VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A4206	SYRINGE WITH NEEDLE, STERILE 1 CC OR LESS, EACH	ONE SYRINGE W/NEEDLE	100 PER 30 DAYS
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	1 PER WEEK	4 PER CALENDAR MONTH
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE	ONE SYSTEM	210 PER 365 DAYS
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	ONE SYSTEM	210 PER 365 DAYS
A4232	SYRINGE W NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE 3 CC	ONE SYRINGE W/NEEDLE	190 PER 365 DAYS
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	100 TABLETS OR STRIPS	100 PER 90 DAYS
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR PER 50 STRIPS	50 STRIPS	1800 STRIPS PER 6 MONTHS
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION/CHIPS	ONE VIAL	1 PER CALENDAR MONTH
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	ONE DEVICE	1 PER 3 YEARS
A4259	LANCETS, PER BOX OF 100	ONE BOX =100 LANCETS	18 BOXES PER 6 MONTHS
A4281	TUBING FOR BREAST PUMP, REPLACEMENT (FOR USE WITH E0604 ONLY)	ONE TUBE	TWO PER PREGNANCY
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT (FOR USE WITH E0604 ONLY)	ONE ADAPTER	ONE PER PREGNANCY
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT (FOR USE WITH E0604 ONLY)	ONE CAP	TWO PER PREGNANCY
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT (FOR USE WITH E0604 ONLY)	ONE SHIELD	TWO PER PREGNANCY
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT (FOR USE WITH E0604 ONLY)	ONE BOTTLE	TWO PER PREGNANCY
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT (FOR USE WITH E0604 ONLY)	ONE RING	TWO PER PREGNANCY
A4287	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH	ONE BAG	100 PER MONTH
A4295	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, HYDROPHILIC COATING, EACH	ONE CATHETER	200 PER CALENDAR MONTH
A4296	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, HYDROPHILIC COATING, EACH	ONE CATHETER	200 PER CALENDAR MONTH
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	ONE TRAY	12 PER 365 DAYS
A4311	INSERTION TRAY W/O DRAIN BAG WITH INDWELLING CATHETER, FOLEY TYPE, 2 WAY LATEX W COATING (TEFLON, SILICONE, ETC)	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4312	INSERTION TRAY W/O DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4313	INSERTION TRAY W/O DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4314	INSERTION TRAY W DRAIN BAG W INDWELLING CATH,FOLEY TYPE, 2 WAY LATEX W COATING (TEFLON, SILICONE, ETC)	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4315	INSERTION TRAY W DRAIN BAG W INDWELLING CATH, FOLEY TYPE, 2 WAY, ALL SILICONE	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4320	IRRIGATION TRAY WITH BULB AND PISTON SYRINGE, ANY PURPOSE	ONE TRAY	12 PER 365 DAYS
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	ONE CATHETER	31 PER CALENDAR MONTH

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A4338	INDWELLING CATHETER: FOLEY TYPE, TWO-WAY LATEX W/COATING, EACH	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4340	INDWELLING CATHETER: SPECIALTY TYPE (DOUDE, MUSHROOM, WING) EACH	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4344	INDWELLING CATHETER; FOLEY TYPE, 2 WAY, ALL SILICONE, EACH	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4346	INDWELLING CATHETER: FOLEY TYPE, THREEWAY FOR CONTINOUS IRRIGATION EACH	ONE TRAY W/CATHETER OR 1 CATHETER	12 PER 365 DAYS
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	ONE CATHETER	31 PER CALENDAR MONTH
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, OR SILICONE ELASTOMER, ETC.), EACH	ONE CATHETER	200 PER CALENDAR MONTH
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, OR SILICONE ELASTOMERIC, ETC.), EACH	ONE CATHETER	200 PER CALENDAR MONTH
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	ONE CATHETER	200 PER CALENDAR MONTH
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	ONE TRAY	12 PER 365 DAYS
A4357	BEDSIDE DRAINAGE BAG, DAYS OR NIGHT W/WO ANTIREFLUX DEVICE W/WO TUBE EACH	ONE BAG	12 PER 365 DAYS
A4358	OSTOMY IRRIGATION SUPPLY, BAG, EACH	ONE BAG	12 PER 365 DAYS
A4362	SKIN BARRIER: SOLID, 4 X 4 OR EQUIVALENT; EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4367	OSTOMY BELT, EACH	ONE BELT	12 PER 365 DAYS
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4373	OSTOMY SKIN BARRIER, W/ FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	ONE POUCH	20 PER 30 DAYS
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	ONE POUCH	20 PER 30 DAYS
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	ONE POUCH	20 PER 30 DAYS
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	ONE POUCH	20 PER 30 DAYS
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	ONE POUCH	20 PER 30 DAYS
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	ONE POUCH	20 PER 30 DAYS
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	ONE POUCH	20 PER 30 DAYS
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	ONE POUCH	20 PER 30 DAYS
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	ONE POUCH	20 PER 30 DAYS
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4385	OSTOMY SKIN BARRIER, SOLID, 4 X 4 OR EQUIVALENT, EXT. WEAR, W/O BUILT IN CONVEXITY, EA	ONE BARRIER	20 PER CALENDAR MONTH
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE) EACH	ONE POUCH	20 PER 30 DAYS
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY (1 PIECE) EACH	ONE POUCH	20 PER 30 DAYS
A4390	OSTOMY POUCH DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT IN CONVEXITY (1 PIECE) EACH	ONE POUCH	20 PER 30 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A4391	OSTOMY POUCH, URINARY W/EXTENDED WEAR BARRIER ATTACHED, (1 PIECE) EACH	ONE POUCH	20 PER 30 DAYS
A4392	OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATT. W/BUILT IN CONVEXITY (1 PIECE) EA	ONE POUCH	20 PER 30 DAYS
A4393	OSTOMY POUCH URINARY, WITH EXT WEAR BARRIER ATT., W/BUILT-IN CONVEXITY (1 PIECE) EA	ONE POUCH	20 PER 30 DAYS
A4404	OSTOMY RING, EACH	ONE RING	30 PER 62 DAYS
A4407	OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEX, OR ACCOR), EXT WEAR, W/BUILT-IN CONV. 4 X 4 OR SMALLER, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4408	OSTOMY SKIN BARRIER, W/FLANGE(SOLID, FLEX, OR ACCORDION); EXT WEAR W/BUILT-IN CONV. LARGER THAN 4 X 4 INCHES, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4409	OSTOMY SKIN BARRIER, W/FLANGE(SOLID, FLEXIBLE OR ACCORDION), EXT WEAR, W/OUT BUILT-IN CONV. 4 X 4 INCHES OR SMALER, EA	ONE BARRIER	20 PER CALENDAR MONTH
A4410	OSTOMY SKIN BARRIER, W/FLANGE(SOLID, FLEX OR ACCORD), EXT WEAR, W/OUT BUILT-IN CONV. LARGER THAN 4X4 IN, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR WITH BUILT-IN CONVEXITY, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER W FLANGE (2 PC SYSTEM) W/O FILTER, EACH	ONE POUCH	20 PER 30 DAYS
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER W/FLANGE (2 PIECE SYSTEM) W/FILTER, EACH	ONE POUCH	20 PER 30 DAYS
A4414	OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEX, OR ACCORDION), W/OUT BUILT-IN CONVEXITY. 4X4 IN OR SMALLER, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A4415	OSTOMY SKIN BARRIER, W/FLANGE (SOLID, FLEX, OR ACCORD), W/OUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCH, EACH	ONE BARRIER	20 PER /CALENDAR MONTH
A4416	OSTOMY POUCH, CLOSED W BARRIER ATTACHED, W FILTER (1 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4417	OSTOMY POUCH, CLOSED, W BARRIER ATTACHED W BUILT-IN CONVEXITY, W FILTER (ONE PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4418	OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED, W FILTER (ONE PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W NON LOCK FLANGE, W FILTER (2 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W LOCKING FLANGE, W FILTER (2 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A4424	OSTOMY POUCH,DRAINABLE, W BARRIER ATTACHED, W FILTER(ONE PIECE) EACH	ONE POUCH	20 PER 30 DAYS
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER W NON-LOCKING FLANGE, W FILTER (2 PIECE SYSTEM), EACH	ONE POUCH	20 PER 30 DAYS
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER W/ LOCKING FLANGE (2 PIECE SYSTEM), EACH	ONE POUCH	20 PER 30 DAYS
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER W LOCKING FLANGE, W FILTER (2 PIECE SYSTEM), EACH	ONE POUCH	20 PER 30 DAYS
A4428	OSTOMY POUCH, URNIARY, W EXTENDED WEAR BARRIER ATTACHED, W FAUCET-TYPE TAP W VALVE 1 PC EACH	ONE POUCH	20 PER 30 DAYS
A4429	OSTOMY POUCH, URINARY, W BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, W BUILT-IN CONVEXITY, W/FAUCET TYPE TAP, EACH	ONE POUCH	20 PER 30 DAYS
A4431	OSTOMY POUCH, URINARY; W BARRIER ATTACHED, W FAUCET-TYPE TAP W VALVE (ONE PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER W NON-LOCK FLANGE,W FAUCET TYPE TAP VALVE 2 PIECE, EACH	ONE POUCH	20 PER 30 DAYS
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER W LOCKING FLANGE (2 PIECE), EACH	ONE POUCH	20 PER 30 DAYS

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A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER W LOCKING FLANGE, W FAUCET-TYPE TAP W VALVE (2 PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A4436	IRRIGATION SUPPLY; SLEEVE, REUSABLE, PER MONTH	ONE SLEEVE	4 PER 30 DAYS
A4437	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	ONE SLEEVE	30 PER 30 DAYS
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	18 SQUARE INCHES	240 PER 30 DAYS
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	18 SQUARE INCHES	240 PER 30 DAYS
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	ONE WIPE	50 PER 31 DAYS
A4490	SURGICAL STOCKING ABOVE KNEE LENGTH, EACH	ONE STOCKING/SLEEVE	3 PER LEG PER SIDE PER 365 DAYS
A4495	SURGICAL STOCKING THIGH LENGTH, EACH	ONE STOCKING/SLEEVE	3 PER LEG PER SIDE PER 365 DAYS
A4500	SURGICAL STOCKING BELOW KNEE LENGTH, EACH	ONE STOCKING/SLEEVE	3 PER LEG PER SIDE PER 365 DAYS
A4510	SURGICAL STOCKING FULL-LENGTH, EACH	ONE STOCKING/SLEEVE	3 PER LEG PER SIDE PER 365 DAYS
A4545	SUPPLIES AND ACCESSORIES FOR EXTERNAL TIBIAL NERVE STIMULATOR (E.G., SOCKS, GEL PADS, ELECTRODES, ETC.), NEEDED FOR ONE MONTH	ONE MONTH	1 PER 30 DAYS
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	ONE PAD	3 PER 180 DAYS
A4554	DISPOSABLE UNDERPADS, ALL SIZES (CHUX'S)	ONE PAD	300/CALENDAR MONTH
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE PACKAGE	1 PER 90 DAYS
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	ONE CATHETER	11 PER 30 DAYS
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	ONE PROBE	6 PER 30 DAYS FOR DISPOSABLE ONE PER 365 DAYS FOR NON DISPOSABLE
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	ONE CATHETER	2 PER 90 DAYS
A4623	TRACHEOSTOMY, INNER CANNULA	ONE CANNULA	4 PER CALENDAR MONTH
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	ONE KIT	14 PER POST-OP EPISODE-(A4625 IS ONLY TO BE BILLED FOR TWO WEEKS POST-OPERATIVELY, AFTER TWO WEEKS POST - OPERATIVELY USE CODE A4629. A7526 IS INCLUDED IN A4625 AND CANNOT BE BILLED SEPERATELY)
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	ONE KIT	31 PER MONTH (A7526 CAN BE BILLED SEPERATELY WHEN BILLED WITH A4629)
A4649	SURGICAL SUPPLY; MISCELLANEOUS	PKG OF 100 APPLICATORS	1 PER MONTH
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	I UNIT	1 PER 5 YEARS
A7021	SUPPLIES AND ACCESSORIES FOR LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND NEBULIZATION DEVICE (E.G., HANDSET, NEBULIZER KIT, BIOFILTER)	1 KIT	1 EVERY 30 DAYS OR 1 EVERY 90 SESSIONS
A4927	GLOVES, NON-STERILE, PER 100	100 GLOVES	12 PER 365 DAYS
A4930	GLOVES, STERILE, PER PAIR	ONE PAIR	50 PAIR PER CALENDAR MONTH
A9999	PROBE TAPE FOR OXIMETER	EACH	15 PER 30 DAYS
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE) EACH	ONE POUCH	60 PER 30 DAYS
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	ONE POUCH	60 PER 30 DAYS
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	ONE POUCH	60 PER 30 DAYS
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE) EACH	ONE POUCH	20 PER 30 DAYS

