

Core/Non-Core	Category	HPCP (Std)	Mod	HPCP Description (Max. weight 250 lbs if not otherwise specified)	Comments Special Ordering Instructions	&	Comments	CO Auth Rules
	BATH/TOILET AIDS				Apria does not install bath or toilet aids.			
Core	Bath/Toilet Aids	E0160	NU	Sitz type bath or equipment	Fits over commode or toilet seat.			Y
Core	Bath/Toilet Aids	E0240	NU	Bath/Shower Chair W/ Or W/O Wheels, Ea, 300Lb Max	Specify in Order Notes if a commode opening and chair back is needed. If not specified, Apria will provide with back and without commode opening.		If weight capacity of greater than 300 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	Y
Core	Bath/Toilet Aids	E0241	NU	Wall Rail, For Bathtub, Each (12" To 32")	If size not specified, 12" will be provided.			Y
Core	Bath/Toilet Aids	E0243	NU	Toilet Rail, Each				Y
Core	Bath/Toilet Aids	E0244	NU	Toilet Seat, Raised, All Materials, 300LB Max			If weight capacity of greater than 300 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	Y
Core	Bath/Toilet Aids	E0245	NU	Tub Stool Or Bench , 300LB Max	Specify in Order Notes if a commode opening and chair back is needed. If not specified, Apria will provide without back and without commode opening.		If weight capacity of greater than 300 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	Y
Core	Bath/Toilet Aids	E0246	NU	Rail Attachment, For Transfer Tub/Bench, Including Clamp-On Style Tub Grab Bar	Includes clamp-on style tub grab bar.			Y
Core	Bath/Toilet Aids	E0247	NU	Transfer Bench With Or Without Commode Opening, 300Lb Max	Specify in Order Notes if a commode opening or padded seat is needed.			Y
Core	Bath/Toilet Aids	E0248	NU	Transfer Bench, Hd, W Or W/O Commode Opening, 300Lb To 700Lb Max	Specify in Order Notes if a commode opening is needed.		If weight capacity of greater than 700 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	Y
	BREAST PUMPS							
Core	Breast Pumps	E0604	RR	Breast Pump, Electric, Heavy Duty	No supplies included, order kit with pump.			Y
Core	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.			Y
	CANES				Canes are adjustable for height and include rubber tips.			
Core	Canes	A4637	NU	Repl tip cane/crutch/walker	Tips are used for canes or walkers.			N
Core	Canes	E0100	NU	Cane adjust/fixd 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.		If weight capacity of greater than 300 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	N

Core	Canes	E0105	NU	Cane adjust/fixd quad or 3 prong 300LB Max		If weight capacity of greater than 300 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	N
COMMODES					All commodes include frame, bucket, and splash guard.		
Core	Commodes	E0163	NU	Commode chair with fixed arm	Includes both stationary and mobile.		N
Core	Commodes	E0165	NU	Commode chair with detach arm	Includes both stationary and mobile.		N
Core	Commodes	E0167	NU	Commode chair pail or pan	Specify in Order Notes if needed for bariatric commode.		N
Non-Core	Commodes	E0168	NU	Heavy duty/wide commode chair, 650Lb Max	Specify in Order Notes if drop arm is required.		Y
Non-Core	Commodes	E0168	RR	Heavy duty/wide commode chair, 650Lb Max			Y
CPAP & BiPAP							
Non-Core	CPAP & BiPAP	94660	NU	CPAP Titration (one time diagnostic fee and short term use of titrating CPAP)	Product standard is ResMed AirSense 10 APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately.	Item will be considered core to the Group Health and Hawaii regions	N
Non-Core	CPAP & BiPAP	95806	NU	Sleep Study		Item will be considered core to the Group Health	N
Core	CPAP & BiPAP	E0470	NU	Respiratory Assist Device, Bi-Level, Without Back Up Rate, Non-Invasive Interface	Product standard is ResMed AirCurve 10 Bi-level device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately.	S5180 Not Required for Respiratory Assist Device Set Up.	N
Core	CPAP & BiPAP	E0470	RR	Respiratory Assist Device, Bi-Level, Without Back Up Rate, Non-Invasive Interface	Product standard is ResMed AirCurve 10 Bi-level device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately.	Capped rental item. Apria retains ownership of the asset. S5180 Not Required for Respiratory Assist Device Set Up.	N
Core	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.	Capped rental item. Apria retains ownership of the asset. S5180 Not Required for Respiratory Assist Device Set Up.	N
Core	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.	Capped rental item. Apria retains ownership of the asset. S5180 Not Required for Respiratory Assist Device Set Up.	N

