

2023 Health Care Procedural Coding (HCPCS) Level II Update

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Webinars

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Agenda



- Introduction
- Modifiers Update
- Supplies
- Durable Medical Equipment (DME) E-Codes
- Professional Procedures/Services
- Drugs
- Temporary Codes
- Future Updates

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Introduction



- For Medicare and other health insurance programs to ensure that healthcare claims are processed in an orderly and consistent manner, standardized coding systems are essential. The HCPCS Level II Code Set is one of the standard code sets used for this purpose.
- The HCPCS is divided into two principal subsystems, referred to as level I and level II of the HCPCS.
- Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system created and maintained by the American Medical Association (AMA).

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Introduction



- The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals.
- These health care professionals use the CPT to identify services and procedures for which they bill public or private health insurance programs.
- Decisions regarding the addition, deletion, or revision of CPT codes are made by the AMA. The CPT codes are republished and updated annually by the AMA.

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Introduction



- Level I of the HCPCS, the CPT codes, does not include codes needed to separately report medical items or services that are regularly billed by suppliers other than physicians.
- Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.
- Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.

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Introduction



- The development and use of level II of the HCPCS began in the 1980's.
- Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by 4 numeric digits, while CPT codes are identified using 5 numeric digits.
- Level II HCPCS codes are released by Medicare on an annual basis with quarterly updates as necessary.
- Data files and pertinent related information is found at the CMS.GOV website which can include files in Excel, Microsoft Word, and Portable Document Files (PDF).
- CMS holds public meetings as forums to discuss code development, change, deletion, and payment criteria. Application for code set updates are now held twice a year in January and June.

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Introduction



- Level II HCPCS codes are released by Medicare on an annual basis with quarterly updates as necessary.
- Data files and pertinent related information is found at the CMS.GOV website which can include files in Excel, Microsoft Word, and Portable Document Files (PDF).
- CMS holds public meetings as forums to discuss code development, change, deletion, and payment criteria. Application for code set updates are now held twice a year in January and June.
- Dental codes, or D codes, are a separate category of national codes.
- The Current Dental Terminology (CDT) is published, copyrighted, and licensed by the American Dental Association (ADA).

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Introduction



- The CDT lists codes for billing for dental procedures and supplies.
- While the CDT codes are considered HCPCS Level II codes, decisions regarding the revision, deletion, or addition of CDT codes are made by the ADA, not CMS.

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Introduction – HCPCS Content Example

- Transportation (A0021-A0999)
- Med/Surg Supply (A4206-A8004)
- Admin/Misc./Investigational (A9150-A9999)
- Enteral/Parenteral Therapy (B4034-B9999)
- OPPS (C1713-C9899)
- Dental Services (D0120-D9999)
- DME (E0100-E8002)
- Procedures/Professional Services (G0008-G9987)
- Alcohol/Drug Abuse Treatment (H0001-H2037)
- Drugs Administered Other Than Oral Method (J0120-J8999)
- Chemo Drugs (J9000-J9999)
- DME (K0001-K0900)
- Orthotic/Prosthetics (L0112-L4631)
- Prosthetic Procedures (L5000-L9900)
- Medical Services (M0075-M1071)
- Path & Lab Services (P2028-P9615)
- Temporary Codes (Q0035-Q9992)
- Diagnostic Radiology (R0070-R0076)
- Temp Nat'l (Non-Medicare) (S0012-S9999)
- Natal State Medicaid (T1000-T5999)
- Vision Services (V2020-V2799)
- Hearing Services (V5008-V5364)



Modifiers Update



- “AB” - Audiology service furnished personally by an audiologist without a physician/NPP order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary
- CMS finalized a policy to allow beneficiaries direct access to an audiologist without an order from a physician or NPP for non-acute hearing conditions. The finalized policy will use a new modifier — instead of using a new HCPCS G-code that they proposed — because they were persuaded by the commenters that a modifier would allow for better accuracy of reporting and reduce burden for audiologist.