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A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (ONE PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	ONE POUCH	20 PER 30 DAYS
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (TWO PIECE), EACH	ONE POUCH	20 PER 30 DAYS
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	ONE BAG	12 PER 365 DAYS
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	ONE BARRIER	20 PER CALENDAR MONTH
A5500	DIABETICS ONLY, FITTING/FOLLOW UP CUSTOM PREP/SUPPLY OFF SHELF DEPTH INLAY SHOE, ACCOMODATES MULTI DENSITY INSERT(S) , PER SHOE	ONE SHOE	2 PER FOOT PER SIDE PER 365 DAYS
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM-MOLDED SHOE) , PER SHOE	ONE SHOE	2 PER FOOT PER SIDE PER 365 DAYS
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE	ONE INSERT	1 PER FOOT PER SHOE PER SIDE PER 6 MONTHS
A5512	FOR DIABETICS ONLY, MULT DENSITY INSERT, DIRECT FORMED, PREFABRICATED, EACH SEE HCPCS FOR DETAILS	ONE INSERT	1 PER FOOT PER SHOE PER SIDE PER 6 MONTHS
A5513	FOR DIABETICS ONLY, MULTI DENSTY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, EACH, SEE HCPCS FOR DETAILS	ONE INSERT	1 PER FOOT PER SHOE PER SIDE PER 6 MONTHS
A5514	FOR DIABETICS ONLY, MULTI DENSTY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL, EACH, SEE HCPCS FOR DETAILS	ONE INSERT	1 PER FOOT PER SHOE PER SIDE PER 6 MONTHS
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	ONE GRAM	45 PER CALENDAR MONTH
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	ONE GRAM	45 PER CALENDAR MONTH
A6021	COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQUARE INCHES OR LESS, EACH	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6022	COLLAGEN DRESSING, STERILE, PAD SIZE > 16 SQ IN BUT < THAN OR = TO 48 SQ IN, EACH	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6023	COLLAGEN DRESSING, STERILE, PAD SIZE > 48 SQ IN, EACH	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	6 INCHES	31 PER CALENDAR MONTH PER WOUND
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (EG SILICONE, HYDROGEL, OTHER), EACH	ONE SHEET	ONE PER MONTH
A6154	WOUND POUCH, EACH	ONE POUCH	12 PER CALENDAR MONTH PER WOUND
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ IN OR <, EACH DRESSING	SIX INCHES	31 PER CALENDAR MONTH PER WOUND
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE>16 SQ IN BUT < = 48 SQ IN EA DRESS	SIX INCHES	31 PER CALENDAR MONTH PER WOUND
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING,WOUND COVER,STERILE,PAD SIZE MORE THAN 48SQ IN, EACH DRESSING	SIX INCHES	31 PER CALENDAR MONTH PER WOUND
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	SIX INCHES	31 PER CALENDAR MONTH PER WOUND

VERMONT
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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ IN OR <, W/ ANY SIZE ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE > 16 SQ IN BUT< OR = TO 48 SQ IN, W/ ANY SIZE ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ IN W ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6206	COMPOSITE DRESSING, STERILE, 16 SQ IN OR LESS, EACH DRESSING	ONE DRESSING	4 PER CALENDAR MONTH PER WOUND
A6207	CONTACT LAYER, STERILE, > 16 SQ IN BUT< OR = 48 SQ IN, EACH DRESSING	ONE DRESSING	4 PER CALENDAR MONTH PER WOUND
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ IN., EACH DRESSING	ONE DRESSING	4 PER CALENDAR MONTH PER WOUND
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ IN OR <, W/O ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE > 16 SQ IN, BUT < OR = 48 SQ IN, W/O ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE > 48 SQ IN, W/O ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ IN OR <, W/ ANY SIZE ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6213	FOAM DRESSING, WOUND COVER PAD, STERILE, NO MORE 16 SQ", < OR = TO 48 SQ " W ANY SIZE ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ IN W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	ONE GRAM	3 PER CALENDAR MONTH PER WOUND
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SZ 16 SQ IN OR LESS W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	200 PER CALENDAR MONTH PER WOUND
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE >16 SQ IN, < OR = 48 SQ IN, W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	200 PER CALENDAR MONTH PER WOUND
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ IN, WITHOUT ADHESIVE BORDER, EACH DRESSING	ONE PAD	200 PER CALENDAR MONTH PER WOUND
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ IN OR <, W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER CALENDAR MONTH PER WOUND
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE > 16 SQ IN BUT < OR = 48 SQ IN, W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER CALENDAR MONTH PER WOUND
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE >48 SQ IN,W ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER CALENDAR MONTH PER WOUND
A6222	GAUZE, IMPREGNATED W OTHER THAN WATER, NS OR HYDROGEL, STERILE,PAD SIZE 16 SQ IN OR <,W/O ... EACH DRESSING	ONE PAD	100 PER CALENDAR MONTH PER WOUND
A6223	GAUZE,INPREGNATED W/OTHER THAN H2O,NORMAL SALINE/ HYDROGEL, STERILE,PAD SIZE>16 SQ IN BUT<OR=48 SQ *SEE BOOK	ONE PAD	100 PER 3 MONTHS PER WOUND
A6224	GAUZE, IMPREGNATED W/OTHER THAN H2O NORMAL SALINE, HYDROGEL, STERILE, PAD SIZE>48 SQ IN,W/O ADHESIVE BORDER, EA	ONE PAD	100 PER 3 MONTHS PER WOUND
A6228	GAUZE, IMPREGNATED,WATER/NORMAL SALINE, STERILE, PAD SIZE 16SQ.IN.OR<,W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER 3 MONTHS PER WOUND
A6229	GAUZE, INPREGNATED, H2O OR NORMAL SALINE, STERILE, PAD SIZE>16 SQ IN, BUT<OR=48 SQ IN, W/O ADHESIVE BORDER, EACH	ONE PAD	100 PER 3 MONTHS PER WOUND
A6230	GAUZE, IMPREGNATED, H2O/NORMAL SALINE, STERILE, PAD SIZE>48SQ IN, WO ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER 3 MONTHS PER WOUND
A6231	GAUZE, INPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ IN OR <, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6232	GAUZE,INPREGNATED,HUDROGEL,FOR DIRECT WOUND CONTACT,STERILE, PAD SIZE>16 SQ IN, < OR = 48 SQ IN, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6233	GAUZE,INPREGNATED,HYDROGEL FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE>48 SQ IN,EA DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6234	HYDROCOLLOID DRESSING, WND CVR, STERILE, PAD SZ 16 SQL IN OR LESS W/O ADHESIVE BDR EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6235	HYDROCOLLOID DRESSING,WOUND COVER, STERILE, PAD SIZE>16 SQ IN BUT<OR=48 SQ IN,W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6236	HYDROCOLLOID DRESSING,WOUND COVER, STERILE, PAD SIZE>48 SQ IN,W/O ADHESIVE BORDER,EA DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ IN OR<,W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE>16 SQ IN,<OR=48 SQ IN, W/ ANY SIZE ADHESIVE BORDER, EACH	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6239	HYDROCOLLOID DRESSNG, WOUND COVER, STERILE, PAD SIZE>48 SQ", W ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PAST, STERILE, PER FLUID OUNCE	ONE FLUID OUNCE	12 PER CALENDAR MONTH PER WOUND
A6241	HYDROCOLLOID DRESSING, WOUND FILLER DRY FORM, STERILE, PER GRAM	ONE GRAM	45 PER CALENDAR MONTH PER WOUND
A6242	HYDROGEL DRESSING WOUND COVER, STERILE, PAD SIZE 16 SQ IN OR<,W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6243	HYDROGEL DRESSING,WOUND COVER, STERILE, PAD SIZE>16 SQ IN,<OR=48 SQ IN,W/O ADHESIVE BORDER,EA DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6244	HYDROGEL DRESSING,WOUND COVER, STERILE, PAD SIZE>48 SQ IN,W/O ADHESIVE BORDER,EA DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6245	HYDROGEL DRESSING,WOUND COVER, STERILE, PAD SIZE16SQ IN OR<,W/ ANY SIZE ADHESIVE BORDER,EA DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE >16 SQ IN, <OR=48 SQ IN, W/ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6247	HYDROGEL DRESSING,WOUND COVER, STERILE, PAD SIZE>48 SQ IN,W/ANY SIZE ADHESIVE BORDER,EA DRESSING	ONE PAD	12 PER CALENDAR MONTH PER WOUND
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	ONE FLUID OUNCE	3 PER CALENDAR MONTH PER WOUND
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	ONE SEALANTS/ PROTECTANTS/ MOISTURIZERS/ OINTMENTS	3 PER CALENDAR MONTH PER WOUND
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ IN OR LESS W/O ADHESIVE BORDER. EACH DRESSING	ONE PAD	100 PER MONTH PER WOUND
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE, > THAN 16 SQL IN <= 48 SQ IN W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER MONTH PER WOUND
A6253	SPECIALTY ABSORPTIVE DRESSING,WOUND COVER, STERILE, PAD SIZE, > THAN 16 SQL IN <= 48 SQ IN W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER MONTH PER WOUND
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE16 SQ IN OR <, W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6255	SPECIALTY ABSORPTIVE DRESSING,WOUND COVER, STERILE,PAD SIZE>16 SQ IN,<48 SQ IN,W/ ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6256	SPECIALTY ABSORPTIVE DRESSING,WOUND COVER,STERILE,PAD SIZE >48 SQ IN WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	ONE PAD	31 PER CALENDAR MONTH PER WOUND
A6257	TRANSPARENT FILM, STERILE, 16 SQ INCH OR LESS, EACH DRESSING	ONE DRESSING	12 PER CALENDAR MONTH PER WOUND
A6258	TRANSPARENT FILM, STERILE, > 16 SQ IN, < OR = 48 SQ IN, EACH DRESSING	ONE DRESSING	12 PER CALENDAR MONTH PER WOUND

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6259	TRANSPARENT FILM, STERILE, > 48 SQ IN, EACH DRESSING	ONE DRESSING	12 PER CALENDAR MONTH PER WOUND
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	16 OUNCES	12 PER CALENDAR MONTH PER WOUND
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	PER FLUID OUNCE	3 PER CALENDAR MONTH PER WOUND
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	PER GRAM	45 PER CALENDAR MONTH PER WOUND
A6266	GAUZE IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LIN YARD	ONE LINEAR YARD	60 PER CALENDAR MONTH PER WOUND
A6402	GAUZE, NON-IMPREGNATED, STERILE, PD SZ 16 SQ IN OR LESS, W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	200 PER CALENDAR MONTH PER WOUND
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE > 16 SQ IN, < OR = 48 SQ IN, W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	200 PER CALENDAR MONTH PER WOUND
A6404	GAUZE, NON-IMPREGNATED, STERILE,PAD SIZE > 48 SQ IN, W/O ADHESIVE BORDER, EACH DRESSING	ONE PAD	100 PER CALENDAR MONTH PER WOUND
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	ONE LINEAR YARD	31 PER CALENDAR MONTH PER WOUND
A6410	EYE PAD, STERILE, EACH	ONE PAD	124 PER CALENDAR MONTH
A6411	EYE PAD, NON-STERILE, EACH	ONE PAD	124 PER CALENDAR MONTH
A6412	EYE PATCH, OCCLUSIVE, EACH	ONE PATCH	4 PER CALENDAR MONTH
A6430	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH >= 3 INCH <= 5 INCH PER ROLL	ONE BANDAGE	8 PER 30 DAYS
A6432	LIGHT COMPRESSION BANDAGE ELASTIC, KNITTED.WOVEN WIDTH >= 5 IN, PER ROLL	ONE BANDAGE	8 PER 30 DAYS
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR = 3" & LESS THAN 5", PER YARD	ONE YARD	240 PER 30 DAYS
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN 3", PER YARD	ONE YARD	240 PER 30 DAYS
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR = 3" & LESS THAN 5", PER YD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN 5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN 3", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR = 3" & LESS THAN 5", PER YD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR = 5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN 3", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR = 3" & LESS THAN 5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR = 5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 - 1.34 FOOT LBS... 3"-5", PER YD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE > OR = 1.35 FOOT LBS@50%... 3"-5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN 3", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR = 3" & LESS THAN 5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR = 5", PER YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	ONE YARD	DETERMINED BY MEDICAL NECESSITY
A6501	COMPRESSION BURN GARMENT, BODYSUIT, HEAD TO FOOT, CUSTOM FABRICATED	ONE BODYSUIT	4 PER 365 DAYS
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	ONE STRAP	4 PER 365 DAYS
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	ONE HOOD	4 PER 365 DAYS
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	ONE GLOVE	4 PER SIDE PER 365 DAYS
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	ONE GLOVE	4 PER SIDE PER 365 DAYS
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	ONE GLOVE	4 PER SIDE PER 365 DAYS
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	ONE FOOT TO KNEE	4 PER SIDE PER 365 DAYS
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	ONE FOOT TO THIGH	4 PER SIDE PER 365 DAYS
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	ONE UPPER TRUNK TO WAIST	4 PER 365 DAYS
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	ONE LEOTARD	4 PER 365 DAYS
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	ONE PANTY	4 PER 365 DAYS
A6513	COMPRESSION BURN MASK, FACE AND /OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	ONE MASK	4 PER 365 DAYS
A6515	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH, CUSTOM	ONE WRAP	3 PER LIMB PER 180 DAYS
A6516	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH, CUSTOM	ONE WRAP	3 PER LIMB PER 180 DAYS
A6517	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, EACH, CUSTOM	ONE WRAP	53PER LIMB PER 180 DAYS
A6518	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ARM, EACH, CUSTOM	ONE WRAP	3 PER LIMB PER 180 DAYS
A6519	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH	ONE GARMENT	3 PER LIMB PER 180 DAYS
A6611	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH, CUSTOM	ONE GARMENT	83PER LIMB PER 180 DAYS
A6520	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, EACH	ONE GLOVE	1 PER BODY PART PER 365 DAYS
A6521	GRADIENT COMPRESSION GARMENT, GLOVE, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	ONE GLOVE	1 PER BODY PART PER 365 DAYS
A6522	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, EACH	ONE ARM	1 PER BODY PART PER 365 DAYS
A6523	GRADIENT COMPRESSION GARMENT, ARM, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	ONE ARM	1 PER BODY PART PER 365 DAYS
A6524	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EACH	ONE LOWER LEG	1 PER BODY PART PER 365 DAYS
A6525	GRADIENT COMPRESSION GARMENT, LOWER LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	ONE LOWER LEG	1 PER BODY PART PER 365 DAYS
A6526	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, EACH	ONE FULL LEG AND FOOT	1 PER BODY PART PER 365 DAYS
A6527	GRADIENT COMPRESSION GARMENT, FULL LEG AND FOOT, PADDED, FOR NIGHTTIME USE, CUSTOM, EACH	ONE FULL LEG AND FOOT	1 PER BODY PART PER 365 DAYS
A6528	GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, EACH	ONE BRA	2 PER 365 DAYS
A6529	GRADIENT COMPRESSION GARMENT, BRA, FOR NIGHTTIME USE, CUSTOM, EACH	ONE BRA	2 PER 365 DAYS
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, USED AS A SURGICAL DRESSING, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, USED AS A SURGICAL DRESSING, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MM GH, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6534	GRADIENT COMPRESSION STOCKING THIGH LENGTH, 30-40 MM HG EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MM HG EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MM HG, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR GREATER, EACH	ONE STOCKING	3 PER LEG PER SIDE PER 180 DAYS
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	ONE BELT	2 PER 365 DAYS
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MMHG, USED AS A SURGICAL DRESSING, EACH	ONE WRAP	3 PER LEG PER SIDE PER 180 DAYS
A6549	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED	ONE GARMENT	3 PER LEG PER SIDE PER 180 DAYS
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	ONE /SET/KIT/ PAD	15 PER WOUND PER CALENDAR MONTH
A6552	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6553	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6554	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6555	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40 MMHG OR GREATER, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6556	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6557	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6558	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6559	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6560	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6561	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6562	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6563	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6564	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40 MMHG OR GREATER, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A6565	GRADIENT COMPRESSION GAUNTLET, CUSTOM, EACH	ONE GAUNTLET	3 PER BODY PART PER 180 DAYS
A6566	GRADIENT COMPRESSION GARMENT, NECK/HEAD, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6567	GRADIENT COMPRESSION GARMENT, NECK/HEAD, CUSTOM, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6568	GRADIENT COMPRESSION GARMENT, TORSO AND SHOULDER, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6569	GRADIENT COMPRESSION GARMENT, TORSO/SHOULDER, CUSTOM, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6570	GRADIENT COMPRESSION GARMENT, GENITAL REGION, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6571	GRADIENT COMPRESSION GARMENT, GENITAL REGION, CUSTOM, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6572	GRADIENT COMPRESSION GARMENT, TOE CAPS, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6573	GRADIENT COMPRESSION GARMENT, TOE CAPS, CUSTOM, EACH	ONE GARMENT	3 PER BODY PART PER 180 DAYS
A6574	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, CUSTOM, EACH	ONE ARM SLEEVE GLOVE COMBINATION	3 PER BODY PART PER 180 DAYS
A6575	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION, EACH	ONE ARM SLEEVE GLOVE COMBINATION	3 PER BODY PART PER 180 DAYS
A6576	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, MEDIUM WEIGHT, EACH	ONE ARM SLEEVE	3 PER BODY PART PER 180 DAYS
A6577	GRADIENT COMPRESSION ARM SLEEVE, CUSTOM, HEAVY WEIGHT, EACH	ONE ARM SLEEVE	3 PER BODY PART PER 180 DAYS
A6578	GRADIENT COMPRESSION ARM SLEEVE, EACH	ONE ARM SLEEVE	3 PER BODY PART PER 180 DAYS
A6579	GRADIENT COMPRESSION GLOVE, CUSTOM, MEDIUM WEIGHT, EACH	ONE GLOVE	3 PER BODY PART PER 180 DAYS
A6580	GRADIENT COMPRESSION GLOVE, CUSTOM, HEAVY WEIGHT, EACH	ONE GLOVE	3 PER BODY PART PER 180 DAYS
A6581	GRADIENT COMPRESSION GLOVE, EACH	ONE GLOVE	3 PER BODY PART PER 180 DAYS
A6582	GRADIENT COMPRESSION GAUNTLET, EACH	ONE GAUNTLET	3 PER BODY PART PER 180 DAYS
A6583	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, BELOW KNEE, 30-50 MMHG, EACH	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6584	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, NOT OTHERWISE SPECIFIED	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6585	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, ABOVE KNEE, EACH	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6586	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, FULL LEG, EACH	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6587	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, FOOT, EACH	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6588	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, ARM, EACH	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6589	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS, BRA, EACH	ONE WRAP	3 PER BODY PART PER 180 DAYS
A6593	ACCESSORY FOR GRADIENT COMPRESSION GARMENT OR WRAP WITH ADJUSTABLE STRAPS, NOT-OTHERWISE SPECIFIED	ONE GARMENT OR WRAP	3 PER BODY PART PER 180 DAYS
A6594	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, LOWER EXTREMITY, ANY SIZE OR LENGTH, EACH	ONE LINER	3 PER BODY PART PER 180 DAYS
A6595	GRADIENT COMPRESSION BANDAGING SUPPLY, BANDAGE LINER, UPPER EXTREMITY, ANY SIZE OR LENGTH, EACH	ONE LINER	3 PER BODY PART PER 180 DAYS
A6596	GRADIENT COMPRESSION BANDAGING SUPPLY, CONFORMING GAUZE, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6597	GRADIENT COMPRESSION BANDAGE ROLL, ELASTIC LONG STRETCH, LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6598	GRADIENT COMPRESSION BANDAGE ROLL, ELASTIC MEDIUM STRETCH, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6599	GRADIENT COMPRESSION BANDAGE ROLL, INELASTIC SHORT STRETCH, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6600	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	ONE FOAM SHEET =250 SQUARE CENTIMETERS	DETERMINED BY MEDICAL NECESSITY
A6601	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM PAD, ANY SIZE OR SHAPE, EACH	ONE FOAM PAD	DETERMINED BY MEDICAL NECESSITY
A6602	GRADIENT COMPRESSION BANDAGING SUPPLY, HIGH DENSITY FOAM ROLL FOR BANDAGE, PER LINEAR YARD, ANY WIDTH, EACH	ONE FOAM ROLL PER LINEAR YARD	DETERMINED BY MEDICAL NECESSITY