Core	APRIA APAP SET UP CHARGE	SS180	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
Core	CPAP & BiPAP	E0601	NU	Cont airway pressure device	Product standard is ResMed AirSense 10 APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately.		N
Core	CPAP & BiPAP	E0601	RR	Cont airway pressure device	Product standard is ResMed AirSense 10 APAP device. Initial order includes unit, filter and tubing. Any other necessary supplies are not included and must be ordered separately.	Capped rental item. Apria retains ownership of the asset.	N
CPAP/BiPAP SUPPLIES							
Core	CPAP/BiPAP Supplies	A7027	NU	Combination oral/nasal mask, used with continuous positive airway pressure device, each	ResMed Liberty Hybrid	For "kit": must order with headgear A7035.	N
Core	CPAP/BiPAP Supplies	A7028	NU	Combination oral/nasal mask, used with continuous positive airway pressure device, replacement cushion	ResMed Liberty Hybrid		N
Core	CPAP/BiPAP Supplies	A7029	NU	Combination oral/nasal mask, used with continuous positive airway pressure device, replacement pillow	ResMed Liberty Hybrid		N
Core	CPAP/BiPAP Supplies	A7030	NU	CPAP full face mask	Resmed is Product Standard. Specify in Order notes the brand/model of mask.	For "kit": must order with headgear A7035.	N
Core	CPAP/BiPAP Supplies	A7031	NU	Replacement facemask interface	Specify in Order notes the brand/model of mask that this will be used with.		N
Core	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.		N
Core	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.		N
Core	CPAP/BiPAP Supplies	A7034	NU	Nasal application device	Resmed is Product Standard. Specify Mask <u>or</u> Pressure Shell (for pillow set up).	For "kit": must order with headgear A7035.	N
Core	CPAP/BiPAP Supplies	A7035	NU	Pos airway press headgear	Resmed is Product Standard.		N
Core	CPAP/BiPAP Supplies	A7036	NU	Pos airway press chinstrap			N
Core	CPAP/BiPAP Supplies	A7037	NU	Pos airway pressure tubing	Smooth Bore tubing or Humidifier tubing (replacement). If not specified, Apria will provide 6ft tubing.		N

Core	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).		N
Core	CPAP/BiPAP Supplies	A7038	NU	Pos airway pressure filter	Order in increments of 6 each.		N
Core	CPAP/BiPAP Supplies	A7039	NU	Filter, non-disposable w pap			N
Core	CPAP/BiPAP Supplies	A7046	NU	Repl water chamber, PAP or Vent device	Use this to order a humidifier replacement for a ResMed or Resprionics PAP unit.		N
Non-Core	CPAP/BiPAP SUPPLIES	A9270	NU	CPAP Mask Liners, all sizes (such as REMzzz, Gecko and Boomerang)			Y
Core	CPAP/BiPAP Supplies	E0561	NU	Humidifier Non-Heated w PAP Device		No Longer Available	N
Core	CPAP/BiPAP Supplies	E0562	NU	Humidifier Heated used w PAP or Vent device			N
CRUTCHES							
Core	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.	Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Core	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.	Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Core	Crutches	E0153	NU	Forearm crutch platform attachment	Specify Left or Right Arm in Order Notes.	Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
DECUBITUS CARE							
Core	Decubitus Care	A4640	NU	Alternating pressure pad, replacement			N
Core	Decubitus Care	E0181	RR	Press pad alternating w/ pump, 300LB Max	Includes heavy duty	Capped rental item. Apria retains ownership of the asset.	N
Core	Decubitus Care	E0184	RR	Dry pressure mattress			N
Core	Decubitus Care	E0185	RR	Gel pressure mattress pad overlay			N
Core	Decubitus Care	E0191	NU	Protector heel or elbow			N
Core	Decubitus Care	E0196	RR	Gel pressure mattress	Use E0185 if an Overlay is desired instead of a mattress.	Capped rental item. Apria retains ownership of the asset.	N
Core	Decubitus Care	E0197	NU	Air pressure pad for mattress	Otherwise known as "Waffle Pad" for mattress.		N
Core	Decubitus Care	E0199	NU	Dry pressure pad for mattress	Otherwise known as "Egg crate Pad" for mattress.		N
Non-Core	Decubitus Care	E0277	NU	Powered Pressure-Reducing Air Mattress, 750LB Max			Y
Non-Core	Decubitus Care	E0277	RR	Powered Pressure-Reducing Air Mattress, 750LB Max	Includes 2 sheets (1 on bed and 1 extra).	Capped rental item. Apria retains ownership of the asset.	Y
Non-Core	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.		N
ELECTRICAL STIMULATION DEVICE							
Non-Core	Electrical Stimulation Device	E0730	NU	TENS device, four or more leads	Set up includes electrodes (2 pair) and lead wires (1 pair) at no charge.		Y

Non-Core	Electrical Stimulation Device	E0730	RR	TENS device; four or more leads	Set up includes electrodes (2 pair) and lead wires (1 pair) at no charge.	Capped rental item. Apria retains ownership of the asset.	Y
Non-Core	Electrical Stimulation Device	E0745	NU	Neuromuscular stimulator	Set up includes electrodes (2 pair) and lead wires (1 pair) at no charge.		Y
Non-Core	Electrical Stimulation Device	E0745	RR	Neuromuscular stimulator	Set up includes electrodes (2 pair) and lead wires (1 pair) at no charge.	Capped rental item. Apria retains ownership of the asset.	Y
	ENTERAL				Apria cannot take back unused cans of enteral formula.		
Core	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		Y
Core	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		Y
Core	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.		Y
Core	Enteral	B4036	NU	Enteral feed supply kit gravity fed-per day	Standard bag size is 1000ML.		Y
Core	Enteral	B4081	NU	Enteral ng tubing w/ stylet	Include size specifications in Order Notes.		Y
Core	Enteral	B4082	NU	Enteral ng tubing w/o stylet	Include size specifications in Order Notes.		Y
Core	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		Y
Core	Enteral	B4087	NU	Gastrojejunostomy 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		Y
Core	Enteral	B4088	NU	Gastrojejunostomy 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		Y

Core	Enteral	B4103	NU	Enteral Formula: Pediatric, To Replace Fluids/Electrolytes (Includes Pedialyte)	UOM Price = 500 ML Orders to be filled per Rx		Y
Core	Enteral	B4149	NU	Enteral Formula: blenderized foods	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4150	NU	Enteral Formula: complete w/intact nutrient	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4152	NU	Enteral Formula: calorie dense >=1.5Kcal	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4153	NU	Enteral Formula: hydrolyzed/amino acids	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4154	NU	Enteral Formula: spec metabolic non-inherited	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4155	NU	Enteral Formula: incomplete/modular	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4157	NU	Enteral Formula: For Special Metabolic Needs For Inherited Disease Of Metabolism	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4158	NU	Enteral Formula: For Pediatrics	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4159	NU	Enteral Formula: For Pediatrics, Nutritionally Complete Soy Based	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4160	NU	Enteral Formula: For Pediatrics, Nutritionally Complete Calorically Dense	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4161	NU	Enteral Formula: For Pediatrics, Hydrolyzed/Amino Acids And Peptide Chain Proteins	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	Enteral	B4162	NU	Enteral Formula: For Pediatrics, Special Metabolic Needs For Inherited Disease Of Metabolism	UOM Price = 100 Calories Orders to be filled per Rx		Y
Core	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	Formerly B9998 N1, N3, and N4 or for California ENEXT, ENBOL, and ENAPT	Y
Core	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.	Capped rental item. Apria retains ownership of the asset.	Y
HEAT, COLD & PHOTO THERAPY							
Core	Heat, Cold & Photo Therapy	E0202	RR	Phototherapy (with set up and supplies)	Includes set up and supplies (eg. 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
Core	Heat, Cold & Photo Therapy	E0215	NU	Electric heat pad moist			N
HOSPITAL BEDS							
Core	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.	Capped rental item. Apria retains ownership of the asset.	N