Modifiers Update



- The service(s) can be billed using the codes audiologists already use with the new modifier and include only those personally furnished by the audiologist.
- The finalized direct access policy will allow beneficiaries to receive care for non-acute hearing assessments that are unrelated to disequilibrium, hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids.
- This modification in the finalized policy necessitates multiple changes to the claims processing systems, which will take some time to fully operationalize, but audiologists may use modifier AB, along with the finalized list of 36 CPT codes, for dates of service on and after January 1, 2023.

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Modifiers Update



- CMS finalized the proposal to permit audiologists to bill for this direct access (without a physician or practitioner order) once every 12 months per beneficiary.
- Medically reasonable and necessary tests ordered by a physician or other practitioner and personally provided by audiologists will not be affected by the direct access policy, including the modifier and frequency limitation.

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Modifiers Update



- “LU” - Fractionated Payment Of Car-T Therapy
 - To avoid the character/digit limitation, the physician office would bill multiple claims for fractional units for the same date of service and the same procedure using the LU modifier. Each Medicare Administrative Contractor will issue instructions for the appropriate jurisdiction(s) to properly utilize this modifier when submitting claims.
 - For instance, a Medicare Administrative Contractor may instruct the claimant to divide the Medicare allowed total payment by 10 and the provider will need to bill in 0.1 unit fractions. The provider would then need to bill a total of 10 fractional units to reach the total Medicare allowed payment amount of 1-unit. To avoid duplicate claim denials, Medicare Administrative Contractors may also provide instructions on the use of modifier 76 for the additional claims after the first claim.

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Modifiers Update



- “LU” - Fractionated Payment Of Car-T Therapy
 - CMS is not aware of any claims affected by hospitals billing under the Medicare Hospital Outpatient Prospective Payment System (OPPS) or Hospital Inpatient Prospective Payment System (IPPS); thus, **this modifier is not intended for claims submission for OPPS or IPPS.**
 - Other payers may or may not elect to utilize this modifier for a similar purpose. Please consult with the individual payer for instructions.
 - This modifier is retroactively effective for dates of service on or after January 1, 2022.

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Modifiers Update



- “JZ” - Zero Drug Amount Discarded/Not Administered To Any Patient
 - Federal law requires drug manufacturers to refund CMS for certain discarded amounts from refundable single-dose containers or single-use package drugs (Medicare Part B). CMS will have to report any discarded medication recorded above a 10 percent low-volume threshold. Certain drugs will be excluded – like imaging agents or drugs new (less than 18 months) to Medicare Part B reimbursement.
 - CMS is finalized in the 2023 Medicare Physician Fee Schedule (MPFS) Final Rule that starting next year, a separate JZ modifier be used to denote NO discarded amounts.
 - Practices will continue to use the JW modifier indicating waste as well as the JZ modifier indicating no waste. In preparation for this new JZ modifier practices should review workflow, automation and how data enters its MAR and EMR.

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Modifiers – Description Changes



- JG - Drug or biological acquired with 340b drug pricing program discount, reported for informational purposes
- TB - Drug or biological acquired with 340b drug pricing program discount, reported for informational purposes for select entities

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Supplies



• New Codes

- A2014 - OMEZA COLLAG PER 100 MG
- A2015 - PHOENIX WND MTRX, PER SQ CM
- A2016 - PERMEADERM B, PER SQ CM
- A2017 - PERMEADERM GLOVE, EACH
- A2018 - PERMEADERM C, PER SQ CM
- A4239 - NON-ADJU CGM SUPPLY ALLOW (DME supply)
- A4596 - CES SYSTEM MONTHLY SUPP
- A9602 - FLUORODOPA F-18 DIAG PER MCI
- A9607 - LUTETIUM LU 177 VIPIVO
- A9800 - GALLIUM LOCAMETZ 1 MILLICURI

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OPPS Codes



- C1747 ENDO, SINGLE, URINARY TRACT
- C1826 GEN, NEURO, CLO LOOP, RECHG
- C1827 GEN, NEURO, IMP LED, EX CNTR
- C1834 PRESSURE SENSOR SYSTEM, IM
- C7500 DEB BONE 20 CM2 W/DRUG DEV
- C7501 PERC BX BREAST LESIONS STERO
- C7502 PERC BX BREAST LESIONS MR
- C7503 OPEN EXC CERV NODE(S) W/ ID
- C7504 PERQ CVT&LS INJ VERT BODIES
- C7505 PERQ LS&CVT INJ VERT BODIES
- C7506 FUSION OF FINGER JOINTS
- C7507 PERQ THOR&LUMB VERT AUG

