



Dear Provider,

Centers for Medicare and Medicaid Services Healthcare Common Procedure Coding System Analyses

HCPCS Code Updates: New Codes Effective **4/1/2021**

eviCore healthcare PAC DME Program

A new set of Healthcare Common Procedure Coding System (HCPCS) codes has been released by the Centers of Medicare and Medicaid Services (CMS) and is scheduled to go into effect April 1, 2021. Per our process, we have reviewed each new HCPCS code to determine if the code is within the scope of eviCore's DME Management program. Six of the new codes (**K1013, K1016, K1017, K1018, K1019, K2020**) will not be included in our program as they were determined to be experimental/investigational and out of scope. The in-scope codes will be automatically added to your program as of their effective date.

To assist you in preparing to implement this change, eviCore has included the new HCPCS codes below.

Prior Authorization: eviCore will indicate which codes require prior authorization management or no prior authorization (NPA) of the code for all of our clients. The codes will automatically be added to your published prior authorization managed code list.

This code update includes:

- 2 new HCPCS codes: K1014, K1015
- 2 removed HCPCS codes effective **6/1/21**: L8605, L8607

HCPCS	Description	Prior Approval	Class
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Y	Orthotics and prosthetics
K1015	Foot, adductus positioning device, adjustable	Y	Orthotics and prosthetics