1997 HCPCS UPDATE: ADDITIONS, CHANGES AND DELETIONS

The following are additions, changes and deletions to the HCPCS for 1997. Deleted HCPCS for 1997 will be accepted through March 31, 1997, as a 90-day grace period. Claims received on or after April 1, 1997, must contain the new and correct codes as they are outlined in the following pages.

HCPCS 1997 Additions

KM Replacement of facial prosthesis including new impression/moulage
KN Replacement of facial prosthesis using previous master model
QA FDA investigational device exemption
A4221 Supplies for maintenance of drug infusion catheter, per week (list drug separately)
   (Effective 1/1/97 this replaces HCPCS Code K0110)
A4222 Supplies for external drug infusion pump, per cassette or bag (list drug separately)
   (Effective 1/1/97 this replaces HCPCS Code K0111)
A4255 Platforms for home blood glucose monitor, 50 per box
   (Effective 1/1/97 this replaces HCPCS Code XX003)
A4321 Therapeutic agent for urinary catheter irrigation
   (Effective 1/1/97 this replaces HCPCS Code XX005)
A4353 Intermittent urinary catheter, with insertion supplies
   (Effective 1/1/97 this replaces HCPCS Code XX004)
A4365 Ostomy adhesive remover wipes, 50 per box
   (Effective 1/1/97 this replaces HCPCS Code XX007)
A4368 Ostomy filter, any type, each
   (Effective 1/1/97 this replaces HCPCS Code XX008)
A4481 Tracheostoma filter, any type, any size, each
   (Effective 1/1/97 this replaces HCPCS Code XX014)
A6025 Silicone gel sheet, each (not valid for Medicare)
A6154 Wound pouch, each
   (Effective 1/1/97 this replaces HCPCS Code K0154)
A6196 Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing
   (Effective 1/1/97 this replaces HCPCS Code K0196)
A6197 Alginate dressing, wound cover, pad size more than 16 sq. in but less than or equal to 48 sq. in, each dressing
   (Effective 1/1/97 this replaces HCPCS Code K0197)
A6198 Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing
   (Effective 1/1/97 this replaces HCPCS Code K0198)
A6199 Alginate dressing, would filler, per 6 inches
   (Effective 1/1/97 this replaces HCPCS Code K0199)
A6203 Composite dressing, pad size 16 sq. in, or less, with any size adhesive border, each dressing
   (Effective 1/1/97 this replaces HCPCS Code K0203)
A6204 Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing
   (Effective 1/1/97 this replaces HCPCS Code K0204)
A6205 Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
   (Effective 1/1/97 this replaces HCPCS Code K0205)
HCPCS 1997 Additions (continued)

A6206  Contact layer, 16 sq. in. or less, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0206)

A6207  Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0207)

A6208  Contact layer, more than 48 sq. in, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0208)

A6209  Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0209)

A6210  Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0210)

A6211  Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0211)

A6212  Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0212)

A6213  Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0213)

A6214  Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0214)

A6215  Foam dressing, wound filler, per gram
        (Effective 1/1/97 this replaces HCPCS Code K0215)

A6216  Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0216)

A6217  Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0217)

A6218  Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0218)

A6219  Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0219)

A6220  Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0220)

A6221  Gauze, non-impregnated, pad size more than 48 sq. in, with any size adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0221)

A6222  Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0222)

A6223  Gauze, impregnated, other than water or normal saline, pad size more than 16 sq. in, but less than or equal to 48 sq. in., without adhesive border, each dressing
        (Effective 1/1/97 this replaces HCPCS Code K0223)
HCPCS 1997 Additions (continued)

A6224 Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0224)

A6228 Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0228)

A6229 Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0229)

A6230 Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0230)

A6234 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0234)

A6235 Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0235)

A6236 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0236)

A6237 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0237)

A6238 Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0238)

A6239 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0239)

A6240 Hydrocolloid dressing, wound filler, paste, per fluid ounce
(Effective 1/1/97 this replaces HCPCS Code K0240)

A6241 Hydrocolloid dressing, wound filler, dry form, per gram
(Effective 1/1/97 this replaces HCPCS Code K0241)

A6242 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0242)

A6243 Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0243)