**Various invasive
surgical services**

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OPPS Codes



- C7508 PERQ LUMB&THOR VERT AUG
- C7509 DX BRONCH W/ NAVIGATION
- C7510 BRONCH/LAVAG W/ NAVIGATION
- C7511 BRONCH/BPSY(S) W/ NAVIGATION
- C7512 BRONCH/BPSY(S) W/ EBUS
- C7513 CATH/ANGIO DIALCIR W/APLASTY
- C7514 CATH/ANGIO DIAL CIR W/STENTS
- C7515 CATH/ANGIO DIAL CIR W/EMBOL
- C7516 COR ANGIO W/ IVUS OR OCT
- C7517 COR ANGIO W/ILIC/FEM ANGIO
- C7518 COR/GFT ANGIO W/ IVUS OR OCT
- C7519 COR/GFT ANGIO W/ FLOW RESRV

**Various invasive
surgical services**

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OPPS Codes



- C7520 COR/GFT ANGIO W/ILIC/FEM ANG
- C7521 R HRT ANGIO W/ IVUS OR OCT
- C7522 R HRT ANGIO W/FLOW RESRV
- C7523 L HRT ANGIO W/ IVUS OR OCT
- C7524 L HRT ANGIO W/FLOW RESRV
- C7525 L HRT GFT ANG W/ IVUS OR OCT
- C7526 L HRT GFT ANG W/FLOW RESRV
- C7527 R&L HRT ANGIO W/ IVUS OR OCT
- C7528 R&L HRT ANGIO W/FLOW RESRV
- C7529 R&L HRT GFT ANG W/FLOW RESRV
- C7530 CATH/APLASTY DIAL CIR W/STNT
- C7531 ANGIO FEM/POP W/ US

**Various invasive
surgical services**

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OPPS Codes



- C7532 ANGIO W/ US NON-CORONARY
- C7533 PTCA W/ PLCMT BRACHYTX DEV
- C7534 FEM/POP REVASC W/ARTHR & US
- C7535 FEM/POP REVASC W/STENT & US
- C7537 INSRT ATRIL PM W/L VENT LEAD
- C7538 INSRT VENT PM W/L VENT LEAD
- C7539 INSRT A & V PM W/L VENT LEAD
- C7540 RMV&RPLC PM DUL W/L VNT LEAD
- C7541 ERCP W/ PANCREATOSCOPY
- C7542 ERCP W/BX & PANCREATOSCOPY
- C7543 ERCP W/OTOMY, PANCREATOSCOPY
- C7544 ERCP RMV CALC PANCREATOSCOPY

**Various invasive
surgical services**

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OPPS Codes



- C7545 EXCH BIL CATH W/ RMV CALCULI
- C7546 REP NPH/URT CATH W/DIL STRIC
- C7547 CNVRT NEPH CATH W/ DIL STRIC
- C7548 EXCH NEPH CATH W/ DIL STRIC
- C7549 CHGE URTR STENT W/ DIL STRIC
- C7550 CYSTO W/ BX(S) W/ BLUE LIGHT
- C7551 EXC NEUROMA W/ IMPLNT NV END
- C7552 R HRT ART/GRFT ANG HRT FLOW
- C7553 R&L HRT ART/VENT ANG DRG AD
- C7553 R&I HRT ART/VENT ANG DRG AD
- C7554 CYSTURETH BLU LI CYST FL IMG
- C7555 RMVL THYRD W/AUTOTRAN PARATH

**Various invasive
surgical services**

**New codes, but not
reimbursed under OPPS
or any Medicare
outpatient fee schedule**

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OPPS Codes



- C7900 HOPD MNTL HLT, 15-29 MIN
- C7901 HOPD MNTL HLT, 30-60 MIN
- C7902 HOPD MNTL HLT, EA ADDL
- C9101 INJ, OLICERIDINE 0.1 MG
- C9143 COCAINE HCL NASAL (NUMBRINO)
- C9144 INJ, BUPIVACAINE (POSIMIR)

