

2017 DME PROCEDURE CODE CHANGES

Effective for dates of service on or after 01/01/2017, the following changes are added to the Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS) Procedure Code Manual and Fee Schedule.

Procedure codes new to the fee schedule are **bolded**. See below for any new codes, discontinued codes, and changes in code description (2 pages).

New Codes	Description	MRA
E0627	# Seat lift mechanism, electric, any type	\$189.00

Discontinued Codes	Description
E0628	# Separate seat lift mechanism for use with patient owned furniture-electric

Code	Description Change
A4221	# Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)
B9002	# Enteral nutrition infusion pump, any type
E0629	# Seat lift mechanism, non-electric, any type
E0967	# Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0995	# Wheelchair accessory, calf rest/pad, replacement only, each
E2206	# Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2220	# Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	# Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	# Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	# Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
K0019	# Arm pad, replacement only, each
K0037	# High mount flip-up footrest, replacement only, each
K0042	# Standard size footplate, replacement only, each
K0043	# Footrest, lower extension tube, replacement only, each
K0044	# Footrest, upper hanger bracket, replacement only, each
K0045	# Footrest, complete assembly, replacement only, each
K0046	# Elevating legrest, lower extension tube, replacement only, each
K0047	# Elevating legrest, upper hanger bracket, replacement only, each
K0052	# Swingaway, detachable footrests, replacement only, each

K0071	# Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	# Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0077	# Front caster assembly, complete, with solid tire, replacement only, each
K0098	# Drive belt for power wheelchair, replacement only

For questions related to policy and coverage guidelines, please send an email to: OHIPMedPA@health.ny.gov or call Division of OHIP Operations and Systems at 800 342-3005.
For questions on billing, call CSRA at 800 343-9000.