HCPCS 1997 Description Changes (continued)

E0116  Crutch underarm, other than wood, adjustable or fixed, each with pad, tip and handgrip
E0141  Rigid walker, wheeled, without seat
E0146  Folding walker, wheeled, with seat
E0315  Bed accessory; board, table, or support device, any type
E0747  Osteogenesis stimulator, electrical, non-invasive, other than spinal applications
J7506  Prednisone, oral, per 5 mg
K0279  Skin barrier; with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each
L0300  Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support)
L0500  Lumbar-sacral-orthosis (LSO), flexible (lumbo-sacral surgical support)
L0600  Sacroiliac, flexible (sacroiliac surgical support)
L0900  Torso support, ptosis support
L0920  Torso support, pendulous abdomen support
L0940  Torso support, postsurgical support
L1650  HO, abduction control of hip joints, static, adjustable, (Illed type)
L1660  HO, abduction control of hip joints, static, plastic
L1686  HO, Abduction control of hip joint, post-operative hip abduction type
L1832  KO, adjustable knee joints, positional orthosis, rigid support
L1930  AFO, plastic
L2112  AFO, fracture orthosis, tibial fracture orthosis, soft
L2114  AFO, fracture orthosis, tibial fracture orthosis, semi-rigid
L2116  AFO, fracture orthosis, tibial fracture orthosis, rigid
L2132  KAFO, fracture orthosis, femoral fracture cast orthosis, soft
L2134  KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid
L2136  KAFO, fracture orthosis, femoral fracture cast orthosis, rigid
L3964  SEO, mobile arm support attached to wheelchair, balanced, adjustable
L3965  SEO, mobile arm support attached to wheelchair, balanced, adjustable, rancho type
L3966  SEO, mobile arm support attached to wheelchair, balanced, reclining
L3968  SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
L4320  Addition to AFO, multi-podus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner with soft interface for AFO, with velcro closure
L6806  Terminal device, hook, TRS Grip, Grip III, VC or equal
L6807  Terminal device, hook, Grip I, Grip II, VC, or equal
L6808  Terminal device, hook, TRS Adept, infant or child, VC or equal
L7180  Electronic elbow, Boston, Utah or equal, myoelectronically controlled
L7274  Proportional control, 6-12 volt, Liberty, Utah or equal

HCPCS 1997 Deletions

A4190  Transparent film, each
A4200  Gauze pads, medicated or non-medicated, each
### HCPCS 1997 Deletions (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Effective Date and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4202</td>
<td>Gauze, elastic, all types, per roll</td>
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</tr>
<tr>
<td>A4203</td>
<td>Gauze, non-elastic, per roll</td>
<td></td>
</tr>
<tr>
<td>A4204</td>
<td>Absorptive dressing (e.g. hydrocolloid), adhesive or non-adhesive, each</td>
<td></td>
</tr>
<tr>
<td>A4205</td>
<td>Non-absorptive dressing (e.g. hydrogel), adhesive or non-adhesive, each</td>
<td></td>
</tr>
<tr>
<td>E0237</td>
<td>Water circulating heat/cold pad with pump</td>
<td>Effective 1/1/97 use HCPCS Codes E0217 or E0218</td>
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<tr>
<td>E1350</td>
<td>Repair or non-routine service 9e.g. breaking down sealed components) requiring the skill of a technician</td>
<td>Effective 1/1/97 use HCPCS Code E1340</td>
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<tr>
<td>J7502</td>
<td>Cyclosporine, oral, Sol; 100 mg/ml, 50 ml, each</td>
<td>Effective 1/1/97 use HCPCS Code K0418</td>
</tr>
<tr>
<td>J9010</td>
<td>Doxorubicin HCL, 50 mg</td>
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<tr>
<td>K0110</td>
<td>Supplies for maintenance of drug infusion catheter, per week</td>
<td>Effective 1/1/97 use HCPCS Code A4221</td>
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<tr>
<td>K0111</td>
<td>Supplies for external drug infusion pump, per cassette or bag</td>
<td>Effective 1/1/97 use HCPCS Code A4222</td>
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<tr>
<td>K0121</td>
<td>Cyclosporine, oral, 25 mg</td>
<td>Effective 1/1/97 use HCPCS Code K0418</td>
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<tr>
<td>K0124</td>
<td>Monoclonal antibodies, parenteral, 5 mg</td>
<td>Effective 1/1/97 use HCPCS Code J7505</td>
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<tr>
<td>K0125</td>
<td>Prednisone, oral, tab, 5 mg</td>
<td>Effective 1/1/97 use HCPCS Code J7506</td>
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<tr>
<td>K0126</td>
<td>Replace soft interface material, multi-podus type splint</td>
<td>Effective 1/1/97 use HCPCS Code L4390</td>
</tr>
<tr>
<td>K0127</td>
<td>Replace soft interface material, ankle contracture splint</td>
<td>Effective 1/1/97 use HCPCS Code L4392</td>
</tr>
<tr>
<td>K0128</td>
<td>Replace soft interface material, foot drop splint</td>
<td>Effective 1/1/97 use HCPCS Code L4394</td>
</tr>
<tr>
<td>K0129</td>
<td>Ankle contracture splint</td>
<td>Effective 1/1/97 use HCPCS Code L4396</td>
</tr>
<tr>
<td>K0130</td>
<td>Foot drop splint, recumbent positioning device</td>
<td>Effective 1/1/97 use HCPCS Code L4398</td>
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<tr>
<td>K0152</td>
<td>Pastes, powders, granules, beads, contact layers</td>
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</tr>
<tr>
<td>K0154</td>
<td>Wound pouch, each</td>
<td>Effective 1/1/97 use HCPCS Code A6154</td>
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<tr>
<td>K0163</td>
<td>Vacuum erection system</td>
<td>Effective 1/1/97 use HCPCS Code L7900</td>
</tr>
<tr>
<td>K0196</td>
<td>Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing</td>
<td>Effective 1/1/97 use HCPCS Code A6196</td>
</tr>
<tr>
<td>K0197</td>
<td>Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing</td>
<td>Effective 1/1/97 use HCPCS Code A6197</td>
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<tr>
<td>K0198</td>
<td>Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing</td>
<td>Effective 1/1/97 use HCPCS Code A6198</td>
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<tr>
<td>K0199</td>
<td>Alginate dressing, wound filler, per 6 inches</td>
<td>Effective 1/1/97 use HCPCS Code A6199</td>
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</tbody>
</table>
HCPCS 1997 Deletions (continued)