A6244 Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0244)

A6245 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0245)

A6246 Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0246)
HCPCS 1997 Additions (continued)

A6247 Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0247)

A6248 Hydrogel dressing, wound filler, gel, per fluid ounce
(Effective 1/1/97 this replaces KPCS Code K0248)

A6250 Skin sealants, protectants, moisturizers, ointments, any type, any size
(Effective 1/1/97 this replaces HCPCS Code K0250)

A6251 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0251)

A6252 Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0252)

A6253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0253)

A6254 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0254)

A6255 Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0255)

A6256 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0256)

A6257 Transparent film, 16 sq. in. or less, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0257)

A6258 Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
(Effective 1/1/97 this replaces HCPCS Code K0258)

A6259 Transparent film, more than 48 sq. in., each dressing
(Effective 1/1/97 this replaces HCPCS Code K0259)

A6260 Wound cleansers, any type, any size
(Effective 1/1/97 this replaces HCPCS Code K0260)

A6261 Wound filler, not elsewhere classified, gel/paste, per fluid ounce
(Effective 1/1/97 this replaces HCPCS Code K0261)

A6262 Wounded filler, not elsewhere classified, dry form, per gram
(Effective 1/1/97 this replaces HCPCS Code K0262)

A6263 Gauze, elastic, non-sterile, all types, per linear yard
(Effective 1/1/97 this replaces HCPCS Code K0263)

A6264 Gauze, non-elastic, non-sterile, per linear yard
(Effective 1/1/97 this replaces HCPCS Code K0264)

A6265 Tape, all types, per 18 sq. in.
(Effective 1/1/97 this replaces HCPCS Code K0265)

A6266 Gauze, impregnated, other than water or normal saline, any width, per linear yard
(Effective 1/1/97 this replaces HCPCS Code K0266)

A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
(Effective 1/1/97 this replaces HCPCS Code K0402)
**HCPCS 1997 Additions (continued)**

A6403 Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing  
*(Effective 1/1/97 this replaces HCPCS Code K0403)*

A6404 Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing  
*(Effective 1/1/97 this replaces HCPCS Code K0404)*

A6405 Gauze, elastic, sterile, all types, per linear yard  
*(Effective 1/1/97 this replaces HCPCS Code K0405)*

A6406 Gauze, non-elastic, sterile, all types, per linear yard  
*(Effective 1/1/97 this replaces HCPCS Code K0406)*

E0159 Brake attachment for wheeled walker

E0217 Water circulating heat pad with pump  
*(Effective 1/1/97 this replaces HCPCS Code E0237)*

E0218 Water circulating cold pad with pump  
*(Effective 1/1/97 this replaces HCPCS Code E0237)*

E0370 Air pressure pad elevator for heel

E0760 Osteogenesis stimulator, low intensity ultrasound, non-invasive

E1340 Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes  
*(Effective 1/1/97 this replaces HCPCS Code E1350)*

J1190 Injection, dexrazoxane hydrochloride, per 250 mg

K0413 Nonpowered adjustable zone pressure-reducing air mattress overlay  
*(Effective 4/1/96)*

K0414 Powered air overlay for mattress  
*(Effective 4/1/96)*

K0415 Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise classified

K0416 Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified

K0417 External infusion pump, mechanical, reusable, for short term drug infusion  
*(Effective 4/1/96)*

K0418 Cyclosporin, oral, per 100 mg  
*(Effective 7/1/96 this replaces HCPCS Code J7502)*

K0419 Pouch, drainable, with faceplate attached, plastic, each  
*(Effective 10/1/96)*

K0420 Pouch, drainable, with faceplate attached, rubber, each  
*(Effective 10/1/96)*

K0421 Pouch, drainable, for use on faceplate, plastic, each  
*(Effective 10/1/96)*

K0422 Pouch, drainable, for use on faceplate, rubber, each  
*(Effective 10/1/96)*

K0423 Pouch, urinary, with faceplate attached, plastic each  
*(Effective 10/1/96)*

K0424 Pouch, urinary, with faceplate attached, rubber, each  
*(Effective 10/1/96)*

