

**Distribution:** Medical Suppliers 03-01

**Issued:** March 1, 2003

**Subject:** Healthcare Common Procedure Coding System 2003 Update

**Effective:** April 1, 2003

**Programs Affected:** Medicaid, Children's Special Health Care Services

This bulletin is to notify you of the HCPCS (Healthcare Common Procedure Coding System) changes for 2003 that will be implemented effective for dates of service on and after April 1, 2003. Providers who bill on the HCFA 1500 or 837 professional claim format must use the new 2003 covered HCPCS codes as appropriate.

The following tables contain the HCPCS code additions and deletions for Medical Suppliers, DME Dealers, Orthotists, and Prosthetists. Any new procedure code not listed in Table 1 will not be covered at this time. Table 2 lists only the deletions directly affecting program coverage. Providers are reminded to bill the HCPCS code "in effect" on the date the service was rendered. For items prior authorized with one of the former procedure codes, the new code should be billed instead if the service is provided on or after April 1, 2003. A full list of deleted codes, added codes and code description changes can be found in the Introduction of HCPCS 2003 book.

You are reminded that, each year, you must purchase the national codebooks that include HCPCS Level II procedure codes and ICD-9-CM diagnosis codes. They are available from various sources, including Medicode at 1-800-999-4600. These books must be referenced for the full code description, as well as additional information regarding coding guidelines.

The DCH website at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) contains the Medical Supplier database listing the covered codes, short descriptions, fees and other payment indicators. To access the comprehensive database for Provider Types 85 and 87, first click on "Providers", next click on "Information for Medicaid Providers", and then "Medicaid Fee Screens". The revised database will be available by April 1, 2003.

**Table 1 – HCPCS 2003 Additions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
BO	Nutrition oral admin no tube	Report BO modifier with HCPCS codes B4150, B4151, B4152, B4153, B4154, B4155, & B4156 to denote oral administration. Replaces Y3810 & Y3812. Prior authorization required for oral administration.
A4405	Nonpectin based ostomy paste	Replaces A4370
A4406	Pectin based ostomy paste	Replaces A4370
A4407	Ext wear ost skn barr <=4 sq"	Replaces A4374
A4408	Ext wear ost skn barr >4 sq"	Replaces A4374
A4409	Ost skn barr w flng <=4 sq"	Replaces A4386
A4410	Ost skn barr w flng >4 sq"	Replaces A4386
A4413	2 pc drainable ost pouch	
A4414	Ostomy skn barr w flng <=4 sq"	Replaces A5123
A4415	Ostomy skn barr w flng >4 sq"	Replaces A5123
A4422	Ost pouch absorbent material	
A4450	Non-waterproof tape	Replaces A4454
A4452	Waterproof tape	Replaces A4454
A4458	Reusable enema bag	Use for gastrointestinal tract irrigation only
A4521	Adult size diaper sm each	Replaces A4360 (SM modifier not required)
A4522	Adult size diaper med each	Replaces A4360 (MD modifier not required)
A4523	Adult size diaper lg each	Replaces A4360 (LG modifier not required)
A4524	Adult size diaper xl each	Replaces A4360 (XL modifier not required)
A4525	Adult size brief sm each	Replaces S8403
A4526	Adult size brief med each	Replaces S8403
A4527	Adult size brief lg each	Replaces S8403
A4528	Adult size brief xl each	Replaces S8403
A4529	Child size diaper sm/med ea	Replaces S8401
A4530	Child size diaper lg each	Replaces S8401 (LA modifier not required)
A4531	Child size brief sm/med each	Replaces S8404
A4532	Child size brief lg each	Replaces S8404
A4533	Youth size diaper each	Replaces S8401 (YD modifier not required)
A4534	Youth size brief each	Replaces S8403
A4535	Disp incont liner/shield ea	Replaces S8405
A4536	Prot underwr wshbl any sz ea	Replaces Y3625
A4606	Oxygen probe used w oximeter	Use for non-disposable probe only
A4632	Infus pump rplcemnt battery	Report for External Insulin Pump Only
**A4657	Syringe w/wo needle	Prior authorization required, Use only for sterile syringe, 60 cc w/o needle
**A4660	Sphyg/bp app w cuff and stet	Prior authorization required, Replaces Y3954
**A4663	Blood pressure cuff, only	Prior authorization required, Replaces Y3955
**A4670	Automatic blood pres monitor	Prior authorization required, Replaces Y3956
**A4927	Gloves, non-sterile, per 100	Replaces Y3730, Each unit represents 100 gloves

\*\*Denotes new Program coverage of an existing HCPCS code

**Table 1 – HCPCS 2003 Additions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
A4930	Sterile, gloves per pair	Replaces Y3953, Each unit represents a pair
A6011	Collagen gel/paste wound fill	Prior authorization required
A6410	Sterile eye pad	
A6411	Non-sterile eye pad	
A6412	Occlusive eye patch	Prior authorization required
A6421	Pad bandage >=3 <5 in w/ roll	Replaces S8430
A6422	Conf bandage ns >=3<5" w/ roll	Replaces A6263 or A6264
A6424	Conf bandage ns >=5" w/ roll	Replaces A6263 or A6264
A6426	Conf bandage s >=3<5" w/ roll	Replaces A6405 or A6406
A6428	Conf bandage s >=5" w/ roll	Replaces A6405 or A6406
A6430	Lt compres bdg >=3<5" w/ roll	Replaces A4460
A6432	Lt compres bdg >=5" w/ roll	Replaces A4460
A6434	Mo compres bdg >=3<5" w/ roll	Replaces A4460
A6436	Hi compres bdg >=3<5" w/ roll	Prior authorization required, Replaces A4460
A6438	Self-adher bdg >=3<5" w/ roll	Prior authorization required
A6440	Zinc paste bdg >=3<5" w/ roll	
A6501	Compres burngarment bodysuit	Prior authorization required
A6502	Compres burngarment chinstrp	Prior authorization required
A6503	Compres burngarment facehood	Prior authorization required
A6504	Cmprs burngarment glove-wrist	Prior authorization required
A6505	Cmprs burngarment glove-elbow	Prior authorization required, Replaces S8420
A6506	Cmprs burngrmnt glove-axilla	Prior authorization required, Replaces S8420
A6507	Cmprs burngarment foot-knee	Prior authorization required
A6508	Cmprs burngarment foot-thigh	Prior authorization required
A6509	Compres burngarment jacket	Prior authorization required
A6510	Compres burngarment leotard	Prior authorization required
A6511	Compres burngarment panty	Prior authorization required
A6512	Compres burngarment, noc	Prior authorization required
A7025	Replace chest compress vest	Prior authorization required
A7026	Replace chst cmprss sys hose	Prior authorization required
A7030	CPAP full face mask	Prior authorization required
A7031	Replacement facemask interfa	
A7032	Replacement nasal cushion	Replaces K0184
A7033	Replacement nasal pillows	Replaces K0184
A7034	Nasal application device	Replaces K0183
A7035	Pos airway press headgear	Replaces K0185
A7036	Pos airway press chinstrap	Replaces K0186
A7037	Pos airway pressure tubing	Replaces K0187
A7038	Pos airway pressure filter	Replaces K0188
A7044	PAP oral interface	