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A6603	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY CHANNEL FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	ONE FOAM SHEET =250 SQUARE CENTIMETERS	DETERMINED BY MEDICAL NECESSITY
A6604	GRADIENT COMPRESSION BANDAGING SUPPLY, LOW DENSITY FLAT FOAM SHEET, PER 250 SQUARE CENTIMETERS, EACH	ONE FOAM SHEET =250 SQUARE CENTIMETERS	DETERMINED BY MEDICAL NECESSITY
A6605	GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED FOAM, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6606	GRADIENT COMPRESSION BANDAGING SUPPLY, PADDED TEXTILE, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6607	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION LAYER, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6608	GRADIENT COMPRESSION BANDAGING SUPPLY, TUBULAR PROTECTIVE ABSORPTION PADDED LAYER, PER LINEAR YARD, ANY WIDTH, EACH	ONE LINEAR YARD	DETERMINED BY MEDICAL NECESSITY
A6609	GRADIENT COMPRESSION BANDAGING SUPPLY, NOT OTHERWISE SPECIFIED	NOS	DETERMINED BY MEDICAL NECESSITY
A6610	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, CUSTOM, EACH	ONE STOCKING	3 PER BODY PART PER 180 DAYS
A7000	CANISTER, DISPOSABLE, USED W/ SUCTION PUMP, EACH	ONE CANISTER	10 PER CALENDAR MONTH
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	ONE MASK	1 PER 90 DAYS
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH	ONE MASK	2 PER 30 DAYS
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	ONE MASK	1 PER 90 DAYS
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	ONE MASK	1 PER 30 DAYS
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	ONE MASK	2 PER 30 DAYS
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	ONE PAIR	1 PER 30 DAYS
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH/WO HEAD STRAP	ONE MASK/CANNULA	1 PER 90 DAYS
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE HEADGEAR	1 PER 180 DAYS
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE CHINSTRAP	1 PER 180 DAYS
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE PACKAGE	1 PER 90 DAYS
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE FILTER	2 PER 30 DAYS
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE FILTER	1 PER 180 DAYS
A7044	ORAL INTERFACE USED W/ POSITIVE AIRWAY PRESSURE DEVICE, EACH	ONE INTERFACE	1 PER 180 DAYS
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	ONE EXHALATION PORT	1 PER 180 DAYS
A7046	WATER CHAMBER FOR HUMIDIFIER, USED W/ POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	ONE CHAMBER	1 PER 180 DAYS
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	ONE TUBE	2 PER CALENDAR MONTH
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	ONE TUBE	2 PER CALENDAR MONTH
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	ONE TUBE	2 PER 365 DAYS
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	ONE PROTECTOR	2 PER CALENDAR MONTH
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	ONE STENT/STUD/BUTT	2 PER CALENDAR MONTH
A7525	TRACHEOSTOMY MASK, EACH	ONE MASK	2 PER CALENDAR MONTH
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	ONE COLLAR/HOLDER	15 PER CALENDAR MONTH
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	ONE PLUG/STOP	2 PER CALENDAR MONTH

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE HELMENT/ALL ACC	2 PER 365 DAYS
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE HELMENT/ALL ACC	2 PER 365 DAYS
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE HELMENT/ALL ACC	2 PER 365 DAYS
A8003	HELMET PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE HELMENT/ALL ACC	2 PER 365 DAYS
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCL ALL SUPPLIES AND ACCESSORIES	ONE SYSTEM	210 PER 365 DAYS
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	ONE DEVICE	1 PER FOOT PER SIDE PER 730 DAYS
A9285	INVERSION/EVERSION CORRECTION DEVICE	ONE DEVICE	1 PER FOOT PER SIDE PER 5 YEARS
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE , ADMINISTRATION SET TUBING, DRESSING, TAPE	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAYS, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE ADMINISTRATION SET TUBING, DRESSING, TAPE	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAYS, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE ADMINISTRATION SET TUBING, DRESSING, TAPE	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4081	NASOGASTRIC TUBING WITH STYLET	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4082	NASOGASTRIC TUBING WITHOUT STYLET	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	ONE TUBE	2 PER 6 MONTHS
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	ONE TUBE	2 PER 6 MONTHS
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOME MIX PER DAY	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	KIT, TUBE, OR ADDITIVE	ONE TYPE PER DAY
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	ONE CANE WITH TIP	1 PER 8 YEARS
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	ONE CANE WITH TIP	1 PER 8 YEARS
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	ONE PAIR OF CRUTCHES	1 PER 8 YEARS
E0110RR	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	ONE PAIR OF CRUTCHES	3 MONTH LIMIT
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIAL, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIP	EACH CRUTCH	1 PER SIDE PER 8 YEARS
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDRIPS	ONE PAIR OF CRUTCHES	1 PER 8 YEARS
E0112RR	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDRIPS	ONE PAIR OF CRUTCHES	3 MONTH LIMIT
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	EACH CRUTCH	1 PER SIDE PER 8 YEARS
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	ONE PAIR OF CRUTCHES	1 PER 8 YEARS

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E0114RR	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	ONE PAIR OF CRUTCHES	3 MONTH LIMIT
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD,ADJUSTABLE OR FIXED,WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	EACH CRUTCH	1 PER SIDE PER 8 YEARS
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH *	EACH CRUTCH	1 PER SIDE PER 8 YEARS
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	EACH CRUTCH	1 PER SIDE PER 8 YEARS
E0118RR	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	EACH CRUTCH	3 MONTH LIMIT
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	1 PER 8 YEARS
E0130RR	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	3 MONTH LIMIT
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	1 PER 8 YEARS
E0135RR	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	3 MONTH LIMIT
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE *	ONE WALKER	1 PER 8 YEARS
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	1 PER 8 YEARS
E0141RR	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	3 MONTH LIMIT
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	1 PER 8 YEARS
E0143RR	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	3 MONTH LIMIT
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT *	ONE WALKER	1 PER 8 YEARS
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	ONE WALKER	1 PER 8 YEARS
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	ONE WALKER	1 PER 8 YEARS
E0148RR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	ONE WALKER	3 MONTH LIMIT
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH *	ONE WALKER	1 PER 8 YEARS
E0152	WALKER, BATTERY POWERED, WHEELED, FOLDING, ADJUSTABLE OR FIXED HEIGHT	ONE WALKER	1 PER 5 YEARS
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	ONE ATTACHMENT	1 PER SIDE PER 8 YEARS
E0153RR	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	ONE ATTACHMENT	3 MONTH LIMIT
E0154	PLATFORM ATTACHMENT, WALKER, EACH	ONE ATTACHMENT	1 PER 8 YEARS
E0154RR	PLATFORM ATTACHMENT, WALKER, EACH	ONE ATTACHMENT	3 MONTH LIMIT
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	ONE ATTACHMENT	1 PER 3 YEARS
E0155RR	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	ONE ATTACHMENT	3 MONTH LIMIT
E0156	SEAT ATTACHMENT, WALKER	ONE ATTACHMENT	1 PER 8 YEARS
E0157	CRUTCH ATTACHMENT, WALKER, EACH	ONE ATTACHMENT	1 PER SIDE PER 8 YEARS
E0157RR	CRUTCH ATTACHMENT, WALKER, EACH	ONE ATTACHMENT	3 MONTH LIMIT
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR	SET OF 4 EXTENSIONS	1 PER 8 YEARS
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	ONE ATTACHMENT	1 PER SIDE PER 3 YEARS
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	ONE TYPE SITZ	1 PER 8 YEARS
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT(S)	ONE TYPE SITZ	1 PER 8 YEARS
E0162	SITZ BATH CHAIR	ONE CHAIR	1 PER LIFETIME
E0163	COMMODE CHAIR, MOBILE OR STATIONARY WITH FIXED ARMS	ONE CHAIR	1 PER 8 YEARS
E0163RR	COMMODE CHAIR, MOBILE OR STATIONARY WITH FIXED ARMS	ONE CHAIR	3 MONTH LIMIT
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS *	ONE CHAIR	1 PER 8 YEARS
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	ONE PAIL OR PAN	1 PER 3 YEARS
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	ONE CHAIR	1 PER 8 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0168RR	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	ONE CHAIR	3 MONTH LIMIT
E0170	COMMODE CHAIR W INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE *	ONE CHAIR	1 PER 5 YEARS
E0171	COMMODE CHAIR W INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE *	ONE CHAIR	1 PER 8 YEARS
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	ONE LIFT	1 PER 5 YEARS
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	ONE FOOT REST	1 PER SIDE PER 8 YEARS
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING ,WITH PUMP, INCLUDES HEAVY DUTY *	ONE MATTRESS OVERLAY OR PAD	1 PER 5 YEARS
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY *	ONE PUMP	1 PER 5 YEARS
E0183	POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY *	ONE UNDERLAY OR PAD	1 PER 5 YEARS
E0184	DRY PRESSURE MATTRESS	ONE MATTRESS	1 PER 5 YEARS
E0185	GEL OR GEL LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	ONE PRESSURE PAD	1 PER 5 YEARS
E0186	AIR PRESSURE MATTRESS *	ONE MATTRESS	1 PER 5 YEARS
E0187	WATER PRESSURE MATTRESS *	ONE MATTRESS	1 PER 5 YEARS
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE CUSHION/PILLOW/WEDGE	1 PER 8 YEARS
E0191	HEEL OR ELBOW PROTECTOR, EACH	ONE PACKAGE OF 2	1 PER 3 YEARS
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) *	ONE FLOTATION BED	1 PER 5 YEARS
E0194	AIR FLUIDIZED BED *	ONE BED	1 PER 5 YEARS
E0196	GEL PRESSURE MATTRESS *	ONE MATTRESS	1 PER 5 YEARS
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH *	ONE PAD	1 PER 5 YEARS
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH *	ONE PAD	1 PER 5 YEARS
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	ONE PAD	1 PER 5 YEARS
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	ONE LAMP	1 PER 5 YEARS
E0200RR	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	ONE LAMP	3 MONTH LIMIT
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	ONE LAMP	1 PER 5 YEARS
E0205RR	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	ONE LAMP	3 MONTH LIMIT
E0215	ELECTRIC HEAT PAD, MOIST	ONE PAD	1 PER 5 YEARS
E0215RR	ELECTRIC HEAT PAD, MOIST	ONE PAD	3 MONTH LIMIT
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	ONE PAD	1 PER 5 YEARS
E0217RR	WATER CIRCULATING HEAT PAD WITH PUMP	ONE PAD	3 MONTH LIMIT
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	ONE CHAIR	1 PER 5 YEARS
E0243	TOILET RAIL, EACH	ONE RAIL	1 PER LIFETIME
E0244	RAISED TOILET SEAT	ONE SEAT	1 PER 8 YEARS
E0245	TUB STOOL OR BENCH	ONE STOOL/BENCH	1 PER 5 YEARS
E0245RR	TUB STOOL OR BENCH	ONE STOOL/BENCH	3 MONTH LIMIT
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	ONE BENCH	1 PER 5 YEARS
E0247RR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	ONE BENCH	3 MONTH LIMIT
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	ONE BENCH	1 PER 5 YEARS
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	ONE PAD	1 PER 3 YEARS
E0249RR	PAD FOR WATER CIRCULATING HEAT UNIT	ONE PAD	3 MONTH LIMIT