Remote Home outpatient diagnostic, evaluation or treatment of mental health/substance use disorder with no other professional service

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New Codes Published in 2023 OPPS Final Rule



TABLE 7: NEW HCPCS CODES EFFECTIVE APRIL 1, 2022

CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
A2011	A2011	Supra sdrm, per square centimeter
A2012	A2012	Suprathel, per square centimeter
A2013	A2013	Innovamatrix fs, per square centimeter

⁶ HCPCS C-codes are temporary billing codes that describe items and services for hospital outpatient use, including pass-through devices, pass-through drugs and biologicals, brachytherapy sources, new technology procedures, and certain other services. HCPCS J-codes are permanent billing codes that describe drugs.

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New Codes Published in 2023 OPPTS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
A4100	A4100	Skin substitute, fda cleared as a device, not otherwise specified
A4238	A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
A9291	A9291	Prescription digital behavioral therapy, fda cleared, per course of treatment
C9090	J2998	Injection, plasminogen, human-tvmh, 1 mg
C9091	J9331	Injection, sirolimus protein-bound particles, 1 mg
C9092	J3299	Injection, triamcinolone acetonide (xipere), 1 mg
C9093	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
C9781	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed
C9782	C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), all device(s), performed in an approved Investigational Device Exemption (IDE) study
C9783	C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved Investigational Device Exemption (IDE) study

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New Codes Published in 2023 OPPTS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
J0219	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
J0491	J0491	Injection, anifrolumab-fnia, 1 mg
J0879	J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)
J9071	J9071	Injection, cyclophosphamide, (auromedics), 5 mg
J9273	J9273	Injection, tisotumab vedotin-tftv, 1 mg
J9359	J9359	Injection, loncastuximab tesirine-lpyl, 0.1 mg
K1028	K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
K1029	K1029	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
K1030	K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only
K1031	K1031	Non-pneumatic compression controller without calibrated gradient pressure
K1032	K1032	Non-pneumatic sequential compression garment, full leg
K1033	K1033	Non-pneumatic sequential compression garment, half leg
Q4224	Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter

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New Codes Published in 2023 OPPS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
Q4225	Q4225	Amniobind, per square centimeter
Q4256	Q4256	Mlg-complete, per square centimeter
Q4257	Q4257	Relese, per square centimeter
Q4258	Q4258	Enverse, per square centimeter
Q5124	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
V2525	V2525	Contact lens, hydrophilic, dual focus, per lens
0306U	0306U	Oncology (minimal residual disease [mrd]), next-generation targeted sequencing analysis, cell-free dna, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for mrd
0307U	0307U	Oncology (minimal residual disease [mrd]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free dna, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for mrd
0308U	0308U	Cardiology (coronary artery disease [cad]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [kim-1]), plasma, algorithm reported as a risk score for obstructive cad
0309U	0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (nt-probnp, osteopontin, tissue inhibitor of metalloproteinase-1 [timp-1], and kidney injury molecule-1 [kim-1]), plasma, algorithm reported as a risk score for major adverse cardiac event
0310U	0310U	Pediatrics (vasculitis, kawasaki disease [kd]), analysis of 3 biomarkers (nt-probnp, c-reactive protein, and t-uptake), plasma, algorithm reported as a risk score for kd
0311U	0311U	Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organisms identified

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New Codes Published in 2023 OPPS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
0312U	0312U	Autoimmune diseases (eg, systemic lupus erythematosus [sle]), analysis of 8 igg autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (elisa), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic sle-likelihood assessment
0313U	0313U	Oncology (pancreas), dna and mrna next-generation sequencing analysis of 74 genes and analysis of cea (ceacam5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)
0314U	0314U	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)
0315U	0315U	Oncology (cutaneous squamous cell carcinoma), mrna gene expression profiling by rt-pcr of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as a categorical risk result (ie, class 1, class 2a, class 2b)
0316U	0316U	Borrelia burgdorferi (Lyme disease), ospa protein evaluation, urine

