groups 1 and 2 (K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856 K0857, K0858, K0859, K0860, K0861 K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1032
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

WHEELCHAIR SEATING

- A powered seat cushion (E2610) hasn't been proven effective. This will be denied.
- Pediatric seating system codes E2291, E2292, E2293, E2294 may only be billed with pediatric wheelchair base codes.
- A manual swing away (E1028) should not be reported in addition to E0955, E0956 or E0960 for mounting hardware.
- Wheelchair seat and back cushion codes are all inclusive. Use of HCPCS codes to separately bill for added components such as the foam blocks, gel packs, air cells or equivalent material is incorrect for coding.
- The right (RT) and left (LT) modifiers must be used when applicable.

WALKERS

A walker with an enclosed frame (E0144) hasn't been identified as medically necessary. If an enclosed frame walker is provided, it will be denied.

Brakes other than hand operated brakes, provided at the same time as a walker (E0141, E0143, E0149), may not be billed separately. However, if billed separately upon initial issue, the brakes must be billed using A9900, and the brakes will deny as not separately payable. HCPCS code E0159 (Brake attachment for wheeled walker, replacement, each) is applicable for replacement brakes only.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time and must not be billed separately at the time of billing the Column I code.

Column I	Column II
E0130	A4636, A4637
E0135	A4636, A4637
E0140	A4636, A4637, E0155, E0159
E0141	A4636, A4637, E0155, E0159
E0143	A4636, A4637, E0155, E0159
E0144	A4636, A4637, E0155, E0156, E0159
E0147	A4636, E0155, E0159
E0148	A4636, A4637
E0149	A4636, A4637, E0155, E0159

HEARING AID AND COCHLEAR IMPLANT REPLACEMENT PARTS AND ACCESSORIES

Applies to:

- Commercial, except for Cochlear implants, limits may be subject to Hearing Rider language. Some items are considered not covered per the Hearing Rider language.
- Medicaid, Priority Health follows limits outlined by MDHHS.

Policy details:
Below are specified limits that Priority Health will apply to supplies, parts and replacement parts for hearing aids and cochlear implants. Authorization rules may apply.

Anatomical modifiers to describe specific side of the body will be required.

Item	Maximum limit
Battery - Alkaline (CPT L8622)	150 per 6 months (per device)
Battery - Zinc Air (CPT L8621)	150 per 6 months (per device)
Battery - Lithium Ion (CPT L8623/L8624)	2 per year (per device)
Battery Charger (CPT L8625)	1 per 2 years (per device)
External Controller (CPT L8628)	1 per 4 years (per device)
Sound/Speech Processor (CPT L8627)	1 per 4 years (per device)
Speech Processor and Controller- Integrated (CPT L8619)	1 per 4 years (per device)
Microphone (CPT L8616)	1 per year (per device)
Headpiece/Headset (CPT L8615)	1 per 3 years (per device)
Transmitter Cable (CPT L8618)	1 per year (per device)
Transmitter Coil (CPT L8617)	1 per 3 years (per device)
Transmitting Coil and Cable - Integrated (CPT L8629)	1 per 3 years (per device)
Disposable Battery (CPT V5266)	72 per day (per aid) up to 144 per year (per aid)

Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each (L8691)	1 per 4 years
Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment (L8692)	1 per 4 years

HOSPITAL BEDS AND ACCESSORIES

When mattress or bedside rails are provided at the same time as a hospital bed, use the single code that combines these items.

Examples:

- When E0271, E0272: Mattress, innerspring/foam rubber is combined with E0251, bill as E0250
- When E0305, E0310: Bedside rails, half-length/full-length is combined with E0297, bill as E0266

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time and must not be billed separately at the time of billing the Column I code.