\*\*Denotes new Program coverage of an existing HCPCS code

**Table 1 – HCPCS 2003 Additions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
**E0316	Bed safety enclosure	Prior authorization required, Replaces Y4259
E0445	Oximeter non-invasive	Prior authorization required, Replaces Y4306
E0454	Pressure ventilator	Prior authorization required
E0461	Vol vent noninvasive interfa	Prior authorization required
E0483	Chest compression gen system	Prior authorization required
E0484	Non-elec oscillatory pep dvc	Prior authorization required
E0619	Apnea monitor w recorder	Prior authorization required, Replaces Y4461
E0636	PT support & positioning sys	Prior authorization required
E0701	Helmet w/ face guard prefab	Prior authorization required
**E0951	Loop heel, each	Replaces K0034
**E0958	Whlchr att- conv 1 arm drive	Prior authorization required, Replaces K0101
**E0971	Wheelchair anti-tipping device	Replaces K0021
E1011	Ped w/c modify width adjustment	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3
E1012	Int seat sys planar ped w/c	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4620
E1013	Int seat sys contour ped w/c	Prior authorization required
E1014	Reclining back add ped w/c	Prior authorization required, Continue to report K0028 for an adult chair
E1015	Shock absorber for man w/c	Prior authorization required
E1016	Shock absorber for power w/c	Prior authorization required
E1017	HD shck absbr for hd man w/c	Prior authorization required
E1018	HD shck absrber for hd pow w/c	Prior authorization required
E1020	Residual limb support system	Prior authorization required, Replaces K0551
E1025	Ped w/c lat/thor sup no contour	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4622/Y4623
E1026	Ped w/c contoured lat/thor sup	Prior authorization required
E1027	Ped wc lat/ant support	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4628
E1037	Transport chair, ped size	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4600
E1038	Transport chair, adult size	Prior authorization required
E1161	Manual adult w/c w/ tilt-in-spac	Prior authorization required. Report this code instead of K0009. Replaces Y4284.
E1231	Rigid ped w/c tilt-in-space	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4610
E1232	Folding ped w/c tilt-in-space	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4610
E1233	Rig ped wc tltnspc w/o seat	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4610

\*\*Denotes new Program coverage of an existing HCPCS code

**Table 1 – HCPCS 2003 Additions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
E1234	Fld ped w/c tlt-in-spc w/o seat	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4610
E1235	Rigid ped w/c adjustable	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3
E1236	Folding ped w/c adjustable	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4612, Y4613, Y4614
E1237	Rgd ped w/c adjstabl w/o seat	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3
E1238	Fld ped w/c adjstabl w/o seat	Prior authorization required except for specified diagnoses 335.0 -335.9, 342.00-343.9, 358.8 - 359.9, 741.00-742.3, Replaces Y4612, Y4613, Y4614
**E1639	Scale, each	Prior authorization required
K0556	Socket insert w/ lock mech	Prior authorization required, Replaces L5660 and L5662
K0557	Socket insert w/o lock mech	Prior authorization required, Replaces L5663 and L5664
K0558	Intl custm cong/atyp insert	Prior authorization required
K0559	Initial custom socket insert	Prior authorization required
K0581	Ost pch clsd w/ barrier/fltr	
K0582	Ost pch w/ bar/blt-in conv/fltr	
K0583	Ost pch clsd w/o bar w/ fltr	
K0584	Ost pch for bar w/ flange/flt	
K0585	Ost pch clsd for bar w/ lk fl	
K0586	Ost pch for bar w/ lk fl/fltr	
K0587	Ost pch drain w/ bar & filter	
K0588	Ost pch drain for barrier fl	
K0589	Ost pch drain 2-piece system	
K0590	Ost pch drain/barr lk flng/f	
K0591	Urine ost pouch w/ faucet/tap	
K0592	Urine ost pouch w/ blt-in conv	
K0593	Ost urine pch w/ b/bltin conv	
K0594	Ost pch urine w/ barrier/tapv	
K0595	Os pch urine w/ bar/fange/tap	
K0596	Urine ost pch bar w/ lock fln	
K0597	Ost pch urine w/ lock flng/ft	
L0450	TLSO flex prefab thoracic	
L0452	TLSO flex custom fab thoraci	Prior authorization required except for specified diagnoses 237.71, 356.1, 737.30, 737.32, Replaces L0315
L0454	TLSO flex prefab sacrococ-T9	Replaces L0321
L0456	TLSO flex prefab	Replaces L0321