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CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
0317U	0317U	Oncology (lung cancer), four-probe fish (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer
0318U	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood
0319U	0319U	Nephrology (renal transplant), rna expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection
0320U	0320U	Nephrology (renal transplant), rna expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection
0321U	0321U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique
0322U	0322U	Neurology (autism spectrum disorder [asd]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (lc-ms/ms), plasma, results reported as negative or positive for risk of metabolic subtypes associated with asd

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New Codes Published in 2023 OPPS Final Rule



TABLE 8: NEW HCPCS CODES EFFECTIVE JULY 1, 2022

CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
A9596	A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie
A9601	A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie
C9094	J1302	Injection, sutimlimab-jome, 10 mg
C9095	J9274	Injection, tebentafusp-tebn, 1 microgram
C9096	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
C9097	J2777	Inj, faricimab-svoa, 0.1 mg
C9098	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
D1708	D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose
D1709	D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose
D1710	D1710	Moderna Covid-19 vaccine administration – third dose
D1711	D1711	Moderna Covid-19 vaccine administration – booster dose
D1712	D1712	Janssen Covid-19 vaccine administration - booster dose
D1713	D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose
D1714	D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose

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CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
G0308	G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training
G0309	G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation
J0739	J0739	Injection, cabotegravir, 1 mg
J1306	J1306	Injection, inclisiran, 1 mg
J1551	J1551	Injection, immune globulin (cutaquin), 100 mg
J2356	J2356	Injection, tezepelumab-ekko, 1 mg
J2779	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
J2998	J2998	Injection, plasminogen, human-tvmh, 1 mg
J3299	J3299	Injection, triamcinolone acetonide (xipere), 1 mg
J9331	J9331	Injection, sirolimus protein-bound particles, 1 mg
J9332	J9332	Injection, efgartigimod alfa-fcab, 2mg
K1034	K1034	Provision of covid-19 test, nonprescription self-administered and self-collected use, fda approved, authorized or cleared, one test count
Q4259	Q4259	Celera dual layer or celera dual membrane, per square centimeter
Q4260	Q4260	Signature apatch, per square centimeter
Q4261	Q4261	Tag, per square centimeter

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New Codes Published in 2023 OPPS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
90584	90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use
0714T	0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance
0715T	0715T	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
0716T	0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score
0717T	0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs
0718T	0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral
0719T	0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment
0720T	0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
0721T	0721T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging
0722T	0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)

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New Codes Published in 2023 OPFS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
0723T	0723T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session
0724T	0724T	Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)
0725T	0725T	Vestibular device implantation, unilateral
0726T	0726T	Removal of implanted vestibular device, unilateral
0727T	0727T	Removal and replacement of implanted vestibular device, unilateral
0728T	0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming
0729T	0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming
0730T	0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance
0731T	0731T	Augmentative AI-based facial phenotype analysis with report
0732T	0732T	Immunotherapy administration with electroporation, intramuscular
0733T	0733T	Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days

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New Codes Published in 2023 OPFS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
0734T	0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month
0735T	0735T	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)
0736T	0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter
0737T	0737T	Xenograft implantation into the articular surface
0323U	0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi
0324U	0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug
0325U	0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug
0326U	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden

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New Codes Published in 2023 OPPS Final Rule



CY 2022 HCPCS Code	CY 2023 HCPCS Code	CY 2023 Long Descriptor
0327U	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed
0328U	0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service
0329U	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations
0330U	0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab
0331U	0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alternations

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DME E-Codes



- E0183 – PRESS UNDERLAY ALTER W/PUMP
- E2103 – NON-ADJU CGM RECEIVER/MON

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Professional Procedures/Services



- G0310 – IMMUNIZE COUNSEL 5-15 MIN
- G0311 – IMMUNIZE COUNSEL 16-30 MINS
- G0312 – IMMUNIZE COUNS < 21YR 5-15 M
- G0313 – IMMUNIZE COUNS < 21YR 6-30 M
- G0314 – COUNSEL IMMUNE <21 16-30 M
- G0315 – COUNSEL IMMUNE <21 5-15 M
- G0316 – PROLONG INPT EVAL ADD15 M
- G0317 – PROLONG NURSIN FAC EVAL 15M
- G0318 – PROLONG HOME EVAL ADD 15M
- G0320 – TWO-WAY AUDIO AND VIDEO HHS

Codes were previously expired/deleted by CMS and are now reused.