Column I	Column II
E0250	E0271, E0272, E0305, E0310
E0251	E0305, E0310
E0255	E0271, E0272, E0305, E0310
E0256	E0305, E0310
E0260	E0271, E0272, E0305, E0310
E0261	E0305, E0310
E0265	E0271, E0272, E0305, E0310
E0266	E0305, E0310
E0290	E0271, E0272
E0292	E0271, E0272
E0294	E0271, E0272
E0296	E0271, E0272
E0301	E0305, E0310
E0302	E0305, E0310
E0303	E0271, E0272, E0305, E0310
E0304	E0271, E0272, E0305, E0310
E0328	E0271, E0272, E0305, E0310
E0329	E0271, E0272, E0305, E0310

SEAT LIFT MECHANISMS

To be eligible for a seat lift mechanism, the member must have severe arthritis of the hip or knee, or a severe neuromuscular disease. The mechanism must be part of the treating practitioner's course of treatment, prescribed to improve or prevent deterioration in the condition. The member must be completely incapable of standing up from any chair at home but able to ambulate once standing. The lift must operate smoothly, be controlled by the beneficiary, and exclude spring release mechanisms with sudden, jolting motion. The ordering practitioner must document that all other therapeutic modalities have been tried and failed.

A seat lift mechanism placed over or on top of a toilet; any type (E0172) is non-covered. A seat lift mechanism that is electrically operated is billed using HCPCS code E0627; manually operated seat lift should be reported with E0629.

COMMODES

Commodes with a seat lift mechanism (E0170, E0171) are free standing devices that have a commode pan and have an integrated seat that can be raised with or without a forward tilt while being used in the seated position.

A toilet seat lift mechanism is a device that has a seat that can be raised with or without a forward tilt while being used in the seated position. This may be manually operated or electric. It is attached to the toilet. These devices are coded with E0172.

A raised toilet seat (E0244) is a device that adds height to the toilet seat. It either has a fixed height, or it is adjustable. It can either be attached to the toilet or is unattached, resting on the bowl.

Bidets or bidets incorporated into toilet seats, and similar cleansing devices, are coded with A9270.

Extra wide or heavy-duty commode chairs (E0168) have a width of greater than or equal to 23 inches and can support a weight of 300 pounds or more.

Column II codes are included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0163	E0167
E0165	E0167
E0168	E0167
E0170	E0167, E0627, E0629
E0171	E0167, E0627, E0629

PLACE OF SERVICE

Review specific information regarding DME place of service billing requirements in our Durable Medical Equipment (DME) place of services (POS) billing policy.

MODIFIERS

As indicated in our Durable Medical Equipment medical policy, the below modifiers will be required:

HCPCS modifiers

- **KX modifier**: Modifier should be appended to indicate that policy criteria have been met for all wheelchair DME items (including base, seating, power devices, and additional accessories) and hospital bed DME items. Applicable claims reported without KX modifier will be denied as non-payable per medical policy. (Commercial, Medicaid products)

- **KX, GA, GY, GZ modifiers**: Per CMS local coverage determinations, one of these modifiers is required for claim processing all wheelchair DME items (including base, power bases, seating, and additional accessories). See more information about these modifiers in our Provider Manual.

FREQUENCY LIMITS

Capped rental devices should be billed with a date span that encompasses the month being billed for the DME rental. The “from” date will identify the date the item was furnished to the member, and the “to” date should reflect the last date of the date span for the item or supply. Accurately defining this date span will allow for accurate processing of the claim.

- Claims with dates of service that overlap will result in a denial.
- Supplies that are billed for a date span should also follow the “From” / “To” date guidelines.
- A Calendar Month is the period of duration from a day of one month to the corresponding day of the next month.
- To receive separate reimbursement for bilateral items, appropriate laterality modifiers must be used. Up to one unit per side, with a maximum of two rental rates within the same calendar month. Modifiers for RT and LT should be submitted on separate lines for the same HCPCS code.