Core	Hospital Beds	E0265	RR	Hosp bed total electr w/ mat, 350LB Max	Specify in notes if different mattress required or if full rails desired. If not specified Apria will provide half rails.	Capped rental item. Apria retains ownership of the asset.	Y
Core	Hospital Beds	E0271	NU	Mattress innerspring	Chargeable to Kaiser for use on patient owned bed only, provided at no charge with Apria supplied bed		N
Core	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		N
Core	Hospital Beds	E0274	NU	Over bed Table			Y
Core	Hospital Beds	E0274	RR	Over bed Table			Y
Core	Hospital Beds	E0275	NU	Bed pan standard			N
Core	Hospital Beds	E0276	NU	Bed pan fracture			N
Core	Hospital Beds	E0280	NU	Bed cradle			N
Non-Core	Hospital Beds	E0303	RR	Hosp bed hvy dty xtra wide, <600lbs	Please specify in notes if full or half rails needed, if not specified Apria will provide half rails.	Capped rental item. Apria retains ownership of the asset.	Y
Non-Core	Hospital Beds	E0304	RR	Hosp bed xtra hvy dty x wide, >600lbs, 1000LB Max	Please specify in notes if full or half rails needed, if not specified Apria will provide half rails.	Capped rental item. Apria retains ownership of the asset.	Y
Core	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.		N
Core	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.	Capped rental item. Apria retains ownership of the asset.	N
Core	Hospital Beds	E0315	NU	Bed Accessory - Bed Extension	Chargeable to Kaiser for use on patient owned bed only, provided at no charge with Apria supplied bed. Extension kit can only be used on E0260 or E0265 and cannot be used on a heavy duty bed.		N
Core	Hospital Beds	E0325	NU	Urinal male jug-type			N
Core	Hospital Beds	E0326	NU	Urinal female jug-type			N
INFUSION PUMPS							
Core	Infusion Pumps	B9006	RR	Parenteral infusion pump stationary		Capped rental item. Apria retains ownership of the asset.	N
Core	Infusion Pumps	E0776	NU	IV Pole			N
Core	Infusion Pumps	E0776	RR	IV Pole		Capped rental item. Apria retains ownership of the asset.	N
Core	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).	Capped rental item. Apria retains ownership of the asset	N
MONITORS & SUPPLIES							

Core	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.		N
Core	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.		N
Core	Monitors & Supplies	A4660	NU	Sphygmomanometer/Blood Pressure Apparatus With Cuff And Stethoscope	Does not include Automatic Blood Pressure Monitor		Y
Core	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		N
NEBULIZER							
Core	Nebulizer	A7003	NU	Nebulizer administration set			N
Core	Nebulizer	A7004	NU	Disposable nebulizer sml vol			N
Core	Nebulizer	A7005	NU	Small Volume - Disposable nebulizer set	Must specify if PARI is needed.		N
Core	Nebulizer	A7006	NU	Filtered nebulizer admin set			N
Core	Nebulizer	A7007	NU	Lg vol nebulizer disposable			N
Core	Nebulizer	A7008	NU	Disposable nebulizer prefill			N
Core	Nebulizer	A7010	NU	Disposable corrugated tubing	Order in unit of measure of each (1 each=100 feet).		N
Core	Nebulizer	A7012	NU	Nebulizer water collec devic			N
Core	Nebulizer	A7013	NU	Disposable compressor filter			N
Core	Nebulizer	A7014	NU	Compressor non-disposable filter			N
Core	Nebulizer	A7015	NU	Aerosol mask used w nebulizer			N
Core	Nebulizer	E0565	NU	Compressor air power source			N
Core	Nebulizer	E0566	RR	Compressor air power source		Capped rental item. Apria retains ownership of the asset.	N
Core	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.		N
Core	Nebulizer	E0575	RR	Nebulizer ultrasonic			N
Core	Nebulizer	E0585	RR	Nebulizer w/ compressor & heater		Capped rental item. Apria retains ownership of the asset.	N
NEGATIVE PRESSURE WOUND THERAPY (NPWT)							

Core	Negative Pressure Wound Therapy	E2402	RR	Negative Pressure Wound Therapy Pump, Inclusive of Required Wound Dressings Kits And Exudate Canisters. Daily Rate.	Daily rate includes Wound Dressing Kits [A6550] and Exudate Canisters [A7000]. Acti V.A.C. is the standard pump; must specify Inof V.A.C. Therapy Unit if required. Must specify type of dressing and size of dressing (as appropriate): Black Foam (sm, med or lg), White Foam (lg) or Gauze. The standard Canister for the ActiVAC is 300ml. The standard Canister for the InfoVAC is 500ml; 1000ml is available if required. Limited additional supplies are included in the daily rate and must be noted on the order: Y Connector, Tubing Cap, Sensa T.R.A.C. (pad only), Drape only (30.5x26cm).		N
Core	Negative Pressure Wound Therapy	A6550	NU	Specialty Dressing Kits For Use with Negative Pressure Wound Therapy (NPWT) -Not Included In Per Diem Rate For NPWT.	Must specify specialty dressing on the order: Silver Foam Dressing (med)-KCI #M8275096, Bridge Dressing-KCI #M8275042, Simplace Dressing (med)-KCI #M8275040 or Simplace EX (med)-KCI #M827045.		N
O2 RELATED RESPIRATORY EQUIP							
Core	O2 Related Respiratory Equip	E0480	NU	Percussor elect/pneum home			N
Core	O2 Related Respiratory Equip	E0480	RR	Percussor elect/pneum home m		Capped rental item. Apria retains ownership of the asset.	N
Core	O2 Related Respiratory Equip	E0482	RR	Cough stimulating device		Capped rental item. Apria retains ownership of the asset.	N
Core	O2 Related Respiratory Equip	E0484	NU	Non-electric oscillatory pep dvc	Flutter Valve Must specify: Acapella Choice or Aerobika). If not specified, Apria will provide Acapella.		N
Core	O2 Related Respiratory Equip	E0500	RR	IPPB all types	Obsolete therapy--this technology is no longer being manufactured. Will support current patient base but can no longer accept new referrals.		Y
OTHER							
Non-Core	Other	E1399	NU OR RR	Non-Contracted Item Defined By PHP			Y
Core	Other	K0739	NU	Repair Or Non-Routine Service For DME Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes. Does not include the cost of the replacement components.	Per 15 minute increments		Y
OXYGEN							
					Rentals include standard supplies (i.e. cannulas, masks, tubing, face tent) and fills. Plastic humidifier available upon request at no charge		

Core	Oxygen	E0424	RR	Stationary compressed gas O2	Provided at no charge if back up system to O2 Concentrator or O2 Liquid Stationary System. ONLY order if Primary System.	1) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. Capped rental item. Apria retains ownership of the asset.	N
Core	Oxygen	E0431	RR	Portable gaseous O2	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) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. 5) Contents billing permitted for months 1-36 for members not renting a stationary unit. Capped rental item. Apria retains ownership of the asset.	N
Core	Oxygen	E0434	RR	Portable liquid O2	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) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. Capped rental item. Apria retains ownership of the asset.	N
Core	Oxygen	E0439	RR	Stationary liquid O2		1) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. Capped rental item. Apria retains ownership of the asset.	N
Core	Oxygen	E0441	NU	Stationary O2 contents, gas			N
Core	Oxygen	E0442	NU	Stationary O2 contents, liquid			N
Core	Oxygen	E0443	NU	Portable O2 contents, gas			N
Core	Oxygen	E0444	NU	Portable O2 contents, liquid			N
Core	Oxygen	E0445	RR	Pulse Oximeter		Probes are included with initial set up, subsequent orders for probes will be billed per quantity requested	Y
Core	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) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. Capped rental item. Apria retains ownership of the asset.	N
Core	Oxygen	E1391	RR	Oxygen concentrator, dual			N
Core	Oxygen	94762	NU	Ear or Pulse Oximetry, Overnight Study			N