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Professional Procedures/Services



- G0321 – AUDIO-ONLY HHS
- G0322 – HOME H PHYSIO DATA COLLEC TR
- G0323 – CARE MANAGE BEH SVS 20MINS
- G0330 – FACILITY SVS DENTAL REHAB (OPPS code)
 - Code was previously expired and has been reactivated
- G3002 – CHRONIC PAIN MGMT 30 MINS
- G3003 – CHRONIC PAIN MGMT ADDL 15M

Codes were previously expired/deleted by CMS and are now reused.

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Drugs



- J0134 - INJ ACETAMINOPHEN -FRESENIUS
- J0136 - INJ, ACETAMINOPHEN (B BRAUN)
- J0173 - INJ, EPINEPHRINE (BELCHER)
- J0225 - INJ, VUTRISIRAN, 1 MG (**High Dollar item - \$4,705 paid under OPPS**)
- J0283 - INJ, AMIODARONE (NEXTERONE)
- J0611 - CALCIUM GLUCON (WG CRITICAL)
- J0689 - INJ CEFAZOLIN SODIUM, BAXTER
- J0701 - INJ. CEFEPIME HCL (BAXTER)
- J0703 - INJ, CEFEPIME HCL (B BRAUN)
- J0877 - INJ, DAPTOMYCIN (HOSPIRA)
- J0891 - ARGATROBAN NONESRD (ACCORD)
- J0892 - ARGATROBAN DIALYSIS (ACCORD)
- J0893 - INJ, DECITABINE (SUN PHARMA)
- J0898 - ARGATROBAN NONESRD (AUROMED)

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Drugs



- J1302 - INJ, SUTIMLIMAB-JOME, 10 MG
- J1456 - INJ, FOSAPREPITANT (TEVA)
- J1574 - INJ, GANCICLOVIR (EXELA)
- J1611 - INJ GLUCAGON HCL, FRESENIUS
- J1643 - INJ HEPARIN, PFIZER, 1000U
- J1932 - INJ, LANREOTIDE, (CIPLA) 1MG
- J2021 - INJ, LINEZOLID (HOSPIRA)
- J2184 - INJ, MEROPENEM (B. BRAUN)
- J2247 - INJ, MICAFUNGIN (PAR PHARM)
- J2251 - INJ MIDAZOLAM (WG CRIT CARE)
- J2272 - INJ, MORPHINE (FRESENIUS)
- J2281 - INJ MOXIFLOXACIN (FRES KABI)
- J2311 - INJ, NALOXONE HCL (ZIMHI)
- J2327 - INJ RISANKIZUMAB-RZAA 1 MG (**High dollar \$102 paid under OPPS**)

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Drugs



- J2401 - CHLOROPROCAINE HCL INJECTION
- J2402 - CHLOROPROCAINE (CLOROTEKAL)
- J2777 - INJ, FARICIMAB-SVOA, 0.1MG
- J3244 - INJ. TIGECYCLINE (ACCORD)
- J3371 - INJ, VANCOMYCIN HCL (MYLAN)
- J3372 - INJ, VANCOMYCIN HCL (XELLIA)
- J9046 - INJ, BORTEZOMIB, DR. REDDY'S
- J9048 - INJ, BORTEZOMIB FRESENIUSKAB
- J9049 - INJ, BORTEZOMIB, HOSPIRA
- J9274 - INJ, TEBENTAFUSP-TEBN, 1 MCG (**High dollar \$198 paid under OPPS**)
- J9298 - INJ NIVOL RELATLIMAB 3MG/1MG (**High dollar \$180 paid under OPPS**)
- J9393 - INJ, FULVESTRANT (TEVA)
- J9394 - INJ, FULVESTRANT (FRESENIUS)

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Temporary Codes



- Q2056 – CILTACABTAGENE CAR-POS T
 - **High Dollar/Cost item \$478,950 paid under OPPS**
- Q4236 – CAREPATCH PER SQ CM (**Reactivated Code**)
- Q4262 – DUAL LAYER IMPAX, PER SQ CM
- Q4263 – SURGRAFT TL, PER SQ CM
- Q4264 – COCOON MEMBRANE, PER SQ CM
- Q5125 – INJ, RELEUKO 1 MCG
- Q5126 – INJ ALYMSYS 10 MG