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 8 YEARS
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS *	ONE BED	1 PER 8 YEARS
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 8 YEARS
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	ONE BED	1 PER 8 YEARS
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 5 YEARS
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD&FOOT ADJ) WITH ANY TYPE SIDE RAILS, W/O MATTRESS *	ONE BED	1 PER 5 YEARS
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 5 YEARS
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS *	ONE BED	1 PER 5 YEARS
E0271	MATTRESS, INNER SPRING	ONE MATTRESS	1 PER 5 YEARS
E0272	MATTRESS, FOAM RUBBER	ONE MATTRESS	1 PER 5 YEARS
E0275	BED PAN, STANDARD, METAL OR PLASTIC	ONE PAN	1 PER 8 YEARS
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	ONE PAN	1 PER 8 YEARS
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS *	ONE MATTRESS	1 PER 5 YEARS
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 8 YEARS
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS *	ONE BED	1 PER 8 YEARS
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 8 YEARS
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS *	ONE BED	1 PER 8 YEARS
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 5 YEARS
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJ) W/O SIDE RAILS, W/O MATTRESS *	ONE BED	1 PER 5 YEARS
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 5 YEARS
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS *	ONE BED	1 PER 5 YEARS
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/ WT CAPACITY >350 LBS BUT < OR = 600 LBS W/ANY SIDE RAILS,W/O MATTRESS *	ONE BED	1 PER 8 YEARS
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WT CAPACITY>600 LBS, W/ ANY TYPE SIDE RAILS, W/O MATTRESS *	ONE BED	1 PER 8 YEARS
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, W/ WT CAP >350 LBS BUT < OR = 600 LBS, W/ ANY TYPE SIDE RAILS, W/O MATTRESS *	ONE BED	1 PER 8 YEARS
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, W/WT CAPACITY > 600 LBS, W/ ANY TYPE SIDE RAILS, WITH MATTRESS *	ONE BED	1 PER 8 YEARS
E0305	BEDSIDE RAILS, HALF-LENGTH *	PAIR RAILS	1 PER 5 YEARS
E0310	BEDSIDE RAILS, FULL-LENGTH	PAIR RAILS	1 PER 5 YEARS
E0310RR	BEDSIDE RAILS, FULL-LENGTH	PAIR RAILS	3 MONTH LIMIT
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE *	ONE FRAME/CANOPY	1 PER 8 YEARS
E0325	URINAL, MALE, JUG-TYPE, ANY MATERIAL	ONE URINAL	1 PER 8 YEARS
E0326	URINAL, FEMALE, JUG-TYPE, ANY MATERIAL	ONE URINAL	1 PER 8 YEARS
E0328	HOSPITAL BED. PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	ONE BED	1 PER 8 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0329	HOSPITAL BED. PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	ONE BED	1 PER 8 YEARS
E0371	NON POWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH *	ONE MATTRESS	1 PER 5 YEARS
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH *	ONE MATTRESS	1 PER 3 YEARS
E0373	NON POWERED ADVANCED PRESSURE REDUCING MATTRESS *	ONE MATTRESS	1 PER 5 YEARS
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY*	ONE OXIMETER	1 PER 5 YEARS
E0469	LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND NEBULIZATION DEVICE *	ONE DEVICE	1 PER 5 YEARS
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, W/O BACKUP RATE FEATURE, USED W/ NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINOUS POSITIVE AIRWAY PRESSURE DEVICE) *	ONE DEVICE	1 PER 5 YEARS
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED W/ NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINOUS POSITIVE AIRWAY PRESSURE DEVICE) *	ONE DEVICE	1 PER 5 YEARS
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINOUS POSITIVE AIRWAY PRESSURE DEVICE) *	ONE DEVICE	1 PER 5 YEARS
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL *	ONE PER CUSSOR	1 PER 5 YEARS
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	ONE SYSTEM	1 PER 8 YEARS
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE *	ONE DEVICE	1 PER 8 YEARS
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST), EACH *	ONE SYSTEM	1 PER LIFETIME
E0500	IPPB MACHINE,ALL TYPES,WITH BUILT-IN NEBULIZATION;MANUAL OR AUTOMATIC VALVES;INTERNAL OR EXT.POWER SOURCE	ONE MACHINE	1 PER 5 YEARS
E0500RR	IPPB MACHINE,ALL TYPES,WITH BUILT-IN NEBULIZATION;MANUAL OR AUTOMATIC VALVES;INTERNAL OR EXT.POWER SOURCE	ONE MACHINE	3 MONTH LIMIT
E0561NU	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	ONE HUMIDIFIER	1 PER LIFETIME
E0561RR	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE*	ONE HUMIDIFIER	3 MONTH LIMIT
E0562RR	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE*	ONE HUMIDIFIER	3 MONTH LIMIT
E0570	NEBULIZER, WITH COMPRESSOR *	ONE NEBULIZER/COMPRESSOR	1 PER 3 YEARS
E0585	NEBULIZER WITH COMPRESSOR AND HEATER *	ONE NEBULIZER/COMPRESSOR	1 PER 5 YEARS
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC *	ONE PUMP	1 PER 5 YEARS
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE *	ONE DEVICE	1 PER 5 YEARS
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	ONE PUMP	1 PER 3 YEARS
E0604RR	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, ELECTRIC (AC AND/OR DC), ANY TYPE	ONE PUMP	1 MONTH LIMIT PA AFTER 1 MONTH
E0607	HOME BLOOD GLUCOSE MONITOR	ONE MONITOR	1 PER 5 YEARS
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE*	ONE MONITOR	1 PER 5 YEARS
E0619	APNEA MONITOR, WITH RECORDING FEATURE*	ONE MONITOR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	ONE SLING/SEAT	1 PER 365 DAYS
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	ONE LIFT	1 PER 8 YEARS
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT CHAIR MECHANISM	ONE LIFT	1 PER 5 YEARS
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - NONELECTRIC	ONE LIFT	1 PER 8 YEARS
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) *	ONE LIFT	1 PER 8 YEARS
E0635	PATIENT LIFT, ELECTRIC, WITH SEAT OR SLING *	ONE LIFT	1 PER 5 YEARS
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	ONE SYSTEM	1 PER 8 YEARS
E0637RR	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEELS	ONE SYSTEM	3 MONTH LIMIT
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OT WITHOUT WHEELS	ONE SYSTEM	1 PER 8 YEARS
E0638RR	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDI(SEE BOOK)	ONE SYSTEM	3 MONTH LIMIT
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES *	ONE LIFT	1 PER 5 YEARS
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES *	ONE LIFT	1 PER 8 YEARS
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	ONE SYSTEM	1 PER 8 YEARS
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	ONE SYSTEM	1 PER 8 YEARS
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	ONE COMPRESSOR	1 PER 5 YEARS
E0650RR	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	ONE COMPRESSOR	3 MONTH LIMIT
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE	ONE COMPRESSOR	1 PER 5 YEARS
E0651RR	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE	ONE COMPRESSOR	3 MONTH LIMIT
EO677	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK*	ONE GARMENT	3 PER 365 DAYS
E0678	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL LEG*	ONE GARMENT	1 GARMENT PER LIMB PER 365 DAYS
E0679	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, HALF LEG*	ONE GARMENT	1 GARMENT PER LIMB PER 365 DAYS
E0680	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE*	ONE CONTROLLER	1 PER 5 YEARS
E0681	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE*	ONE CONTROLLER	1 PER 5 YEARS
E0682	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, FULL ARM*	ONE GARMENT	1 PER LIMB PER 365 DAYS
E0683	NON-PNEUMATIC, NON-SEQUENTIAL, PERISTALTIC WAVE COMPRESSION PUMP *	ONE PUMP	1 PER 5 years
E0700	SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE (EG BELT, HARNESS OR VEST)	ONE BELT/HARNESS/VEST	1 PER 5 YEARS
E0705	TRANSFER DEVICE, ANY TYPE, EACH	ONE DEVICE	1 PER 5 YEARS
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, 2 LEAD, LOCALIZED STIMULATION	ONE DEVICE	1 PER 5 YEARS
E0721	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORY, STIMULATES NERVES IN THE AURICULAR REGION	ONE DEVICE	1 PER 5 years
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION(TENS) DEVICE, 4 OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	ONE DEVICE	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0731	FORM-FITTNG CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR OR NMES (WITH CONDUCTIVE FIBERS SEPERATED FROM PATIENT'S SKIN BY LAYERS OF FABRIC	ONE GARMET	1 PER 3 YEARS
E0736	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR	ONE STIMULATOR	1 PER 5 YEARS
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER *	ONE SYSTEM	1 PER 5 YEARS
E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME, EACH *	ONE STIMULATOR	1 PER 5
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT *	ONE UNIT	1 PER 5 YEARS
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	ONE UNIT	1 PER 5 YEARS
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	ONE UNIT	1 PER 5 YEARS
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES *	ONE UNIT	1 PER 5 YEARS
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION,TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM *	ONE UNIT	1 PER 5 YEARS
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	ONE UNIT	1 PER 5 YEARS
E0776	IV POLE	ONE POLE	1 PER LIFETIME
E0776RR	IV POLE	ONE POLE	3 MONTH LIMIT
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER *	ONE INFUSION PUMP	1 PER 5 YEARS
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	ONE PUMP	1 PER 4 YEARS
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY, W/ADM EQUIP WORN BY PT *	ONE PUMP	1 PER 4 YEARS
E0782	INFUSION PUMP,IMPLANTABLE,NONPROGRAMMABLE(INCLUDES ALL COMPONENTS,EG, PUMP, CATHETER, CONNECTORS, ETC.)	ONE PUMP	1 PER 4 YEARS
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, EG, PUMP, CATHETER, CONNECTORS, ETC)	ONE SYSTEM	1 PER 4 YEARS
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN *	ONE PUMP	1 PER 4 YEARS
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	ONE CATHETER	1 PER 4 YEARS
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (ECLUDES IMPLANTABLE INTRASPINAL CATHETER)	REPLACEMENT PUMP	1 PER 4 YEARS
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL *	ONE PUMP	1 PER 4 YEARS
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	ONE FRAME	1 PER 8 YEARS
E0840RR	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	ONE FRAME	3 MONTH LIMIT
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE *	ONE STAND OR FRAME	1 PER 8 YEARS
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	ONE STAND	1 PER 8 YEARS
E0850RR	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	ONE STAND	3 MONTH LIMIT
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME *	ONE TRACTION	1 PER 8 YEARS
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S) *	ONE DEVICE	1 PER 8 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0880	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (EG, BUCK'S)	ONE STAND	1 PER 8 YEARS
E0880RR	TRACTION STAND, FREESTANDING, EXTREMITY TRACTION (EG, BUCK'S)	ONE STAND	3 MONTH LIMIT
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	ONE FRAME	1 PER 8 YEARS
E0890RR	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	ONE FRAME	3 MONTH LIMIT
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (EG, BUCK'S)	ONE STAND	1 PER 8 YEARS
E0900RR	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (EG, BUCK'S)	ONE STAND	3 MONTH LIMIT
E0910	TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR 8 *	ONE BAR	1 PER 8 YEARS
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR *	ONE BAR	1 PER 8 YEARS
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CPAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR *	ONE BAR	1 PER 8 YEARS
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS *	ONE FRAME	3 MONTH LIMIT
E0930	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS *	ONE FRAME	3 MONTH LIMIT
E0935RR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	ONE DEVICE	3 MONTH LIMIT
E0936RR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	ONE DEVICE	3 MONTH LIMIT
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR *	ONE BAR	1 PER 8 YEARS
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE *	ONE DEVICE	1 PER 8 YEARS
E0942	CERVICAL HEAD HARNESS/HALTER	ONE HARNESS/HALTER	1 PER 12 MONTHS
E0944	PELVIC BELT/HARNESS/BOOT	ONE BELT/HARNESS/BOOT	1 PER 8 YEARS
E0946	FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G., BALKEN, 4 POSTER) *	ONE FRAME	1 PER 8 YEARS
E0947	FRACTURE FRAME , ATTACHMENTS FOR COMPLEX PELVIC TRACTION	ONE FRAME	1 PER 8 YEARS
E0947RR	FRACTURE FRAME , ATTACHMENTS FOR COMPLEX PELVIC TRACTION	ONE FRAME	3 MONTH LIMIT
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	ONE FRAME	1 PER 8 YEARS
E0948RR	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	ONE FRAME	3 MONTH LIMIT
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	ONE ACCESSORY	1 PER 5 YEARS
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	ONE LOOP/HOLDER	1 PER SIDE PER 5 YEARS
E0951RR	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	ONE LOOP/HOLDER	3 MONTH LIMIT
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	ONE LOOP/HOLDER	1 PER SIDE PER 5 YEARS
E0952RR	TOE LOOP/HOLDER, ANY TYPE, EACH	ONE LOOP/HOLDER	3 MONTH LIMIT
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH *	ONE ACCESSORY	1 PER 5 YEARS
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE,INCLUDING FIXED MOUNTING HARDWARE, EACH	ONE ACCESSORY	1 PER 5 YEARS
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	ONE ACCESSORY	1 PER 5 YEARS
E0957RR	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH *	ONE ACCESSORY	1 PER 5 YEARS
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	ONE ACCESSORY	1 PER 5 YEARS

