

CORRECT CODING – 2016 HCPCS CODE ANNUAL UPDATE

DME MAC Joint Publication

The following tables identify changes to Level II Healthcare Common Procedure Coding System (HCPCS) codes for 2016. The tables contain only the 2016 HCPCS codes that are applicable to items that fall within Medicare DME MAC jurisdiction. There may be other HCPCS code changes for items under the jurisdiction of other Medicare contractors. Consult with those contractors for information regarding HCPCS codes that fall within their areas of responsibility.

All HCPCS code changes are effective for claims with dates of service on or after January 1, 2016.

CODE CHANGE CATEGORIES

Added Codes/Added Modifiers: These are new codes and modifiers.


Discontinued Codes/Deleted Modifiers: These are codes and modifiers that are discontinued /deleted. These codes and modifiers continue to be valid for Medicare claims with dates of service on or before December 31, 2015.

If there is a direct crosswalk for a discontinued/deleted code or modifier, the crosswalk code is listed in the table. The crosswalked codes are effective for claims with dates of service on or after January 1, 2016.

There is no grace period that allows for submission of a discontinued code/modifier for claims with dates of service in 2016.

Narrative Changes/Revised Modifiers: These are changes in the narrative descriptor for an existing code or modifier.

For products not listed on the DMECS Product Classification Lists, suppliers should evaluate whether a revised narrative changes their coding choices.

For questions about correct coding, contact the Pricing, Data Analysis and Coding (PDAC) Contact Center at (877) 735-1326 during the hours of 8:30 a.m. to 4:00 p.m. CT, Monday through Friday, or e-mail the PDAC by completing the DME PDAC Contact Form located on the PDAC website: <https://www.dmepdac.com/> 

CODE TABLES

The appearance of a code in the tables below does not necessarily indicate coverage. Refer to the applicable Local Coverage Determination for information regarding Medicare reimbursement requirements.

Ankle-Foot/Knee-Ankle-Foot Orthosis

Narrative Changes

| Code | Old Narrative | New Narrative |
|-------------|----------------------|----------------------|
|-------------|----------------------|----------------------|

| | | |
|-------|---|--|
| L1902 | ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, OFF-THE-SHELF | ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF |
| L1904 | ANKLE ORTHOSIS, ANKLE GAUNTLET, CUSTOM-FABRICATED | ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED |

Bowel Management

Added Code

| Code | Narrative |
|-------------|------------------|
|-------------|------------------|

| | |
|-------|--|
| A4337 | INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH |
|-------|--|

External Infusion Pumps

Added Code

| Code | Narrative |
|-------------|------------------|
|-------------|------------------|

| | |
|-------|---|
| J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION |
| J9039 | INJECTION, BLINATUMOMAB, 1 MICROGRAM |
| J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN |

Immunosuppressive Drugs

Added Code

| Code | Narrative |
|-------------|------------------|
|-------------|------------------|

| | |
|-------|---|
| J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL, 0.25 MG |
|-------|---|

| | |
|-------|--|
| J7512 | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG |
|-------|--|

Narrative Changes

| Code | Old Narrative | New Narrative |
|-------|--|---|
| J7508 | TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG | TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG |

Discontinued Code

| Code | Narrative | Crosswalk to Code |
|-------|----------------------------|-------------------|
| J7506 | PREDNISONE, ORAL, PER 5 MG | J7512 |

Miscellaneous

Added Code

| Code | Narrative |
|-------|---|
| J7999 | COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED |

Discontinued Code

| Code | Narrative | Crosswalk to Code |
|-------|---|-------------------|
| Q9977 | COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED | J7999 |

Nebulizers

Discontinued Code

| Code | Narrative | Crosswalk to Code |
|-------|--|-------------------|
| A7011 | CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET | NONE |

Oral Antiemetic Drugs

Added Code**Code Narrative**

| | |
|-------|--|
| E0465 | HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE) |
| E0466 | HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL) |

Discontinued Code**Code Narrative****Crosswalk to
Code**

| | | |
|-------|---|-------|
| E0450 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE) | E0465 |
| E0460 | NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY | E0466 |
| E0461 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK) | E0466 |
| E0463 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE) | E0465 |
| E0464 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK) | E0466 |

Wheelchair Options/Accessories**Added Code****Code Narrative**

| | |
|-------|---|
| E1012 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH |
|-------|---|

Narrative Changes

| Code | Old Narrative | New Narrative |
|-------------|--|--|
| K0017 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH |
| K0018 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH |

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