Core	Oxygen	E1392	RR	Portable oxygen concentrator	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. <u>Delivery note: POCs will be centrally stocked in the Apria ADCs and not in the Apria branches. Advance 14 day delivery is required.</u>	1) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. Capped rental item. Apria retains ownership of the asset.	N
Core	Oxygen	E1356	RR	Additional Battery Pack/Cartridge For Portable Oxygen Concentrator			N
Core	Oxygen	K0738	RR	Portable gas oxygen system	Must be ordered with E1390	1) Existing patients are considered month 1 patients. 2) Maintenance and service provided as needed between months 37 and 60. 3) Patients are eligible for re-ox at month 60 or later if clinically qualified and authorized by health plan 4) Contents billing permitted during months 37-60. Capped rental item. Apria retains ownership of the asset.	N
PATIENT LIFTS							
Core	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.		N
Non-Core	Patient Lifts	E0627	NU	Seat lift incorp lift-chair	This is only seat lift portion of chair. Patient pays for remainder of chair (chair, fabric, etc). Choice of fabrics available. Member will be provided a discount code and is responsible to order from "Apria Direct" (on-line).	Apria no longer has access to this product	N
Core	Patient Lifts	E0630	RR	Patient lift hydraulic, 450Lb Max	Specify in Order Notes if commode opening needed. Sling without commode opening will be provided if not specified. Often referred to as HOYER LIFT. Does not include Electric Patient Lifts (E0635)	Capped rental item. Apria retains ownership of the asset.	N
Non-Core	Patient Lifts	E0635	RR	Patient lift electric, 1000Lb Max	Specify in Order Notes if commode opening needed. Sling without commode opening will be provided if not specified.	Capped rental item. Apria retains ownership of the asset.	N
PNEUMATIC DEVICES (Lymphedema)							
Core	Pneumatic Devices	E0651	RR	Pneum compressor segmental			N
Core	Pneumatic Devices	E0652	RR	Pneum compress w/cal pressure			N
Core	Pneumatic Devices	E0667	NU	Seg pneumatic appli full leg	Size must be specified by Kaiser		N
Core	Pneumatic Devices	E0668	NU	Seg pneumatic appli full arm	Size must be specified by Kaiser		N

Core	Pneumatic Devices	E0669	NU	Seg pneumatic appli half leg	Size must be specified by Kaiser		N
SERVICE CHARGE							
Core	Service Charge	S5180	NU	Therapist, Respiratory Appointment (For Set Up Of Oxygen Conserving Device)	Includes Oximetry for Oxygen Conservation Devices (OCDPG or OCDPL). This should not used for CPAP Titration Service Charge (see CPAP Section for titration services).		N
Core	Service Charge	S5180	NU	Therapist, Respiratory Appointment (For Set Up Of CPAP or APAP)	Use when E0601 set up requires an Apria RT.		N
SUCTION PUMP							
Core	Suction Pump	E0600	NU	Suction pump portab home model			N
Core	Suction Pump	E0600	RR	Suction pump portable home model		Capped rental item. Apria retains ownership of the asset.	N
Core	Suction Pump	E2000	RR	Gastric suction pump home model		Capped rental item. Apria retains ownership of the asset.	N
SUCTION, LARYNGECTOMY, TRACH, O2 & VENT SUPPLIES							
Core	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)		N
Core	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).		N
Core	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		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4450	NU	Non-waterproof tape	EA = One Roll		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4452	NU	Waterproof tape	EA = One Roll		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4481	NU	Tracheotomy filter			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4483	NU	Moisture exchanger			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4605	NU	Trach suction cath close sys			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4608	NU	Transtracheal oxygen cath	Includes both Trach Catheter Scoop and Trach O2 hose		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4618	NU	Breathing circuits			N

Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4623	NU	Tracheotomy inner cannula	Please include complete cannula specifications and size (in mm) in Order Notes.		N
Core	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.		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4625	NU	Trach care kit for new trach	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)		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4626	NU	Tracheotomy cleaning brush			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A4628	NU	Oropharyngeal suction cath			N
Core	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)		N
Core	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		Y
Core	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		Y
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A6216	NU	Disk/foam pad +- 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		N
Core	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		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7501	NU	Tracheotomy valve w diaphragm			N
Core	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)		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7504	NU	Tracheotomy HMES filter			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7505	NU	HMES or trach valve housing			N

Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7507	NU	Integrated filter & holder			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7508	NU	Housing & Integrated Adhesive			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7520	NU	Trach/laryn tube non-cuffed	Include complete tube specifications and size (in mm) in Order Notes.		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7521	NU	Trach/laryn tube cuffed	Include complete tube specifications and size (in mm) in Order Notes.		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7522	NU	Trach/laryn tube stainless	Include complete tube specifications and size (in mm) in Order Notes.		N
Core	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		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7526	NU	Tracheotomy tube collar			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7527	NU	Trach/laryn tube plug/stop	Include complete tube specifications and size (in mm) in Order Notes.		N
Non-Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8499	NU	Charger or Battery Pack For Electronic Larynx			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8500	NU	Artificial larynx			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8501	NU	Tracheotomy speaking valve	Please include complete specifications and size (in mm) in Order Notes		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8505	NU	Replacement Battery, Artificial Larynx			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8507	NU	Trach-esoph voice pros pt inserted	Please include complete specifications and size (in mm) in Order Notes		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8509	NU	Trach-esoph voice pros md inserted	Please include complete specifications and size (in mm) in Order Notes		N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	L8510	NU	Voice amplifier			N
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	S8189	NU	Trach Protector Stoma Foam			N
Core	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		Y
Core	Suction, Laryngectomy, Trach, O2 & Vent Supplies	A7506	NU	HMES trach valve adhesive disk			N
TRACTION							
Core	Traction	E0830	RR	Traction Lumbar Supine Unit	Refer to E0849 for cervical traction.	Capped rental item. Apria retains ownership of the asset.	Y
Core	Traction	E0840	RR	Tract frame attach headboard	Must have Apria rented bed	Capped rental item. Apria retains ownership of the asset.	N
Core	Traction	E0849	NU	Cervical traction equipment		Use E0849 when requesting Saunders Cervical Traction	N
Core	Traction	E0849	RR	Cervical traction equipment		Use E0849 when requesting Saunders Cervical Traction. Capped rental item. Apria retains ownership of the asset.	N
Core	Traction	E0855	NU	Cervical traction equipment			N
Core	Traction	E0855	RR	Cervical traction equipment		Capped rental item. Apria retains ownership of the asset.	N
Core	Traction	E0860	NU	Traction equip cervical tract			N
Core	Traction	E0870	NU	Traction frame attach footboard	Must have Apria rented bed		N
Core	Traction	E0890	RR	Traction frame attach pelvic	Must have Apria rented bed	Capped rental item. Apria retains ownership of the asset.	Y

Core	Traction	E0900	RR	Traction stand free stand pelvic	Must be ordered in conjunction with E0944	Capped rental item. Apria retains ownership of the asset.	Y
Core	Traction	E0910	NU	Trapeze bar attached to bed		Can only be attached to a bed that was provided by Apria.	N
Core	Traction	E0910	RR	Trapeze bar attached to bed		Capped rental item. Apria retains ownership of the asset.	N
Core	Traction	E0940	RR	Trapeze bar free standing, 250 LB Max		Capped rental item. Apria retains ownership of the asset. If weight capacity of greater than 300 lbs. is needed, Kaiser will order these products from their primary provider for bariatric items (Size Wise) and it would not count as "leakage".	N
Core	Traction	E0942	NU	Cervical head harness/halter	Includes the cervical head harness/halter for the EZ Trac and Saunders Units		N
Core	Traction	E0944	NU	Pelvic belt/harness/boot			Y
	VENTILATORS				Member must meet clinical criteria for discharge prior to receiving Ventilator		
Core	Ventilators	E0465	RR	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)			N
Core	Ventilators	E0465	TW	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) 2nd vent		If patient needs a second ventilator for any reason, this code should be used. Should not be used for a back up vent	N
Core	Ventilators	E0466	RR	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)			N
Core	Ventilators	E0466	TW	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) 2nd vent		If patient needs a second ventilator for any reason, this code should be used. Should not be used for a back up vent	N
Core	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

	WALKERS				See CANE section for cane/walker tips		
Core	Walkers	E0135	NU	Walker folding adjust/fixd, 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 E0143		N
Core	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.		N
Core	Walkers	E0147	NU	Walker variable wheel resist, 375# max			N
Non-Core	Walkers	E0148	NU	Heavy duty walker no wheels, 750Lb Max	If separate walker wheels are required please order as E0148 separately.		N
Non-Core	Walkers	E0149	NU	Heavy duty wheeled walker, 700LB Max			N
Core	Walkers	E0154	NU	Walker platform attachment		Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Non-Core	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".	Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Core	Walkers	E0156	NU	Walker seat attachment	To be used with E0143 or E0149 when Rollator type walker specified		N
Core	Walkers	E0157	NU	Walker crutch attachment			N
Core	Walkers	E0158	NU	Walker leg extenders set of 4	Must be ordered as pairs (e.g., 2 each must ordered as 1 Pair)		N
Core	Walkers	E0159	NU	Brake for wheeled walker, replacement	1 pair must be ordered as 2 EA		N
	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".		
Core	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	Capped rental item. Apria retains ownership of the asset.	N
Core	Wheelchair	K0002	RR	Strnd hemi (low seat) whlchr	Specify in Order Notes "youth" if desired. If not specified, Apria will deliver an adult sized Wheelchair.	Capped rental item. Apria retains ownership of the asset.	N
Core	Wheelchair	K0003	RR	Lightweight wheelchair	Please specify in Order Notes "youth" if desired. If not specified, Apria will deliver an adult sized Wheelchair.	Capped rental item. Apria retains ownership of the asset.	N
Core	Wheelchair	K0004	RR	High strength lwt whlchr		Capped rental item. Apria retains ownership of the asset.	N