K0425 Pouch, urinary, for use on faceplate, plastic, each  
*(Effective 10/1/96)*
HCPCS 1997 Additions (continued)

K0426  Pouch, urinary, for use on faceplate, heavy plastic, each
(Effective 10/1/96)

K0427  Pouch, urinary, for use on faceplate, rubber, each
(Effective 10/1/96)

K0428  Ostomy faceplate equivalent, silicone ring, each
(Effective 10/1/96)

K0429  Skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
(Effective 10/1/96)

K0430  Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each
(Effective 10/1/96)

K0431  Pouch, closed, with standard wear barrier attached, with built-in convexity (1 piece), each
(Effective 10/1/96)

K0432  Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each
(Effective 10/1/96)

K0433  Pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each
(Effective 10/1/96)

K0434  Pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
(Effective 10/1/96)

K0435  Pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each
(Effective 10/1/96)

K0436  Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
(Effective 10/1/96)

K0437  Pouch, urinary, with extended wear barrier attached, with built-in convexity, (1 piece), each
(Effective 10/1/96)

K0438  Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
(Effective 7/1/96 this replaces HCPCS Code XX006)

K0439  Ostomy deodorant for use in ostomy pouch, solid, per tablet
(Effective 7/1/96 this replaces HCPCS Code XX006)

K0440  Nasal prosthesis, provided by a non-physician
(Effective 10/1/96)

K0441  Midfacial prosthesis, provided by a non-physician
(Effective 10/1/96)

K0442  Orbital prosthesis, provided by a non-physician
(Effective 10/1/96)

K0443  Upper facial prosthesis, provided by a non-physician
(Effective 10/1/96)

K0444  Hemi-facial prosthesis, provided by a non-physician
(Effective 10/1/96)

K0445  Auricular prosthesis, provided by a non-physician
(Effective 10/1/96)

K0446  Partial facial prosthesis, provided by a non-physician
(Effective 10/1/96)
HCPCS 1997 Additions (continued)

K0477 Nasal septal prosthesis, provided by a non-physician
(Effective 10/1/96)

K0448 Unspecified maxillofacial prosthesis, by report, provided by a non-physician
(Effective 10/1/96)

K0449 Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
(Effective 10/1/96)

K0450 Adhesive, liquid, for use with facial prosthesis only, per ounce
(Effective 10/1/96)

K0451 Adhesive remover, wipes, for use with facial prosthesis, per box of 50
(Effective 10/1/96)

K0452 Wheelchair bearings, any type

L2039 KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, molded to patient model

L2430 Addition to knee joint, ratchet lock for active and progressive knee extension, each joint

L2755 Addition to lower extremity orthosis, carbon graphite lamination

L3956 Addition of joint to upper extremity orthosis, any material, per joint

L4205 Repair of orthotic device, labor component, per 15 minutes
(Effective 1/1/97 this replaces HCPCS Code L4200)

L4390 Replace soft interface material, multi-podus type splint
(Effective 1/1/97 this replaces HCPCS Code K0126)

L4392 Replace soft interface material, ankle contracture splint
(Effective 1/1/97 this replaces HCPCS Code K0127)

L4394 Replace soft interface material, foot drop, splint
(Effective 1/1/97 this replaces HCPCS Code K0128)

L4396 Ankle contracture splint
(Effective 1/1/97 this replaces HCPCS Code K0129)

L4398 Foot drop splint, recumbent positioning device
(Effective 1/1/97 this replaces HCPCS Code K0130)

L5814 Addition, endoskeletal knee Shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock

L5987 All lower extremity prosthesis, shank foot system with vertical loading pylon

L7520 Repair prosthetic device, labor component, per 15 minutes
(Effective 1/1/97 this replaces HCPCS Code K0285)

L7900 Vacuum erection system
(Effective 1/1/97 this replaces HCPCS Code K0163)

L8417 Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each
(Effective 1/1/97 this replaces HCPCS Code XX015)

HCPCS 1997 Description Changes

A4398 Ostomy irrigation supply, bag, each

A4399 Ostomy irrigation supply, cone/catheter, including brush

A5102 Bedside drainage bottle with or without tubing, rigid or expandable, each

E0114 Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips