

HCPSC CODE UPDATE – 2013

The following list identifies changes to level II Healthcare Common Procedure Coding System (HCPSC) codes for 2013.

Added Codes/Added Modifiers: New codes and modifiers are effective for dates of service on or after January 1, 2013.

Discontinued Codes/Deleted Modifiers: Codes or modifiers that are discontinued/deleted will continue to be valid for claims with dates of service on or before December 31, 2012, regardless of the date of claim submission. If there is a direct crosswalk for a discontinued/deleted code or modifier, it is listed in the table. The crosswalked codes are also “added” codes effective for dates of service on or after January 1, 2013.

There is no grace period that would allow submission of the discontinued code for dates of service in 2013.

Narrative Changes/Revised Modifiers: A description change for an existing code or modifier is effective for dates of service on or after January 1, 2013.

The appearance of a code in this list does not necessarily indicate coverage.

External Breast Prostheses

	Narrative Changes	
Code	Old Narrative	New Narrative
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY

		TYPE
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Hospital Beds and Accessories

Narrative Changes		
Code	Old Narrative	New Narrative
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE

Immunosuppressive Drugs

Discontinued Code		
Code	Narrative	Crosswalk to Code
J8561	EVEROLIMUS, ORAL, 0. 25 MG	J7527

Added Code	
Code	Narrative
J7527	EVEROLIMUS, ORAL, 0. 25 MG

Impotence Aid

Added Code	
Code	Narrative
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH

Intravenous Immune Globulin

	Narrative Changes	
Code	Old Narrative	New Narrative
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G. LIQUID), 500 MG
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E. G. LIQUID), 500 MG

Lower Limb Prostheses

	Added Code	
Code	Narrative	
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	
	Narrative Changes	
Code	Old Narrative	New Narrative
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL

Ostomy Supplies

	Added Code	
Code	Narrative	

A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH
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Oxygen and Oxygen Equipment

Discontinued Code		
Code	Narrative	Crosswalk to Code
K0741	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING, FOR CLUSTER HEADACHES	NONE
K0742	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT, FOR CLUSTER HEADACHES, FOR INITIAL MONTHS SUPPLY OR TO REPLACE USED CONTENTS	NONE

Pneumatic Compression Devices

Added Code	
Code	Narrative
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK

Surgical Dressings

Narrative Changes		
Code	Old Narrative	New Narrative
A6021	COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH

A6022	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. , EACH
A6023	COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN. , EACH

Wheelchair Options/Accessories

	Added Code	
Code	Narrative	
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	
	Narrative Changes	
Code	Old Narrative	New Narrative
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY

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