VERMONT
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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E0959RR	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	ONE ACCESSORY	1 PER 5 YEARS
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E0961RR	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	ONE ACCESSORY	3 MONTH LIMIT
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	ONE ACCESSORY	1 PER 5 YEARS
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E0968	COMMODE SEAT, WHEELCHAIR *	ONE SEAT	1 PER 5 YEARS
E0969	NARROWING DEVICE, WHEELCHAIR	ONE DEVICE	1 PER 5 YEARS
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	PAIR FOOTPLATES	1 PER 5 YEARS
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E0971RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E0973RR	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E0974RR	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	ONE ACCESSORY	1 PER 3 YEARS
E0978RR	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0980	SAFETY VEST, WHEELCHAIR	ONE VEST	1 PER 5 YEARS
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER 5 YEARS
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER 5 YEARS
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED, JOYSTICK CONTROL *	ONE ACCESSORY	1 PER 5 YEARS
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL *	ONE ACCESSORY	1 PER 5 YEARS
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM *	ONE ACCESSORY	1 PER 5 YEARS
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM *	ONE ACCESSORY	1 PER 5 YEARS
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR *	ONE ACCESSORY	1 PER 5 YEARS
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E0990RR	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	ONE ACCESSORY	3 MONTH LIMIT
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	ONE ACCESSORY	1 PER 5 YEARS
E0994	ARM REST, EACH	ONE ARMREST	1 PER SIDE PER 5 YEARS
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY *	ONE ACCESSORY	1 PER 5 YEARS
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION *	ONE ACCESSORY	1 PER 5 YEARS
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION *	ONE ACCESSORY	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION *	ONE ACCESSORY	1 PER 5 YEARS
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM,COMBINATION TILT & RECLINE, WITHOUT SHEAR REDUCTION *	ONE ACCESSORY	1 PER 5 YEARS
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/ MECHANICAL SHEAR REDUCTION *	ONE ACCESSORY	1 PER 5 YEARS
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, W/ POWER SHEAR REDUCTION *	ONE ACCESSORY	1 PER 5 YEARS
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM , INCLUDING PUSHROD AND LEG REST, EACH	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR *	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	ONE MODIFICATION	1 PER 3 YEARS
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM COMPLETE SYSTEM, ANY TYPE *	ONE ACCESSORY	1 PER SIDE PER 5 YEARS
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR *	ONE BACK	1 PER 3 YEARS
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	ONE SHOCK ABSORBER	1 PER SIDE PER 3 YEARS
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	ONE SHOCK ABSORBER	1 PER SIDE PER 3 YEARS
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	ONE SHOCK ABSORBER	1 PER SIDE PER 3 YEARS
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	ONE SHOCK ABSORBER	1 PER SIDE PER 3 YEARS
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR *	ONE LIMB SUPPORT	1 PER SIDE PER 5 YEARS
E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE SYSTEM	1 PER 5 YEARS
E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES	ONE SYSTEM	1 PER 5 YEARS
E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	ONE SWINGAWAY	1 PER 5 YEARS
E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST, CUSHIONED, ANY TYPE*	ONE SWINGAWAY	1 PER 5 YEARS
E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE*	ONE SWINGAWAY	1 PER 5 YEARS
E1028	WHEELCHAIR ACCESSORY, MANUAL SWING-AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY *	ONE ACCESSORY	1 PER 5 YEARS
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED *	ONE ACCESSORY	1 PER 5 YEARS
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED *	ONE ACCESSORY	1 PER 5 YEARS
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER *	ONE CHAIR	1 PER 5 YEARS
E1035	MULTI-POSITIONAL PATIENT TRANSER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER , PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS *	ONE SYSTEM	1 PER 8 YEARS
E1036	MULTI-POSITIONAL PATIENT TRANSER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER GREATER THAN 300 LBS *	ONE SYSTEM	1 PER 8 YEARS
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE *	ONE CHAIR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
E1050	FULLY RECLINING WHEELCHAIR, FIXED FULL-LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1060	FULLY-RECLINING WHEELCHAIR,DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOT REST *	ONE CHAIR	1 PER 5 YEARS
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGREST *	ONE CHAIR	1 PER 5 YEARS
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS(DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1092	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS *	ONE CHAIR	1 PER 5 YEARS
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGREST *	ONE CHAIR	1 PER 5 YEARS
E1130	STANDARD WHEELCHAIR; FIXED FULL-LENGTH ARMS, FIXED OR SWING-AWAY, DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1140RR	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	ONE CHAIR	3 MONTH LIMIT
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL-LENGTH, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1160	WHEELCHAIR, FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	ONE CHAIR	1 PER 5 YEARS
E1170	AMPUTEE WHEELCHAIR, FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS *	ONE CHAIR	1 PER 5 YEARS
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS *	ONE CHAIR	1 PER 5 YEARS
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME, MODEL # IF ANY, AND JUSTIFICATION	ONE CHAIR	1 PER 5 YEARS
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS *	ONE CHAIR	1 PER 5 YEARS
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS *	ONE CHAIR	1 PER 5 YEARS
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE > THAN 15 DEGREES, BUT < THAN 80 DEGREES), EACH *	ONE CHAIR	1 PER 5 YEARS
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	ONE CHAIR	1 PER 5 YEARS
E1226RR	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	ONE CHAIR	3 MONTH LIMIT
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	PAIR OR ARMS	1 PER SIDE PER 5 YEARS
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR *	ONE BACK	1 PER 5 YEARS
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	ONE CHAIR	1 PER 5 YEARS
E1230	POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY), SPECIFY BRAND NAME AND MODEL NUMBER	ONE CHAIR	1 PER 5 YEARS
E1231	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	ONE CHAIR	1 PER 5 YEARS
E1232	WHEELCHAIR PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE WITH SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM *	ONE CHAIR	1 PER 5 YEARS
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	ONE CHAIR	1 PER 5 YEARS
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL-LENGTH), SWING AWAY, DETACHABLE, ELEVATING LEGREST *	ONE CHAIR	1 PER 5 YEARS
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL-LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTREST	ONE CHAIR	1 PER 5 YEARS
E1260	WHEELCHAIR, LIGHTWEIGHT, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTREST	ONE CHAIR	1 PER 5 YEARS
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING-AWAY, DETACHABLE, ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS *	ONE CHAIR	1 PER 5 YEARS
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING-AWAY, DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING-AWAY, DETACHABLE FOOTRESTS	ONE CHAIR	1 PER 5 YEARS
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL-LENGTH ARMS, ELEVATING LEGREST *	ONE CHAIR	1 PER 5 YEARS
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	ONE CHAIR	1 PER 5 YEARS
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	ONE CHAIR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	ONE CHAIR	1 PER 5 YEARS
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	ONE HEATER	1 PER 3 YEARS
E1700	JAW MOTION REHABILITATION SYSTEM *	ONE SYSTEM	1 PER 8 YEARS
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF SIX	ONE PACKAGE	12 PER 365 DAYS
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PACKAGE OF 200	ONE PACKAGE	1 PER 365 DAYS
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1801	STATIC PROGRSSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPLINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1806	STATIC PROGRSSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1811	STATIC PROGRSSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1812	DYNAMIC KNEE EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1816	STATIC PROGRSSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	ONE DEVICE	12 PER 365 DAYS
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	ONE DEVICE	12 PER 365 DAYS
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1832	STATIC PROGRESSIVE STRETCH FINGER DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES*	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXTION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL *	ONE DEVICE	1 PER SIDE PER 3 YEARS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES *	ONE DEVICE	1 PER SIDE PER 3 YEARS
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	ONE DEVICE	ONE EVERY 8 YEARS
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	ONE MONITOR	1 PER 5 YEARS
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	ONE MONITOR	1 PER 5 YEARS
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH > OR = TO 20" AND < 24"	ONE ACCESSORY	1 PER 5 YEARS
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27"	ONE ACCESSORY	1 PER 5 YEARS
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20" TO < 22 "	ONE ACCESSORY	1 PER 5 YEARS
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22" TO 25"	ONE ACCESSORY	1 PER 5 YEARS
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 3 YEARS
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	ONE ACCESSORY	1 PER SIDE PER 3 YEARS
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	ONE ACCESSORY	1 PER 5 YEARS
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	ONE ACCESSORY	1 PER 5 YEARS
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	ONE ACCESSORY	1 PER SIDE PER 3 YEARS
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNUEMATIC PROPULSION TIRE (REMOVBLE,) ANY TYPE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH *	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH *	ONE ACCESSORY	1 PER SIDE PER 2 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM - ONLY PURCHASED	ONE ACCESSORY	1 PER 5 YEARS
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	ONE ACCESSORY	1 PER 5 YEARS
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	ONE BACK	1 PER 2 YEARS
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	ONE SEAT	1 PER 2 YEARS
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	ONE BACK	1 PER 2 YEARS
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	ONE SEAT	1 PER 2 YEARS
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	ONE ACCESSORY	1 PER 3 YEARS
E2298	COMPLEX REHABILIATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION, ANY TYPE*	ONE ACCESSORY	1 PER 5 YEARS
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	ONE ACCESSORY	1 PER 5 YEARS
E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	ONE ACCESSORY	1 PER 5 YEARS
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS , INDICATOR FEATURE, MECHANICAL FEATURE SELECTION SWITCH, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS , INDICATOR FEATURE, MECHANICAL FEATURE SELECTION SWITCH, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTNERS, CONNECTORS AND MOUNTING HARDWARE, EACH *	ONE ACCESSORY	1 PER 3 YEARS
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	ONE ACCESSORY	1 PER 3 YEARS
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	ONE ACCESSORY	1 PER 3 YEARS
E2325	POWER WHEELCHAIR ACCESSORY, SIP & PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE *	ONE ACCESSORY	1 PER 3 YEARS
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPROTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH 20" TO 23"	ONE ACCESSORY	1 PER 5 YEARS
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH 24" TO 27"	ONE ACCESSORY	1 PER 5 YEARS
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, DEPTH 20 " OR 21"	ONE ACCESSORY	1 PER 5 YEARS
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, DEPTH 22 " TO 25"	ONE ACCESSORY	1 PER 5 YEARS
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	ONE ACCESSORY	1 PER 3 YEARS
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	ONE ACCESSORY	2 PER 365 DAYS
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	ONE ACCESSORY	2 PER 365 DAYS
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	ONE ACCESSORY	2 PER 365 DAYS
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (EG, GEL CELL, ABSORBED GLASSMAT)	ONE ACCESSORY	2 PER 365 DAYS
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	ONE ACCESSORY	2 PER 365 DAYS
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (EG, GEL CELL, ABSORBED GLASSMAT)	ONE ACCESSORY	2 PER 365 DAYS
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	ONE ACCESSORY	2 PER 365 DAYS
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (EG, GEL CELL, ABSORBED GLASSMAT)	ONE ACCESSORY	2 PER 365 DAYS
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	ONE ACCESSORY	1 PER 3 YEARS
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED/ OR NON-SEALED, EACH	ONE ACCESSORY	1 PER 3 YEARS
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY *	ONE COMPONENT	1 PER 3 YEARS
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY *	ONE COMPONENT	1 PER 3 YEARS
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY *	ONE COMPONENT	2 PER 365 DAYS
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (EG GEL CELL,ABSORBED GLASSMAT), EACH	ONE ACCESSORY	2 PER 365 DAYS
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NONSEALED LEAD ACID BATTERY, EACH	ONE ACCESSORY	2 PER 365 DAYS
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL , INCLUDING FIXED MOUNTING HARDWARE *	ONE ACCESSORY	1 PER 3 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY *	ONE ACCESSORY	1 PER 3 YEARS
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY *	ONE ACCESSORY	1 PER 3 YEARS