Usual maximum quantity of supplies:

Code	Frequency allowed
E9061	10 per 2 years
E9066	1 per 2 Years; 10 per 2 Years with Modifier RR
E0967	2 Per 5 Years; 2 Per 5 Years with Modifier RR
E0971	2 Per 5 Years; 20 Per 5 Years with Modifier RR
E0978	1 Per 5 Years; 10 Per 2 Years with Modifier RR
E0980	10 Per 2 Years
E0981	1 Per 3 Years; 10 Per 3 Years with Modifier RR
E0982	1 Per 3 Years; 10 Per 3 Years with Modifier RR
E0992	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E0995	2 Per 5 Years; 20 Per 5 Years with Modifier RR
E1002	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1003	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1004	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1005	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1006	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1007	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1008	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1011	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E1037	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E1161	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E1225	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E2205, E2206, E2207	2 Per 2 Years; 10 Per 2 Years with Modifier RR
E2208	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E2209	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E2210	12 Per Year; 120 Per Year with Modifier RR
E2211, E2212, E2213, E2215	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E2231	1 Per 5 Years, AGE: 21-124; 2 Per Year, AGE: 0-21
E2295	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E2310	1 Per 2 Years; 1 Per 2 Years with Modifier RB
E2311	1 Per 2 Years; 1 Per 2 Years with Modifier RB
E2313	1 Per 2 Years, AGE: 0-21; 1 Per 5 Years, AGE: 21-124
E2358	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E2360	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E2362	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E2364	2 Per 2 Years; 20 Per 2 Years with Modifier RR

E2366	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E2381, E2382, E2383, E2386, E2388, E2390, E2394	2 Per 2 Years
E2384, E2385, E2387, E2389, E2391, E2392, E2395, E2396	4 Per 2 Years
E2601, E2602, E2611	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E2619	10 Per 2 Years, 2 Per 2 Years with Modifier RR
E2626	1 Per Year, AGE: 0-21, Modifier: LT; 1 Per Year, AGE: 0-21, Modifier: RT; 10 Per Year with Modifier RR
K0001, K0002, K0003, K0004, K0005, K0006	10 Per 2 Years, Age: 0-21 with Modifier RR; 10 Per 5 Years, Age: 21-124 with Modifier RR
K0007	10 Per 5 Years with Modifier RR
K0015, K0017, K0018, K0019	2 Per 2 Years; 2 Per 2 Years with Modifier RB; 20 Per 2 Years with Modifier RR
K0037	2 Per 4 Years; 20 Per 4 Years with Modifier RR
K0038, K0039	2 Per 5 Years; 20 Per 5 Years with Modifier RR
K0040, K0041, K0042	2 Per 5 Years; 2 Per 5 Years with Modifier RB; 20 Per 5 Years with Modifier RR
K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052	2 Per 5 Years; 20 Per 5 Years with Modifier RR
K0069, K0070, K0071, K0072, K0073, K0098	2 Per 5 Years; 2 Per 5 Years with Modifier RB; 20 Per 5 Years with Modifier RR
K0077	2 Per 2 Years
K0195	10 Per 5 Years with Modifier RR
K0603	6 Per 3 Months
K0733	2 Per 6 Months
A4635, A4636	2 Per Year; 20 Per Year with Modifier RR
A4637	10 Per Year with Modifier RR
A4640, A4663	1 Per 2 Years
A7020	1 Per Month
E0100, E0105	2 Per 2 Years; 10 Per Year with Modifier RR
E0110	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0111	1 Per 2 Years with Modifier: LT; 1 Per 2 Years with Modifier: RT; 10 Per 2 Years, Modifier with RR
E0112	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0113	1 Per 2 Years with Modifier LT; 1 Per 2 Years with Modifier RT; 10 Per 2 Years, Modifier: RR
E0114	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0116, E0130	1 Per 2 Years with Modifier: LT; 1 Per 2 Years with Modifier: RT; 10 Per 2 Years with Modifier RR
E0135	10 Per 2 Years with Modifier RR
E0140, E0141, E0143, E0144, E0147, E0148	1 Per 2 Years
E0149	1 Per 2 Years; 10 Per Year with Modifier RR
E0153	2 Per Year; 20 Per Year with Modifier RR; 20 Per Year with Modifier U4
E0154	2 Per 2 Years; 20 Per 2 Years with Modifier RR
E0155, E0156, E0158	1 Per Year; 10 Per Year with Modifier: RR
E0157	2 Per Year; 20 Per Year with Modifier: RR
E0159	1 Per Year
E0163, E0165	1 Per 2 Years; 10 Per 2 Years Modifier with RR
E0167	1 Per Year; 10 Per Year with Modifier RR
E0168	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0181, E0184, E0185, E0186, E0187	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E0188	1 Per Year; 10 Per Year with Modifier RR
E0191	4 Per Year; 40 Per Year with Modifier RR