K0203  Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
   (Effective 1/1/97 use HCPCS Code A6203)

K0204  Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
   (Effective 1/1/97 use HCPCS Code A6204)

K0205  Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
   (Effective 1/1/97 use HCPCS Code A6205)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

K0220  Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing
   (Effective 1/1/97 use HCPCS Code A6220)
**HCPCS 1997 Deletions (continued)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

K0243  Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing  
       *(Effective 1/1/97 use HCPCS Code A6243)*
HCPCS 1997 Deletions (continued)

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

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

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

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

K0248 Hydrogel dressing, wound filler, gel, per fluid ounce  
(Effective 1/1/97 use HCPCS Code A6248)

K0249 Hydrogel dressing, wound filler, dry form, per gram  
(Effective 1/1/97 use HCPCS Code A6249)

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

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

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

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

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

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

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

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

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

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

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

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

K0262 Wound filler, not elsewhere classified, dry form, per gram  
(Effective 1/1/97 use HCPCS Code A6262)

K0263 Gauze, elastic, non-sterile, all types, per linear yard  
(Effective 1/1/97 use HCPCS Code A6263)
### HCP CS 1997 Deletions (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0264</td>
<td>Guaze, non-elastic, non-sterile, per linear yard</td>
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<td>(Effective 1/1/97 use HCPCS Code A6264)</td>
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<tr>
<td>K0265</td>
<td>Tape, all types, per 18 sq. in.</td>
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<td>(Effective 1/1/97 use HCPCS Code A6265)</td>
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<tr>
<td>K0266</td>
<td>Gauze, impregnated, other than water or normal saline, any width, per linear yard</td>
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<td>(Effective 1/1/97 use HCPCS Code A6266)</td>
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<tr>
<td>K0271</td>
<td>Pouch, drainable; with faceplate attached, reusable, rubber or vinyl, each</td>
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<tr>
<td>K0272</td>
<td>Pouch, drainable; without faceplate attached, reusable, rubber or vinyl, each</td>
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<tr>
<td>K0273</td>
<td>Pouch, urinary; with faceplate attached, reusable, rubber or vinyl, each</td>
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<tr>
<td>K0274</td>
<td>Pouch, urinary; without faceplate attached, reusable, rubber or vinyl, each</td>
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<tr>
<td>K0275</td>
<td>Ostomy faceplate; convex, reusable, rubber or vinyl, each</td>
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<tr>
<td>K0276</td>
<td>Ostomy faceplate; convex, custom fitted reusable, rubber or vinyl, each</td>
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<tr>
<td>K0285</td>
<td>Repair of prosthetic device, labor component, per 15 minutes</td>
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<td>(Effective 1/1/97 use HCPCS Code L7520)</td>
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<tr>
<td>K0402</td>
<td>Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing</td>
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<td>(Effective 1/1/97 use HCPCS Code A6402)</td>
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<tr>
<td>K0403</td>
<td>Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing</td>
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<td>(Effective 1/1/97 use HCPCS Code A6403)</td>
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<tr>
<td>K0404</td>
<td>Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing</td>
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<tr>
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<td>(Effective 1/1/97 use HCPCS Code A6404)</td>
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<tr>
<td>K0405</td>
<td>Gauze, elastic, sterile, all types, per linear yard</td>
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<td>(Effective 1/1/97 use HCPCS Code A6405)</td>
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<tr>
<td>K0406</td>
<td>Gauze, non-elastic, sterile, per linear yard</td>
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<td>(Effective 1/1/97 use HCPCS Code A6406)</td>
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<tr>
<td>L4200</td>
<td>Repair of orthotic device, hourly rate</td>
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<td>(Effective 1/1/97 use HCPCS Code L4205)</td>
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<tr>
<td>L7160</td>
<td>Electronic elbow, Boston or equal, switch controlled</td>
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<tr>
<td>L7165</td>
<td>Electronic elbow, Boston or equal, myoelectronically controlled</td>
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</tr>
<tr>
<td>L9999</td>
<td>Sales tax, orthotic/prosthetic/other</td>
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