E2376	POWER WHEELCHAIR ACCESS EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY *	ONE ACCESSORY	1 PER 3 YEARS
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE *	ONE ACCESSORY	1 PER 3 YEARS
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY *	ONE COMPONENT	1 PER 3 YEARS
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER 2 YEARS
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2383	POWR WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE ,ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2385	POWER WHEELCHAIR ACCESSORY ,TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2386	POWER WHEELCHAIR ACCESSORY , FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 2 YEARS
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	ONE ACCESSORY	2 PER 365 DAYS
E2402RR	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE *	1 RENTAL / MONTH/LIMIT 4	1 BILLING PER MONTH
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 8 MINS RECORDING TIME	ONE DEVICE	1 PER 8 YEARS
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED MSGS, > 8 MIN BUT < OR = 20 MIN RECORDING TIME	ONE DEVICE	1 PER 5 YEARS
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH USING PRE-RECORDED MSG >20 MIN BUT < OR = 40 MIN RECORDING TIME	ONE DEVICE	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, >40 MIN RECORDING TIME	ONE DEVICE	1 PER 5 YEARS
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	ONE DEVICE	1 PER 5 YEARS
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH ,PERMITTING MULTPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	ONE DEVICE	1 PER 5 YEARS
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	EACH	1 PER 3 YEARS
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	EACH	1 PER 8 YEARS
E2513	ACCESSORY FOR SPEECH GENERATING DEVICE, ELECTROMYOGRAPHIC SENSOR	ONE SENSOR	1 PER 5 YEARS
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	ONE CUSHION	1 PER 365 DAYS
E2610	WHEELCHAIR SEAT CUSHION, POWERED	ONE CUSHION	1 PER 365 DAYS
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH < THAN 22", ANY HEIGHT, INCLUDING ANY TYPE MOUNTNG HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22" OR >, ANY HEIGHT, INCLUDING ANY TYPE MOUNTNG HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2615	POSITIONING WHEELCHAIR BACK CUSHION , POSTERIOR-LATERAL, WIDTH < 22", ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22" OR >, ANY HEIGHT, INCLUDING ANY TYPE MOUNTNG HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	ONE CUSHION	1 PER 365 DAYS
E2620	POSITINING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPOPRTS , WIDTH <22", ANY HEIGHT, INCLUDING ANY TYPE MOUNTNG HARDWARE	ONE CUSHION	1 PER 365 DAYS
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22" OR >, ANY HEIGHT , INCLUDING ANY TYPE MOUNTNG HARDWARE	ONE CUSHION	1 PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES , ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	ONE CUSHION	1 PER 365 DAYS
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	ONE ACCESSORY	1 PER SIDE PER 8 YEARS
E3000	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES	ONE MODULATION SYSTEM	1 PER 5 YEARS
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	ONE GAIT TRAINER	1 PER 3 YEARS
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	ONE GAIT TRAINER	1 PER 3 YEARS
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	ONE GAIT TRAINER	1 PER 3 YEARS
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL HEART VALVE(S) CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA, INCLUDES PROVISION OF MATERIALS FOR USE IN THE HOME AND REPORTING OF TEST RESULTS TO PHYSICIAN; TESTING NOT OCCURRING MORE FREQUENTLY THAN ONCE A WEEK; TESTING MATERIALS, BILLING UNITS OF SERVICE INCLUDES 4 TESTS	4 TESTS	ONE BILLED PER 35 DAYS
K0001	STANDARD WHEELCHAIR *	ONE CHAIR	1 PER 5 YEARS
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR *	ONE CHAIR	1 PER 5 YEARS
K0003	LIGHTWEIGHT WHEELCHAIR *	ONE CHAIR	1 PER 5 YEARS
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR *	ONE CHAIR	1 PER 5 YEARS
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	ONE CHAIR	1 PER 5 YEARS
K0006	HEAVY DUTY WHEELCHAIR * WEIGHT>250	ONE CHAIR	1 PER 5 YEARS
K0007	EXTRA HEAVY DUTY WHEELCHAIR * WEIGHT>300	ONE CHAIR	1 PER 5 YEARS
K0009	OTHER MANUAL WHEELCHAIR/BASE *	ONE CHAIR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR *	ONE CHAIR	1 PER 5 YEARS
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING *	ONE CHAIR	1 PER 5 YEARS
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR *	ONE CHAIR	1 PER 5 YEARS
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	ONE BASE	1 PER 5 YEARS
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH *	ONE ARMREST	1 PER SIDE PER 5 YEARS
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	ONE ARMREST	1 PER SIDE PER 5 YEARS
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	ONE ARMREST	1 PER SIDE PER 5 YEARS
K0019	ARM PAD, EACH	ONE PAD	1 PER SIDE PER 365 DAYS
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	PAIR ARMRESTS	1 PER 5 YEARS
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	ONE FOOTREST	1 PER SIDE PER 3 YEARS
K0038	LEG STRAP, EACH	ONE LEGSTRAP	1 PER SIDE PER 365 DAYS
K0039	LEG STRAP, H STYLE, EACH	ONE LEGSTRAP	1 PER SIDE PER 365 DAYS
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	ONE FOOTPLATE	1 PER SIDE PER 3 YEARS
K0041	LARGE SIZE FOOTPLATE, EACH	ONE FOOTPLATE	1 PER SIDE PER 3 YEARS
K0042	STANDARD SIZE FOOTPLATE, EACH	ONE FOOTPLATE	1 PER SIDE PER 3 YEARS
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	ONE FOOTREST	1 PER SIDE PER 3 YEARS
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	ONE FOOTREST	1 PER SIDE PER 3 YEARS
K0045	FOOTREST, COMPLETE ASSEMBLY	ONE FOOTREST	1 PER SIDE PER 3 YEARS
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	ONE LEGREST	1 PER SIDE PER 3 YEARS
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	ONE LEGREST	1 PER SIDE PER 3 YEARS
K0050	RATCHET ASSEMBLY	ONE RATCHET	1 PER SIDE PER 3 YEARS
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	ONE ACCESSORY	1 PER SIDE PER 3 YEARS
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	ONE FOOTREST	1 PER SIDE PER 3 YEARS
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	ONE FOOTREST	1 PER SIDE PER 3 YEARS
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL OR GREATER THAN 21" FOR HIGH STRNGTH, LIGHTWEIGHT, OR ULTRA LIGHTWEIGHT WHEELCHAIR	ONE CHAIR	1 PER 5 YEARS
K0065	SPOKE PROTECTORS, EACH	ONE SPOKE	1 PER SIDE PER 3 YEARS
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	ONE ASSEMBLY	1 PER SIDE PER YEAR
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH *	ONE ASSEMBLY	1 PER SIDE PER YEAR
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	ONE ASSEMBLY	1 PER SIDE PER YEAR
K0072	FRONT CASTER ASSEMBLY, COMPLETE WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	ONE ASSEMBLY	1 PER SIDE PER YEAR
K0073	CASTER PIN LOCK, EACH	ONE LOCK	1 PER SIDE PER YEAR
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	ONE ASSEMBLY	1 PER SIDE PER YEAR
K0105	IV HANGER, EACH	ONE HANGER	1 PER 5 YEARS
K0455RR	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (EG,EPOPROSTENOL/TREPROSTINOL)	ONE PUMP	RENTAL ONLY
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE , EACH	ONE CARTRIDGE	20 PER MONTH
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	ONE BATTERY	1 PER 3 YEARS
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	ONE BATTERY	1 PER 3 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	ONE BATTERY	1 PER 3 YEARS
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	ONE BATTERY	1 PER 3 YEARS
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	ONE BATTERY	1 PER 3 YEARS
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE ONLY *	ONE DEVICE	RENTAL ONLY
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC	ONE ACCESSORY	1 PER 365 DAYS
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM *	ONE SYSTEM	1 PER 5 YEARS
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G.,GEL CELL, ABSORBED GLASSMAT)	ONE BATTERY	2 PER 365 DAYS
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS	ONE SET/KIT/PAD	15 PER WOUND PER CALENDAR MONTH
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQUARE INCHES	ONE SET/KIT/PAD	15 PER WOUND PER CALENDAR MONTH
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQR IN	ONE SET/KIT/PAD	15 PER WOUND PER CALENDAR MONTH
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PT WEIGHT CAPACITY UP TO/INCLUDING 300 POUNDS	ONE VEHICLE	1 PER 5 YEARS
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	ONE VEHICLE	1 PER 5 YEARS
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	ONE VEHICLE	1 PER 5 YEARS
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	ONE VEHICLE	1 PER 5 YEARS
K0807	POWER OPER ATED VEHICLE,GROUP 2 HEAVY DUTY, PT WEIGHT CAPACITY 301 TO 450 POUNDS	ONE VEHICLE	1 PER 5 YEARS
K0808	POWER OPERATED VEHICLE,GROUP 2 VERY HEAVY DUTY, PT WEIGHT CAPACITY 451 TO 600 POUNDS	ONE VEHICLE	1 PER 5 YEARS
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	ONE VEHICLE	1 PER 5 YEARS
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP - SEE BOOK *	ONE CHAIR	1 PER 5 YEARS
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PT WEIGHT CAPACITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0815	POWER WHEELCHAIR GROUP 1 STANDARD, SLING/SOLID SEAT/BACK, PT WEIGHT CPAPCITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PT WEIGHT CAPACITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0820	POWER WHEELCHAIR,GROUP 2 STANDARD, PORTABLE,SLING/SOLID SEAT/BACK,PT WEIGHT CAPACITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0821	POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, CPATAINS CHAIR, PT WEIGHT CAPACITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0822	POWER WHEELCHAIR, GROUP TWO STANDARD SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PT WEIGHT CAPACITY UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY 301 T0 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0825	POWER WHEELCHAIR,GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PT WEIGHT CAPACITY 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
K0826	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0827	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT WEIGHT CAPACITY 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY 601 POUNDS OR MORE *	ONE CHAIR	1 PER 5 YEARS
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT WEIGHT 601 POUNDS OR MORE *	ONE CHAIR	1 PER 5 YEARS
K0830	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY UP TO/INCLUD 300 #	ONE CHAIR	1 PER 5 YEARS
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PT WEIGHT CAPACITY UP TO/INCLUD 300	ONE CHAIR	1 PER 5 YEARS
K0835	POWER WHEELCHAIR GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY UP TO/INCLUD 300 *	ONE CHAIR	1 PER 5 YEARS
K0836	POWER WHEELCHAIR,GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PT WEIGHT CAPACITY UP TO/INCLUD 300 POUND *	ONE CHAIR	1 PER 5 YEARS
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT CAPACITY 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0838	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION, CAPTAINS CHAIR, PT WEIGHT CAPACITY 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0839	POWER WHEELCHAIR,GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK ,PT WEIGHT 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0840	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 600 POUNDS OR MORE *	ONE CHAIR	1 PER 5 YEARS
K0841	POWER WHEELCHAIR GROUP 2 STANDARD, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0842	POWER WHEELCHAIR GROUP 2 STANDARD MULTI POWER OPTION, CAPTAINS CHAIR, PT WEIGHT UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0843	POWER WHEELCHAIR,GROUP 2 HEAVY DUTY, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0848	POWER WHEELCHAIR GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PT WEIGHT UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0850	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK PT WEIGHT 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0851	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PT WEIGHT 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0852	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0853	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT WEIGHT 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0854	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT 601 POUNDS OR MORE *	ONE CHAIR	1 PER 5 YEARS
K0855	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT WEIGHT 601 OR MORE POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0856	POWER WHEELCHAIR GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
K0857	POWER WHEELCHAIR GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PT WEIGHT UP TO/INCLUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0859	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 451 TO 600 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INLCUD 300 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0862	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTI POWER OPTION ,SLING/SOLID SEAT/BACK, PT WEIGHT 301 TO 450 POUNDS *	ONE CHAIR	1 PER 5 YEARS
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 451 TO 600 POUND *	ONE CHAIR	1 PER 5 YEARS
K0864	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 601 POUNDS OR MORE *	ONE CHAIR	1 PER 5 YEARS
K0868	POWER WHEELCHAIR GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUDING 300 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PT WEIGHT UP TO/INCLUD 300 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT 301 TO 450 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT WEIGHT 451 TO 600 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUD 300 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD SINGLE POWER OPTION, CAPTAINS CHAIR, PT WEIGHT UP TO/INLCUD 300 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 301 TO 450	ONE CHAIR	1 PER 5 YEARS
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT 451 TO 600 POUND	ONE CHAIR	1 PER 5 YEARS
K0884	POWER WHEELCHAIR GROUP 4 STANDARD, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUD 300 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION, CAPTAINS CHAIR, PT WEIGHT UP TO/ INCLUD 300 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTI POWER OPTION, SLING/SOLID SEAT/BACK , PT WEIGHT 301 TO 450 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT UP TO/INCLUD 125 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUD 125 POUNDS	ONE CHAIR	1 PER 5 YEARS
K0898	POWER WHEELCHAIR,GROUP 5 PEDIATRIC, MULTI POWER OPTION, SLING/SOLID SEAT/BACK, PT WEIGHT UP TO/INCLUD 125 POUNDS	ONE CHAIR	1 PER 5 YEARS