Core	Wheelchair	K0006	RR	Heavy duty wheelchair		Capped rental item. Apria retains ownership of the asset. Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Core	Wheelchair	K0007	RR	Extra heavy duty wheelchair		Capped rental item. Apria retains ownership of the asset. Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Core	Wheelchair	E1031	NU	Rollabout chair with casters	Max Seat width is 20". Any seat size >20" is custom		Y
Core	Wheelchair	E1031	RR	Rollabout chair with casters	Max Seat width is 20". Any seat size >20" is custom	Capped rental item. Apria retains ownership of the asset.	Y
Core	Wheelchair	E1038	NU	Transport chair pt wt<=300lb	Max Seat width is 19". Any seat size >19" is custom		N
Core	Wheelchair	E1038	RR	Transport chair pt wt<=300lb	Max Seat width is 19". Any seat size >19" is custom	Capped rental item. Apria retains ownership of the asset.	N
Core	Wheelchair	E1060	RR	Fully-reclining wheelchair detachable arms	Please specify in Order Notes "youth" if desired. If not specified, Apria will deliver an adult sized Wheelchair.	Capped rental item. Apria retains ownership of the asset.	N
WHEELCHAIR ACCESSORY							
Core	Wheelchair Accessory	E0705	NU	Transfer device		Because Medicare maps products to this HCPC without a stated weight capacity, Apria will provide this item to bariatric patients.	N
Core	Wheelchair Accessory	E0950	NU	Tray			N
Core	Wheelchair Accessory	E0961	NU	Wheelchair brake extension	Must be ordered in increments of Pairs, E.g., 2 each must ordered as 1 Pair. If you only require 1 each please order a 1 Pair and state in order notes that you only require "1".		N
Core	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]		N
Core	Wheelchair Accessory	E0978	NU	W/C acc.saf belt pelv strap	Specify Velcro or Airplane Buckle in Order Notes. If not specified, Apria will provide Airplane buckle.		N
Core	Wheelchair Accessory	E2208	NU	Cylinder tank carrier			N
Core	Wheelchair Accessory	E2208	RR	Cylinder tank carrier		Capped rental item. Apria retains ownership of the asset.	N
Core	Wheelchair Accessory	E2209	NU	Arm trough each	Specify Left or Right Arm in Order Notes. If not specified, Apria will deliver Left Arm.		N
Core	Wheelchair Accessory	E2601	NU	Gen w/c cushion width < 22 in	Please specify dimensions in Order Notes (16" X 16", 16" X 18", 18" X 18" or 18" X 20"). If not specified, Apria will deliver 18" X 16"		N

Core	Wheelchair Accessory	E2602	NU	Gen w/c cushion width >=22 in	Please specify dimensions in Order Notes		N
Core	Wheelchair Accessory	E2603	NU	Skin protect wc cus wd <22in	Please specify dimensions in Order Notes (16" X 16", 16" X 18", 18" X 18" or 18" X 20"). If not specified, Apria will deliver 18" X 16"		Y
Core	Wheelchair Accessory	E2605	NU	Position wc cush width <22 in			Y
Core	Wheelchair Accessory	K0195	RR	Elevating whchair 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	Capped rental item. Apria retains ownership of the asset.	N

The designation of K0739 and E1399 as Core DME Services is limited to those DME products and supplies customarily provided by Apria.

The designation of A4556 and A4557 as Core DME Services is limited to when those products are used in conjunction with Apnea Monitors and are considered Non-Core when used in conjunction with TENS units.

The designation of A4216, A4217, A4322, A4450, A4452, A7010, A4927, A4930, and A6402 as Core DME Services is limited to when those supplies are used in conjunction with products customarily provided by Apria.

E0781 (infusion pump) is only Core in the NCA & SCA Regions. All other regions consider E0781 as Non-Core and have alternative accommodations for securing this item.