

CORRECT CODING - 2017 HCPCS CODE ANNUAL UPDATE

DME MAC Joint Publication

The following tables identify changes to Level II Healthcare Common Procedure Coding System (HCPCS) codes for 2017. The tables contain only the 2017 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, 2017.

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, 2016.

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, 2017.

There is no grace period that allows for submission of a discontinued code/modifier for claims with dates of service in 2017.

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	New Narrative	Old Narrative
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L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF
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Enteral Nutrition

Discontinued Code

Code	Narrative	Crosswalk to Code
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	B9002

Narrative Changes

Code	New Narrative	Old Narrative
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM

External Infusion Pumps

Added Code

Code	Narrative
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH

Narrative Changes

Code	New Narrative	Old Narrative
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A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH

Knee Orthoses

Added Code

Code	Narrative
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF

Discontinued Code

Code	Narrative	Crosswalk to Code
K0901	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	L1851
K0902	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	L1852

	ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	
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Miscellaneous

Added Code

Code	Narrative
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES
A9285	INVERSION/EVERSION CORRECTION DEVICE
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH

Discontinued Code

Code	Narrative	Crosswalk to Code
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH	A4467

Neuromuscular Stimulators

Narrative Changes

Code	New Narrative	Old Narrative
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER

Oral Antiemetic Drugs

Added Code

Code	Narrative
J8670	ROLAPITANT, ORAL, 1 MG

Discontinued Code

Code	Narrative	Crosswalk to Code
Q9981	ROLAPITANT, ORAL, 1 MG	J8670

Seat Lift Mechanisms

Narrative Changes

Code	New Narrative	Old Narrative
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC

Discontinued Code

Code	Narrative	Crosswalk to Code
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	E0627

Wheelchair Options/Accessories

Narrative Changes

Code	New Narrative	Old Narrative
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH
K0019	ARM PAD, REPLACEMENT ONLY, EACH	ARM PAD, EACH
K0037	HIGH MOUNT FLIP-UP FOOTREST, REPLACEMENT ONLY, EACH	HIGH MOUNT FLIP-UP FOOTREST, EACH

K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	STANDARD SIZE FOOTPLATE, EACH
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	FOOTREST, LOWER EXTENSION TUBE, EACH
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	FOOTREST, UPPER HANGER BRACKET, EACH
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	FOOTREST, COMPLETE ASSEMBLY
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	RATCHET ASSEMBLY
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	SWINGAWAY, DETACHABLE FOOTRESTS, EACH
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH

K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	DRIVE BELT FOR POWER WHEELCHAIR

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