VERMONT
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DEPARTMENT OF VERMONT HEALTH ACCESS

Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS, MICROPROCESSORS, SENSORS	ONE DEVICE	1 PER 3 YEARS
K1010	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, PATIENT INSERTED, REPLACEMENT ONLY, EACH	ONE DEVICE	1 PER 29 DAYS
K1011	ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE, REPLACEMENT ONLY, EACH	ONE DEVICE	1 PER 3 YEARS
K1012	CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE, REPLACEMENT ONLY	ONE DEVICE	1 PER 3 YEARS
L1006	SCOLIOSIS ORTHOSIS, SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME, EXTENDS FROM AXILLA TO TROCHANTER, INCLUDES ALL ACCESSORY PADS, STRAPS AND INTERFACE	ONE ORTHOSIS	1 PER 365 DAYS
L0112	CRANIAL CERVICAL ORTHOSIS CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	ONE ORTHOSIS	1 PER 365 DAYS
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	ONE ORTHOSIS	1 PER 365 DAYS
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	ONE ORTHOSIS	1 PER 365 DAYS
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	ONE ORTHOSIS	1 PER 365 DAYS
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	ONE ORTHOSIS	1 PER 365 DAYS
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR W/MANDIBULAR/OCCIPITAL PIECE)	ONE ORTHOSIS	1 PER 365 DAYS
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	ONE ORTHOSIS	1 PER 365 DAYS
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	ONE ORTHOSIS	1 PER 365 DAYS
L0172	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE	ONE ORTHOSIS	1 PER 365 DAYS
L0174	CERVICAL,COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	ONE ORTHOSIS	1 PER 365 DAYS
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	ONE ORTHOSIS	1 PER 365 DAYS
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI,GUILFORD,TAYLOR)	ONE ORTHOSIS	1 PER 365 DAYS
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	ONE ORTHOSIS	1 PER 365 DAYS
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	ONE ORTHOSIS	1 PER 365 DAYS
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	ONE ORTHOSIS	1 PER 365 DAYS
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, CUSTOM FABRICATED	ONE ORTHOSIS	1 PER 365 DAYS
L0454	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL & SOFT ANTERIOR APRO, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR AP, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTEN , SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTE, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EX, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTE, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON W/STRAPS, CLOSURES AN, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURE, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON W/STRAPS, CLOS, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON W/STRAPS, CLOSURES AN, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0472	TLSO, TRIPLANAR CONTROL, HYPER EXTENSION, RIGID ANTERIOR & LATERAL FRAME EXTENDS FROM SYMPHYSIS PUB, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CL, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAP, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CL , SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CL, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH OVERLAPPING REINFORCED ANTERIOR, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIO, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTER, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SARAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC , SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACR, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER T, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBR, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BE, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FR, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCY, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYG, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM S, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTE, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTE, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAM/PANEL(S), POSTERIOR EX, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAM/PANEL(S), POSTERIOR E, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL COTNROL, LUMBAR FLEXION, RIGID POSTERIOR FRAM/PANELS, LA, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAM/PANELS, P , SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BEL, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SAC, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTEN, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EX, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM S, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES(CTISO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIEN, SEE BOOK	ONE ORTHOSIS	1 PER 365 DAYS
L0710	CTLSO, ANTE-POSTER-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	ONE ORTHOSIS	1 PER 365 DAYS
L0720	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	ONE ORTHOSES	1 PER SIDE PER 365 DAYS
L0970	TLSO, CORSET FRONT	ONE CORSET	1 PER 365 DAYS
L0972	LSO, CORSET FRONT	ONE CORSET	1 PER 365 DAYS
L0974	TLSO, FULL CORSET	ONE CORSET	1 PER 365 DAYS
L0976	LSO, FULL CORSET	ONE CORSET	1 PER 365 DAYS
L0978	AXILLARY CRUTCH EXTENSION	ONE EXTENSION	1 PER 8 YEARS
L0984	PROTECTIVE BODY SOCK, EACH	ONE UNDERGARMENT	2 PER180 DAYS
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS(CTLSO)(MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLD MODL	ONE ORTHOSIS	1 PER 365 DAYS
L1001	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS,IMMOBILIZER,INFANT SIZE,PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER 365 DAYS
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS AND PAD INCLUDING FITTING AND ADJUSTMENT	1 PER 365 DAYS
L1010	ADDITIONS TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	ONE ORTHOSIS AND SLING	1 PER 365 DAYS
L1200	THORACIC-LUMBAR-SACAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	ONE BRACE	1 PER 365 DAYS
L1300	OTHER SCOLIOSIS PROCEDURES, BODY JACKET MOLDED TO PATIENT MODEL	ONE BRACE	1 PER 365 DAYS
L1310	OTHER SCOLIOSIS PROCEDURES, POST-OPERATIVE BODY JACKET	ONE BRACE	1 PER 365 DAYS
L1320	THORACIC, PECTUS CARINATUM ORTHOSIS, STERNAL COMPRESSION, RIGID CIRCUMFERENTIAL FRAME WITH ANTERIOR AND POSTERIOR RIGID PADS, CUSTOM FABRICATED	ONE ORTHOSIS	1 PER 3 YEARS
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	ONE BRACE	1 PER 365 DAYS
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCL ,SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDE, SEE BOOK	ONE BRACE	1 PER 180 DAYS
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	ONE BRACE	1 PER 365 DAYS
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRIC	ONE BRACE	1 PER 365 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (LIFTED TYPE), PREFABRICATED, IN, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICAT, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1653	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, OFF THE SHELF	ONE ORTHOSIS	1 PER 365 DAYS
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER 365 DAYS
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTR, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	ONE BRACE	1 PER 365 DAYS
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCL, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATI, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L1700	LEGG-PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	ONE BRACE	1 PER 365 DAYS
L1710	LEGG-PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	ONE BRACE	1 PER 365 DAYS
L1720	LEGG-PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	ONE BRACE	1 PER 365 DAYS
L1730	LEGG-PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	ONE BRACE	1 PER 365 DAYS
L1755	LEGG-PERTHES ORTHOSIS, (PATTEN BOTTOM TYPES), CUSTOM FABRICATED	ONE BRACE	1 PER 365 DAYS
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	ONE BRACE	1 PER SIDE PER 365 DAYS
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICAT, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1821	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, OFF THE SHELF	ONE ORTHOSIS	1 PER 365 DAYS
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPO, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPO, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 365 DAYS
L1836	KNEE ORTHOSIS, RIGID, W/O JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, W/FITTING & ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	ONE BRACE	1 PER SIDE PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICEN, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENT, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICEN, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENT, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFA, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFAB, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER SIDE PER 3 YEARS
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UN, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UN, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	ONE MODIFICATION	1 PER SIDE PER 365 DAYS
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 365 DAYS
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	ONE BRACE	1 PER SIDE PER 365 DAYS
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	ONE BRACE	1 PER SIDE PER 365 DAYS
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	ONE BRACE	1 PER SIDE PER 365 DAYS
L1907	AFO, SUPRAMALLEOLAR W/ STRAPS, W OR W/O INTERFACE/PADS, CUSTOM FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR,SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED INCLUDES FITTING & ADJSM	ONE BRACE	1 PER SIDE PER 365 DAYS
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOPS(PHELPS OR PERISTEIN TYPE), CUSTOM-FABRICATE	ONE BRACE	1 PER SIDE PER 365 DAYS
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER SIDE PER 180 DAYS
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES, SEE BOOK	ONE BRACE	1 PER SIDE PER 180 DAYS
L1933	ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, OFF-THE-SHELF	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIA, SEE BOOK	ONE BRACE	1 PER SIDE PER 180 DAYS
L1952	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, OFF-THE-SHELF	ONE BRACE	1 PER SIDE PER 180 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMEN	ONE BRACE	1 PER SIDE PER 180 DAYS
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF(SINGL, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUB, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BAN, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AN, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (S, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (D, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL L, SEE BOOK	ONE BRACE	1 PER SIDE PER 180 DAYS
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFAB, SEE BOOK	ONE BRACE	1 PER SIDE PER 180 DAYS
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR, SEE BOOK	ONE BRACE	1 PER SIDE PER 180 DAYS
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR, SEE BOOK	ONE BRACE	1 PER SIDE PER 180 DAYS
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	ONE BRACE	1 PER SIDE PER 180 DAYS
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	ONE BRACE	1 PER 365 DAYS
L2050	HIP KNEE ANKLE FOOT ORTHOSIS,TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT,PELVIC BAND/BELT, CUSTOM-FABRIC	ONE BRACE	1 PER 365 DAYS
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, P, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	ONE BRACE	1 PER 365 DAYS
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, C , SEE BOOK	ONE BRACE	1 PER 365 DAYS
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, P, SEE BOOK	ONE BRACE	1 PER 365 DAYS
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 365 DAYS
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLU, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE C, SEE BOOK	ONE BRACE	1 PER SIDE PER 365 DAYS
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	ONE BRACE	1 PER SIDE PER 365 DAYS
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L2136	KAFO, FRACTURE ORTHOSIS ,FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE BRACE	1 PER SIDE PER 365 DAYS
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	ONE SIOCK	2 PER SIDE PER 4 MONTHS
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	ONE SIOCK	2 PER SIDE PER 4 MONTHS
L2999	LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED	ONE BRACE	1 PER SIDE PER 365 DAYS
L3000	FOOT , INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH.	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3060	FOOT, ARCH SUPPORT, REMOVABLE,PREMOLDED, LONGITUDINAL/METATARSAL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE , LONGITUDINAL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3090	FOOT,ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	ONE INSERT	1 PER FOOT PER SIDE PER 180 DAYS
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	ONE BRACE	1 PER 180 DAYS
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	ONE BRACE	1 PER 2 YEARS
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	ONE BRACE	1 PER SIDE PER 180 DAYS
L3161	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	ONE DEVICE	1 PER LIMB PER 24 MONTHS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	ONE STABILIZER	1 PER SIDE PER 365 DAYS
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3208	SURGICAL BOOT, EACH, INFANT	ONE BOOT	1 PER SIDE PER 3 MONTHS
L3209	SURGICAL BOOT, EACH, CHILD	ONE BOOT	1 PER SIDE PER 4 MONTHS
L3211	SURGICAL BOOT, EACH, JUNIOR	ONE BOOT	1 PER SIDE PER 6 MONTHS
L3212	BENESCH BOOT, PAIR, INFANT	ONE PAIR OF BOOTS	1 PAIR PER 3 MONTHS
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3222	ORTHOPEDIC FOOTWEAR, MEN'S SHOES, HIGHTOP, DEPTH INLAY, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS INTEGRAL PART OF A BRACE, (ORTHOSIS)	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS INTEGRAL PART OF A BRACE, (ORTHOSIS)	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3260	SURGICAL BOOT/SHOE, EACH	ONE BOOT/SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3265	PLASTAZOTE SANDAL, EACH	ONE SHOE	1 PER FOOT PER SIDE PER 180 DAYS
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	ONE INCH	4 INCHES PER 180 DAYS
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	ONE INCH	4 INCHES PER 180 DAYS
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	ONE LIFT	1 PER 365 DAYS
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	ONE LIFT	2 PER 180 DAYS
L3334	LIFT, ELEVATION, HEEL, PER INCH	ONE INCH	1 PER SIDE PER 180 DAYS
L3340	HEEL WEDGE, SACH	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L3350	HEEL WEDGE	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3360	SOLE WEDGE, OUTSIDE SOLE	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3370	SOLE WEDGE, BETWEEN SOLE	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	ONE WEDGE	1 PER SIDE PER 180 DAYS
L3430	HEEL, COUNTER, PLASTIC REINFORCED	ONE COUNTER	1 PER SIDE PER 180 DAYS
L3440	HEEL, COUNTER, LEATHER REINFORCED	ONE COUNTER	1 PER SIDE PER 180 DAYS
L3450	HEEL, SACH CUSHION TYPE	ONE HEEL	1 PER SIDE PER 180 DAYS
L3455	HEEL, NEW LEATHER, STANDARD	ONE HEEL	1 PER SIDE PER 180 DAYS
L3460	HEEL, NEW RUBBER, STANDARD	ONE HEEL	1 PER SIDE PER 180 DAYS
L3465	HEEL,THOMAS WITH WEDGE	ONE HEEL	1 PER SIDE PER 180 DAYS
L3470	HEEL, THOMAS EXTENDED TO BALL	ONE HEEL	1 PER SIDE PER 180 DAYS
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	ONE PAD	1 PER FOOT PER SIDE PER 365 DAYS
L3485	HEEL, PAD, REMOVABLE FOR SPUR	ONE PAD	1 PER SIDE PER 180 DAYS
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED W LEATHER	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3580	ORTHOPEDIC SHOE ADDITIONS, CONVERT INSTEP TO VELCO CLOSURE	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	ONE WEDGE/HEEL/SOLE/IN SOLE	1 PER FOOT PER SIDE PER 365 DAYS
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	ONE TRANSFER	1 PER SIDE PER 180 DAYS
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	ONE TRANSFER	1 PER SIDE PER 180 DAYS
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	ONE TRANSFER	1 PER SIDE PER 180 DAYS
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	ONE TRANSFER	1 PER SIDE PER 180 DAYS
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	ONE TRANSFER	1 PER 180 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, *SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTO, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WIT, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INC, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFA, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFA, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FIT, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM-FABRICATED	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3760	ELBOW ORTHOSIS (EO) , WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FI, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRIC, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM , SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLE, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SP, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3807	WRIST HAND FINGER ORTHOSIS, W/O JOINT(S), PREFABRICATED, INCLUDES FITTING & ADJUSTMENTS, ANY TYPE	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUST, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXIO, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXIO, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING & ADJSTM	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED , INCLUDES FITTING & ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3912	HAND FINGER ORTHOSIS, FLEXION GOLVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLU, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCL, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCL, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING & ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLU, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES F *SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRI, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WO JOINT/SPRING, EXT, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),TURNBUCKLES, ELASTIC BANDS/SPRINGS, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE , SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SP, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3933	FINGER ORTHOSIS, W/O JOINTS, MAY INCLUDE SOFT INTRFC, CUSTOM FABRCTD, FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING & ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLU, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, EL, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT IN , SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPO, SEE BOOK	ONE COMPONENT	1 PER SIDE PER 365 DAYS
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JO, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPON, SEE BOOK	ONE COMPONENT	1 PER SIDE PER 365 DAYS
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR W, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRCIATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	ONE SOCK	1 PER SIDE PER 365 DAYS
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (EG, PNEUMATIC, GEL), PRE, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, SEE BOOK	ONE BOOT	1 PER SIDE PER 365 DAYS
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, SEE BOOK	ONE BOOT	1 PER SIDE PER 365 DAYS
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE SPLINT	1 PER SIDE PER 365 DAYS
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICA, SEE BOOK	ONE BOOT	1 PER SIDE PER 365 DAYS
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICA, SEE BOOK	ONE BOOT	1 PER SIDE PER 365 DAYS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR P, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHE, SEE BOOK	ONE ORTHOSIS	1 PER SIDE PER 365 DAYS
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	ONE FOOT	1 PER SIDE PER 3 YEARS
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	ONE FOOT	1 PER SIDE PER 3 YEARS
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	ONE FOOT	1 PER SIDE PER 3 YEARS
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	ONE FOOT	1 PER SIDE PER 3 YEARS
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	ONE FOOT	1 PER SIDE PER 3 YEARS
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINT, SEE BOOK	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNA. ALIGNED EACH	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5250	HIP DISARTICULATION,CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5270	HIP DISARTICULATION,TILT TABLE TYPE; MOLD SOCKET, LOCKNG HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYS, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5615	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	ONE SYSTEM	1 PER LIMB PER 3 YEARS
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	ONE HARNESS	1 PER 3 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5783	ADDITION TO LOWER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	ONE SYSTEM	ONE PER 5 YEARS
L5827	ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL, WITH OR WITHOUT SHOCK ABSORPTION AND STANCE EXTENSION DAMPING	ONE SYSTEM	ONE PER SIDE PER 3 YEARS
L5841	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, PNEUMATIC SWING, AND STANCE PHASE CONTROL	ONE SYSTEM	ONE PER 5 YEARS
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATU, SEE BOOK	ONE CONTROL	1 PER SIDE PER 3 YEARS
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATU, SEE BOOK	ONE CONTROL	2 PER SIDE PER 3 YEARS
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL, SEE BOOK	ONE CONTROL	3 PER SIDE PER 3 YEARS
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLE, SEE BOOK	ONE DEVICE	4 PER SIDE PER 3 YEARS
L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE	ONE UNIT	1 PER LIMB PER 3 YEARS
L5972	ALL LOWER EXTREMITY PROSTHESES, (FOOT, FLEXIBLE KEEL)	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEX AND/OR PLANTAR FLEXION, SEE BOOK	ONE CONTROL	1 PER SIDE PER 3 YEARS
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5975	ALL LOWER EXTREMITY PROSTHESES, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5980	ALL LOWER EXTREMITY PROSTHESES; FLEX FOOT SYSTEM	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5987	ALL LOWER EXTREMITY PROSTHESES, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	ONE FOOT	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	ONE PROSTHETIC	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6000	PARTIAL HAND, THUMB REMAINING	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6020	PARTIAL HAND, NO FINGER REMAINING	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	EACH PROSTHETIC HAND	1 PER SIDE PER 3 YEARS
L6028	PARTIAL HAND INCLUDING FINGERS, FLEXIBLE OR NON-FLEXIBLE INTERFACE, ENDOSKELETAL SYSTEM, MOLDED TO PATIENT MODEL, FOR USE WITHOUT EXTERNAL POWER, NOT INCLUDING INSERTS DESCRIBED BY L6692	EACH PROSTHETIC HAND	ADULT- 1 PER SIDE PER 365 DAYS CHILD 1 PER SIDE PER 365 DAYS
L6029	UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS	EACH PROSTHETIC HAND	ADULT- 1 PER SIDE PER 365 DAYS CHILD 1 PER SIDE PER 365 DAYS
L6030	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS	EACH PROSTHETIC HAND	ADULT- 1 PER SIDE PER 365 DAYS CHILD 1 PER SIDE PER 365 DAYS
L6031	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	EACH PROSTHETIC HAND	ADULT- 1 PER SIDE PER 365 DAYS CHILD 1 PER SIDE PER 365 DAYS
L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	EACH PROSTHETIC HAND	ADULT- 1 PER SIDE PER 365 DAYS CHILD 1 PER SIDE PER 365 DAYS
L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLIC MATERIAL	EACH PROSTHETIC HAND	ADULT- 1 PER SIDE PER 365 DAYS CHILD 1 PER SIDE PER 365 DAYS
L6037	IMMEDIATE POST-SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, PARTIAL HAND INCLUDING FINGERS	EACH PROSTHETIC HAND	1 PER SIDE PER 365 DAYS
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6350	INTERSCAPULAR THORACIC,MOLDED SOCKET,SHOULDER BULKHEAD,HUMERAL SECT. INTERNAL LOCKING ELBOW, FOREARM	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS

VERMONT
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DEPARTMENT OF VERMONT HEALTH ACCESS

Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6550	SHOULD DISARTICULATION,MOLDED SOCKET,ENDOSKELETAL SYSTEM,INCLUDING SOFT PROSTHETIC TISSUE SHAPING	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	ONE SWITCH	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6700	UPPER EXTREMITY ADDITION, EXTERNAL POWERED FEATURE, MYOELECTRONIC CONTROL MODULE, ADDITIONAL EMG INPUTS, PATTERN-RECOGNITION DECODING INTENT MOVEMENT	ONE MODULE	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6706	TERMINAL DEVICE HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6707	TERMINAL DEVICE HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6708	TERMINAL DEVICE, HAND MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6709	TERMINAL DEVICE, HAND, MECHANICAL,VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	ONE HAND	1 PER SIDE PER 365 DAYS
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	ONE HAND	1 PER SIDE PER 365 DAYS
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	ONE HAND	1 PER SIDE PER 365 DAYS
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	ONE HAND	1 PER SIDE PER 365 DAYS
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	ONE HAND	1 PER SIDE PER 365 DAYS
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL,V OLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERNS OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, SEE BOOK	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, SEE BOOK	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK , SEE BOOK	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK, SEE BOOK	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTS, SEE BOOK	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE, SEE BOOK	ONE FOREARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

Updated 9/22/2026

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELB, SEE BOOK	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING, SEE BOOK	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SEE BOOK	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHEL, SEE BOOK	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHO, SEE BOOK	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER, SEE BOOK	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	ONE HAND	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED PEDIATRIC	ONE HAND	1 PER SIDE PER 365 DAYS
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	ONE HAND	1 PER SIDE PER 3 YEARS
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	ONE HAND	1 PER SIDE PER 365 DAYS
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	ONE ELBOW	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	ONE ELBOW	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	ONE ELBOW	1 PER SIDE PER 365 DAYS
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	ONE ELBOW	1 PER SIDE PER 365 DAYS
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	ONE ELBOW	1 PER SIDE PER 365 DAYS
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	ONE ELBOW	1 PER SIDE PER 365 DAYS
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	ONE ELBOW	1 PER SIDE PER 365 DAYS
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	ONE WRIST	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L7406	ADDITION TO UPPER EXTREMITY, USER ADJUSTABLE, MECHANICAL, RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	ONE SYSTEM	1 PER 5 YEARS
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	ONE ARM	ADULT: 1 PER SIDE PER 3 YEARS CHILD: 1 PER SIDE PER 365 DAYS
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	ONE SLEEVE	2 PER 365 DAYS
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	ONE BRA	2 PER CALENDAR YEAR
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL (L8002 FOR BILATERAL)	ONE BRA	2 PER CALENDAR YEAR
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	ONE BRA	2 PER CALENDAR YEAR
L8010	BREAST PROSTHESIS; MASTECTOMY SLEEVE	ONE PROSTHESIS/FORM	3 PER AFFECTED LIMB PER 365 DAYS
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST-MASTECTOMY	ONE GARMENT	2 PER 365 DAYS
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	ONE PROSTHESIS/FORM	1 PER SIDE PER CALENDAR YEAR
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	ONE PROSTHESIS/FORM	1 PER SIDE PER CALENDAR YEAR
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	ONE PROSTHESIS/FORM	1 PER SIDE PER CALENDAR YEAR
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	ONE PROSTHESIS/FORM	1 PER SIDE PER CALENDAR YEAR

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	ONE PROSTHETIC	1 PER SIDE PER 5 YEARS
L8040	NASAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8042	ORBIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	ONE EAR	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	ONE PROSTHETIC	ADULT: 1 PER 5 YEARS CHILD: 1 PER 365 DAYS
L8300	TRUSS, SINGLE WITH STANDARD PAD	ONE TRUSS	2 PER 365 DAYS
L8310	TRUSS, DOUBLE WITH STANDARD PADS	ONE TRUSS	2 PER 365 DAYS
L8500	ARTIFICIAL LARYNX, ANY TYPE	ONE LARYNX	1 PER 3 YEARS
L8501	TRACHEOSTOMY SPEAKING VALVE	ONE VALVE	2 PER 6 MONTHS
L8507	TRACHEO-ESHOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE EACH	ONE PROSTHETIC	1 PER 3 YEARS
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	ONE PROSTHETIC	1 PER 3 YEARS
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	ONE PROSTHETIC	1 PER SIDE PER LIFETIME
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	ONE DEVICE	1 PER SIDE PER 10 YEARS
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	ONE HEADSET/HEADPIECE	2 PER YEAR
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	ONE MICROPHONE	2 PER YEAR
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	ONE COIL	2 PER YEAR
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE , REPLACEMENT	ONE TRANSMITTER	2 PER YEAR
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	ONE IMPLANT	2 PER 3 YEARS
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT, EACH	ONE BATTERY	420 PER YEAR
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	ONE BATTERY	2 PER YEAR
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH	ONE SYSTEM	1 PER 5 YEARS
L8627	COCHLEAR IMPLANT, EXERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	ONE IMPLANT	2 PER 3 YEARS
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	ONE IMPLANT	2 PER 3 YEARS
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	ONE COIL	2 PER YEAR
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATER/REPLACEMENT ONLY, EACH	ONE DEVICE	1 PER SIDE PER 10 YEARS

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Vermont Medicaid Durable Medical Equipment (DME) Limitation List

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S) , SEE HCPCS BOOK	ONE DEVICE	1 PER SIDE PER 5 YEARS
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER; SINGLE OR DOUBLE UPRIGHT(S), SEE HCPCS BOOK	ONE DEVICE	1 PER SIDE PER 5 YEARS
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	ONE BOTTLE	10 PER 180 DAYS
S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	ONE SLEEVE/GLOVE	3 PER AFFECTED LIMB PER 180 DAYS
S8421	GRADIENT PRESSURE AID (SLEEVE & GLOVE COMBINATION) READY MADE	ONE SLEEVE/GLOVE	3 PER AFFECTED LIMB PER 180 DAYS
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	ONE SLEEVE	3 PER AFFECTED LIMB PER 180 DAYS
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT	ONE SLEEVE	3 PER AFFECTED LIMB PER 180 DAYS
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE	ONE SLEEVE	3 PER AFFECTED LIMB PER 180 DAYS
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	ONE GLOVE	3 PER AFFECTED LIMB PER 180 DAYS
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	ONE GLOVE	3 PER AFFECTED LIMB PER 180 DAYS
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	ONE GLOVE	3 PER AFFECTED LIMB PER 180 DAYS
S8428	GRADIENT PRESSURE AID (GUANTLET), READY MADE	ONE GUANTLET	3 PER AFFECTED LIMB PER 180 DAYS
	FOR MEMBERS AGE 3 AND OLDER **All DISPOSABLE INCONTINENCE PRODUCTS ("CHUX", UNDERPADS, DIAPERS, BRIEFS, UNDERWARE, LINERS/SHIELDS/GUARDS/PADS/UNDERGARMENTS, PULL-ONS, PULL-UPS) ARE LIMITED TO A MAXIMUM OF 300 ITEMS PER CALENDAR MONTH. THE COMBINING OF ALL DISPOSABLE PRODUCTS WITHIN THIS LIMITATION ALSO MEANS THAT THE MEMBER CAN HAVE UP TO 300 DIAPERS OR 300 CHUX OR 300 OF ANY COMBINATION OF DISPOSABLE INCONTINENCE PRODUCTS WITHIN THE SAME MONTH**		
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER , SMALL, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER , MEDIUM, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER , LARGE, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER , EXTRA LARGE, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	ONE LINER/SHIELD/GUARD/ PAD/ UNDERGARMENT	300 PER CALENDAR MONTH
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	ONE UNDERWARE/PULL-ON	36 PER 365 DAYS
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	ONE UNDERPAD	36 PER 365 DAYS
T4539	INCONTINENCE PRODUCT, DIAPER /BRIEF, REUSABLE, ANY SIZE, EACH	ONE DIAPER/BRIEF	36 PER 365 DAYS
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	ONE UNDERPAD	36 PER 365 DAYS
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	ONE UNDERPAD	300 PER CALENDAR MONTH
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	ONE UNDERPAD	300 PER CALENDAR MONTH
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER , BARIATRIC, EACH	ONE BRIEF/ DIAPER	300 PER CALENDAR MONTH
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	ONE UNDERWARE/PULL-ON	300 PER CALENDAR MONTH
T4545	INCONTINENCE PRODUCT, DISPOSABLE, PENILE WRAP, EACH	ONE WRAP	300 PER CALENDAR MONTH
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	ONE FITTING	1 PER EAR PER 3 YEARS
V5014	REPAIR/MODIFICATION OF A HEARING AID	ONE REPAIR/MODIFICATON	1 PER EAR PER 365 DAYS
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	ONE AID	1 PER EAR PER 3 YEARS
V5050	HEARING AID, MONAURAL, IN THE EAR	ONE AID	1 PER EAR PER 3 YEARS
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	ONE AID	1 PER EAR PER 3 YEARS
V5130	BINAURAL, IN THE EAR	PAIR	1 PER EAR PER 3 YEARS
V5140	BINAURAL, BEHIND THE EAR	PAIR	1 PER EAR PER 3 YEARS
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN	ONE AID	1 PER EAR PER 3 YEARS
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN	ONE AID	1 PER EAR PER 3 YEARS
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BE	ONE AID	1 PER EAR PER 3 YEARS
V5200	DISPENSING FEE, CONTRALATERAL, MONAURAL	ONE FEE	1 PER EAR PER 3 YEARS
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE	PAIR	1 PER EAR PER 3 YEARS
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE	PAIR	1 PER EAR PER 3 YEARS
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE	PAIR	1 PER EAR PER 3 YEARS
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC	PAIR	1 PER EAR PER 3 YEARS
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC	PAIR	1 PER EAR PER 3 YEARS
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BT	PAIR	1 PER EAR PER 3 YEARS
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL	ONE FEE	1 PER PAIR PER 3 YEARS
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	ONE FEE	1 PER EAR PER 3 YEARS
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	ONE AID	1 PER EAR PER 3 YEARS
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	ONE AID	1 PER EAR PER 3 YEARS
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	ONE AID	1 PER EAR PER 3 YEARS
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	ONE AID	1 PER EAR PER 3 YEARS
V5249	HEARING AID, ANALOG, BINAURAL, ITC	PAIR	1 PER EAR PER 3 YEARS
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	PAIR	1 PER EAR PER 3 YEARS
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	PAIR	1 PER EAR PER 3 YEARS
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	PAIR	1 PER EAR PER 3 YEARS
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	ONE AID	1 PER EAR PER 3 YEARS
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	ONE AID	1 PER EAR PER 3 YEARS

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HCPCS CODE	DESCRIPTION	UNIT EQUALS	LIMIT
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	ONE AID	1 PER EAR PER 3 YEARS
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	ONE AID	1 PER EAR PER 3 YEARS
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	PAIR	1 PER EAR PER 3 YEARS
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	PAIR	1 PER EAR PER 3 YEARS
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	PAIR	1 PER EAR PER 3 YEARS
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	PAIR	1 PER EAR PER 3 YEARS
V5266	BATTERY FOR USE IN HEARING	ONE BATTERY	24 PER 30 DAYS