\*\*Denotes new Program coverage of an existing HCPCS code

**Table 1 – HCPCS 2003 Additions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
L0458	TLSO 2Mod symphis -xipho pre	Replaces L0350
L0460	TLSO 2Mod symphysis -stern pre	
L0462	TLSO 3Mod sacro-scap pre	
L0464	TLSO 4Mod sacro-scap pre	
L0466	TLSO rigid frame pre soft ap	
L0468	TLSO rigid frame prefab pelv	
L0470	TLSO rigid frame pre subclav	
L0472	TLSO rigid frame hyperex pre	
L0474	TLSO rigid frame pre pelvic	
L0476	TLSO flexion compres jac pre	
L0478	TLSO flexion compres jac cus	Prior authorization required except for specified diagnoses 237.71, 356.1, 737.30, 737.32
L0480	TLSO rigid plastic custom fa	Prior authorization required except for specified diagnoses 237.71, 356.1, 737.30, 737.32, Replaces L0360
L0482	TLSO rigid lined custom fab	Prior authorization required except for specified diagnoses 237.71, 356.1, 737.30, 737.32
L0484	TLSO rigid plastic cust fab	Prior authorization required except for specified diagnoses 237.71, 356.1, 737.30, 737.32
L0486	TLSO rigid lined cust fab two	Prior authorization required except for specified diagnoses 237.71, 356.1, 737.30, 737.32
L0488	TLSO rigid lined pre one pie	
L0490	TLSO rigid plastic pre one	
L1652	HO bi thighcuffs w sprdr bar	
L1836	Rigid KO w/o joints	
L1901	Prefab ankle orthosis	
L3651	Prefab shoulder orthosis	
L3652	Prefab dbl shoulder orthosis	
L3701	Prefab elbow orthosis	
L3762	Rigid EO w/o joints	
L3909	Prefab wrist orthosis	
L3911	Prefab hand finger orthosis	
L4386	Non-pneumatic walking splint	
L6646	Multipo locking shoulder jnt	Prior authorization required
L6647	Shoulder lock actuator	Prior authorization required
S8265	Haberman feeder for cleft lip/palate	Replaces Y3722
S8433	Skin support for breast prosthesis	Prior authorization required
T1500	Diaper/Incontinent pant, reusable/washable	Replaces Y3620

\*\*Denotes new Program coverage of an existing HCPCS code

**Table 2 – HCPCS 2003 Deletions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
LA	(Large) Child Diaper	Report appropriate HCPCS code w/o modifier
LG	(Large) Adult Diaper	Report appropriate HCPCS code w/o modifier
MD	(Medium) Adult Diaper	Report appropriate HCPCS code w/o modifier
SM	(Small) Adult Diaper	Report appropriate HCPCS code w/o modifier
XL	(Extra Large) Adult Diaper	Report appropriate HCPCS code w/o modifier
YD	Youth Diaper	Report appropriate HCPCS code w/o modifier
A4360	Adult incontinence garment	Report A4521, A4522, A4523, or A4524
A4370	Skin barrier paste per oz	Report A4405 or A4406
A4374	Skin barrier extended wear	Report A4407 or A4408
A4386	Ost skn barrier w/ flng ex wr	Report A4409 or A4410
A4454	Tape all types all sizes	Report A4450 or A4452
A4460	Elastic compression bandage	Report A6430 – A6438
A5123	Skin barrier with flange	Report A4414 or A4415
A6263	Non-sterile elastic gauze/yd	Report A6422 or A6424
A6264	Non-sterile no elastic gauze	Report A6422 or A6424
A6405	Sterile elastic gauze/yd	Report A6426 or A6428
A6406	Sterile non-elastic gauze/yd	Report A6426 or A6428
E0608	Apnea monitor	
E0690	Ultraviolet cabinet	
K0021	Anti-tipping device each	Report E0971
K0034	Heel loop each	Report E0951
K0101	One-arm drive attachment	Report E0958
K0183	Nasal application device	Report A7034
K0184	Nasal pillow or face seal	Report A7033
K0185	Pos airway pressure headgear	Report A7035
K0186	Pos airway prssure chinstrap	Report A7036
K0187	Pos airway pressure tubing	Report A7037
K0188	Pos airway pressure filter	Report A7038
K0551	Residual limb support system	Report E1020
L0300	TLSO flex surgical support	
L0310	TLSO flexible custom fabrica	
L0315	TLSO flex elas rigid post pa	
L0317	TLSO flex hypext elas post p	
L0320	TLSO a-p contrl w/ apron frnt	
L0321	TLSO anti-post-cntrl prefab	
L0330	TLSO ant-pos-lateral control	
L0331	TLSO ant-post-lat cntrl prfb	
L0340	TLSO a-p-l-rotary with apron	