E0193, E0194	1 Per 6 Months
E0197	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E0202	7 Per 30 Days
E0240	1 Per 2 Years
E0241	1 Per 5 Years
E0243, E0244, E0245, E0247	1 Per 2 Years
E0246, E0248	1 Per 5 Years
E0250	1 Per 8 Years; 10 Per 8 Years with Modifier RR
E0255	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E0256	10 Per Year
E0260	1 Per 5 Years; 10 Per 5 Years with Modifier RR
E0271, E0272	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0275, E0276, E0328, E0329	1 Per Year; 10 Per Year with Modifier RR
E0480	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0482	10 Per Year
E0484	1 Per Year; 10 Per Year, Modifier: RR
E0602	1 Per 2 Years; 10 Per 2 Years, Mod: RR
E0603	1 Per 5 Years; 10 Per 5 Years, Modifier: RR
E0604	3 Per Year
E0606	1 Per 2 Years; 10 Per 2 Years, Modifier: RR
E0621	1 Per 2 Years; 1 Per 2 Years, Modifier: RB; 10 Per 2 Years, Modifier: RR
E0625	1 Per 5 Years
E0630	1 Per 10 Years; 10 Per 10 Years, Modifier: RR
E0657	2 Per 2 Years
E0677	1 Per Day
E0700	1 Per Year
E0705	1 Per 2 Years; 10 Per 2 Years with Modifier with RR
E0710	1 Per Year
E0776	10 Per 5 Years
E0840, E0850, E0860, E0870, E0880, E0890, E0900, E0910, E0911, E0912	1 Per Lifetime; 10 Per Lifetime with Modifier RR
E0942, E0944	1 Per 2 Years; 10 Per 2 Years with Modifier RR
E0945	10 Per 2 Years, Modifier: RR; 2 Per 2 Years
E0951	2 Per 2 Years; 20 Per 2 Years, Modifier: RR
E0952	10 Per 2 Years, Modifier: RR; 2 Per 2 Years
E0959	2 Per 2 Years
S8185	1 Per Year
S8186	4 Per Month
S8210	15 Per Month
S8999	1 Per 2 Years
V5266	144 Per Year

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS, and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

Change / review history

Date	Update(s) made
Sept. 10, 2024	Added "Wheelchair seating" section
Oct. 3, 2024	Added "Hearing aid and cochlear implant replacement parts and accessories" section. *Note: The limits will apply to commercial products on Dec. 23, 2024. They already apply to Medicaid.*
Nov. 8, 2024	• Updated "Applies to" section to note that Medicare follows CMS and Medicaid follows MDHHS, unless otherwise stated • Added "Hospital beds and accessories" section • Added "Place of service" section
Jan. 14, 2025	Added limit information for L8691 and L8692
Feb. 5, 2025	Added "Disclaimer" section
Mar. 17, 2025	Added "Seat lift" mechanisms section
May 13, 2025	Updated with additional information found in CMS LCD / LCAs including a chart with billing frequency limits that are based on MDHHS guidelines
June 19, 2025	• Updated to include new code E1032 in the unbundle table to match updates to LCAs (A52504 and A52505) • Added clarifying information in the "Frequency" section • Updated the "Wheelchair seating" section to indicate that a manual swing away (E1028) should not be reported in addition to E0955 or E0956 mounting hardware
July 11, 2025	• Added additional frequencies to match MDHHS • Adding billing guidelines for Commodes (Effective 9/22/2025)

September 2025	• Updated hearing aid battery limit to 72 per day (per aid) up to 144 per year (per aid) (Effective 10/1/2025)
March 2026	• Added KX modifier requirements for Hospital Beds (Effective 6/15/26)
June 2026	Reviewed, no updates