**Table 2 – HCPCS 2003 Deletions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
L0350	TLSO flex compress jacket cu	
L0360	TLSO flex compress jacket mo	
L0370	TLSO a-p-l-rotary hyperexten	
L0380	TLSO a-p-l-rot w/ pos extens	
L0390	TLSO a-p-l control molded	
L0391	TLSO ant-post-lat-rot cntrl	
L0400	TLSO a-p-l w/ interface mater	
L0410	TLSO a-p-l two-piece constr	
L0420	TLSO a-p-l 2-piece w/ interfa	
L0430	TLSO a-p-l w/ interface custm	
L0440	TLSO a-p-l overlap frnt cust	
L0940	Torso/postsurgical support	
L0950	Post surg support custom fab	
L0986	Spinal orth abdm pnl prefab	
L3218	Ladies surgical boot each	Report L3260
L3223	Mens surgical boot each	Report L3260
L5660	Sock insrt syme silicone gel	Report K0556
L5662	Socket insert bk silicone ge	Report K0556
L5663	Sock knee disartic silicone	Report K0557
L5664	Socket insert ak silicone ge	Report K0557
S8401	Child-size diaper	Report A4529 or A4530
S8403	Adult-size pull-up brief	Report A4525, A4526, A4527, A4528 or A4534
S8404	Child-size pull-up brief	Report A4531 or A4532
S8405	Incontinence liners, each	Report A4535
S8420	Custom Gradient Sleeve/Glove	Report A6505 or A6506
S8429	Gradient Pressure Wrap	
S8430	Padding for Comprssn Bdg	Report A6421
Y3620	Incontinence Pants, each	Report T1500
Y3625	Stretch Mesh Briefs	Report A4536
Y3722	Cleft Palate Nursers, Each	Report S8265
Y3730	Gloves, non-sterile, per pair	Report A4927
Y3810	Form Admin Orally, standard	Report BO modifier w/appropriate "B" code
Y3812	Form Admin Orally; unique composition	Report BO modifier w/appropriate "B" code
Y3931	Eye Occlusor	Report A6411
Y3953	Sterile Gloves	Report A4930
Y3954	Sphygo./BP Appar. w/ Cuff and Steth.	Report A4660
Y3955	Blood pressure cuff, only	Report A4663
Y3956	Auto BP Monitor	Report A4670
Y4259	Canopy Bed	Report E0316



**Table 2 – HCPCS 2003 Deletions**

<b>HCPCS</b>	<b>Short Description</b>	<b>Comments</b>
Y4284	Angle Adjustability-Tilt	Report E1161
Y4306	Pulse Oximeter	Report E0445
Y4461	Apnea Monitor Enhanced Model	Report E0619
Y4600	Transport stroller, e.g., Pogan	Report E1037
Y4610	Position mobil system w/ reclin	Report E1231, E1232, E1233, or E1234
Y4612	Non-position mobile sys frame	Report E1236 or E1238
Y4613	Non-position mobile sys frame	Report E1236 or E1238
Y4614	Non-position mobile sys frame	Report E1236 or E1238
Y4620	Seat Cushion	Report E1012
Y4622	Lat hip pads/pos mobil sys pr	Report E1025
Y4623	Lat trunk supp/pos mobil syst p	Report E1025
Y4628	Chest Support	Report E1027

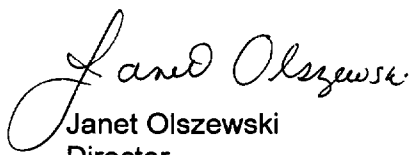
**Manual Maintenance**


Retain this bulletin for future reference.

**Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

**Approval**

  
Janet Olszewski  
Director



Patrick Barrie  
Deputy Director for  
Health Programs Administration