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Deletions



- C1841 - RETINAL PROSTH INT/EXT COMP
- C1842 - RETINAL PROSTH, ADD-ON
- C1849 - SKIN SUBSTITUTE, SYNTHETIC
- C9142 - INJ, ALYMSYS, 10 MG
- G0028 - DOC MED RSN NO SCR TOB
- G0308 - 180 D IMPLANT GLUCOSE SENSOR
- G0309 - REM/INSER GLU SENSOR DIF SIT
- G2095 - SYS RSN NO ACE ARN ARNI
- G2170 - AVF BY TISSUE W THERMAL E
- G2171 - AVF USE MAGNETIC/ART/VEN
- G2198 - MED RSN NO UNHLTHY ETOH

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Deletions



- G2203 - MED RSN NO ETOH COUNS
- G9196 - MED REASON FOR NO CEPH
- G9197 - ORDER FOR CEPH
- G9198 - NO ORDER FOR CEPH NO REASON
- G9250 - DOC OF PAIN COMFORT 48HR
- G9251 - DOC NO PAIN COMFORT 48HR
- G9359 - NEG MGD POS TB NOTACT
- G9360 - NO DOC OF NEG OR MAN POS TB
- G9506 - BIO IMM RESP MOD PRESC
- G9618 - DOC SCR UTER MAL OR US/SAMP
- G9620 - NO SCR UTR MALIG/US/SAMP RNG
- G9623 - DOC MED RSN NO SCR ETOH USE

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Deletions



- G9631 - PT UI SRG 30 DAY PST SRG
- G9632 - MED RSN FOR NO RPT URET INJ
- G9633 - PT NO UI SRG 30 DAY PST SRG
- G9718 - HOSPICE ANYTIME MSMT PER
- G9774 - PT HAD HYST
- G9778 - PTS DX W/PREGN
- G9808 - PT NO ASTHM CONT MED MST PER
- G9809 - PT W/HOSP ANYTIME MSMT PER
- G9810 - PDC 75% W/ASTH CONT MED
- G9811 - NO PDC 75% W/ASTH CONT MED
- G9904 - DOC MED RSN NO TBCO SCRIN
- G9907 - DOC MED RSN NO TBCO INTERV

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Deletions



- G9909 - DOC MED RSN NO TBCO INTERV
- G9932 - DOC PT RSN NO TB SCRIN RECRDS
- G9942 - ADTL SPINE PROC ON SAME DATE
- G9948 - ADTL SPINE PROC ON SAME DATE
- G9989 - MED RSN NO PNEUM VAX
- J2400 - CHLOROPROCAINE HCL INJECTION
- J9044 - INJ, BORTEZOMIB, NOS, 0.1 MG
- K0553 - THER CGM SUPPLY ALLOWANCE
- K0554 - THER CGM RECEIVER/MONITOR
- M1017 - PT ADMT TO PALITVE SERV
- M1071 - PT HAD ADD'L SP PCR PERF

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Description Changes



- A4238 - Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
- C1831 - Interbody cage, anterior, lateral or posterior, personalized (implantable)
- C9761 - Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter)
- E2102 - Adjunctive, non-implanted continuous glucose monitor or receiver
- G0029 - Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period

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Description Changes



- G0030 - Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user
- G0442 - Annual alcohol misuse screening, 5 to 15 minutes
- G0444 - Annual depression screening, 5 to 15 minutes
- G0917 - Patient care survey was not completed by patient
- G2136 - Back pain measured by the visual analog scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater

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Description Changes



- G2137 - Back pain measured by the visual analog scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points
- G2138 - Back pain as measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater

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Description Changes



- G2139 - Back pain measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points
- G2140 - Leg pain measured by the visual analog scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater

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Description Changes



- G2141 - Leg pain measured by the visual analog scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points
- G2146 - Leg pain as measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater

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Description Changes



- G2147 - Leg pain measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points
- G2152 - Residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G2167 - Residual score for the neck impairment successfully calculated and the score was less than zero (< 0)
- G2174 - URI episodes when the patient had an active prescription of antibiotics in the 30 days prior to the episode date or is still active the same day of the encounter

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Description Changes



- G2182 - Patient receiving first-time biologic and/or immune response modifier therapy
- G2199 - Patient not screened for unhealthy alcohol use using a systematic screening method
- G2202 - Patient did not receive brief counseling if identified as an unhealthy alcohol user
- G2204 - Patients between 45 and 85 years of age who received a screening colonoscopy during the performance period
- G2207 - Reason for not administering adjuvant treatment course including both chemotherapy and her2-targeted therapy (e.g. poor performance status (ecog 3-4; Karnofsky ≤ 50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)

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Description Changes



- G2210 - Residual score for the neck impairment not measured because the patient did not complete the neck fs prom at initial evaluation and/or near discharge, reason not given
- G2212 - Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215, 99483 for office or other outpatient evaluation and management services) (do not report G2212 on the same date of service as 99358, 99359, 99415, 99416). (do not report G2212 for any time unit less than 15 minutes)
- G4013 - Mental/behavioral and psychiatry MIPS specialty set

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Description Changes



- G4020 - Ophthalmology/optometry MIPS specialty set
- G8451 - Beta-blocker therapy for IVEF $\leq 40\%$ not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons)
- G8539 - Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies is documented within two days of the functional outcome assessment
- G8543 - Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented within two days of assessment, reason not given
- G8600 - IV thrombolytic therapy initiated within 4.5 hours (≤ 270 minutes) of time last known well

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Description Changes



- G8601 - IV thrombolytic therapy not initiated within 4.5 hours (≤ 270 minutes) of time last known well for reasons documented by clinician (e.g. patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention, patient received tenecteplase (tnk))
- G8602 - IV thrombolytic therapy not initiated within 4.5 hours (≤ 270 minutes) of time last known well, reason not given
- G8633 - Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
- G8647 - Residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8648 - Residual score for the knee impairment successfully calculated and the score was less than zero (< 0)

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Description Changes



- G8650 - Residual score for the knee impairment not measured because the patient did not complete the lepf prom at initial evaluation and/or near discharge, reason not given
- G8651 - Residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8652 - Residual score for the hip impairment successfully calculated and the score was less than zero (< 0)
- G8654 - Residual score for the hip impairment not measured because the patient did not complete the lepf prom at initial evaluation and/or near discharge, reason not given
- G8655 - Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)

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Description Changes



- G8656 - Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0)
- G8658 - Residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the lepf prom at initial evaluation and/or near discharge, reason not given
- G8659 - Residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8660 - Residual score for the low back impairment successfully calculated and the score was less than zero (< 0)
- G8662 - Residual score for the low back impairment not measured because the patient did not complete the low back fs prom at initial evaluation and/or near discharge, reason not given
- G8663 - Residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)

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Description Changes



- G8664 - Residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0)
- G8666 - Residual score for the shoulder impairment not measured because the patient did not complete the shoulder fs prom at initial evaluation and/or near discharge, reason not given
- G8667 - Residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8668 - Residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0)
- G8670 - Residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand fs prom at initial evaluation and/or near discharge, reason not given

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Description Changes



- G8694 - Left ventricular ejection fraction (lvef) $\leq 40\%$ or documentation of moderate or severe lvsd
- G8708 - Patient not prescribed antibiotic
- G8710 - Patient prescribed antibiotic
- G8711 - Prescribed antibiotic on or within 3 days after the episode date
- G8734 - Elder maltreatment screen documented as negative, follow-up is not required
- G8826 - Patient discharged to home no later than post-operative day #2 following evlar
- G8842 - Apnea hypopnea index (ahi), respiratory disturbance index (rdi) or respiratory event index (rei) documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea

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Description Changes



- G8843 - Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months of initial evaluation for suspected obstructive sleep apnea (e.g., medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study, patients for whom a sleep study would present a bigger risk than benefit or would pose an undue burden, dementia, patients who decline AHI/RDI/REI measurement, patients who had a financial reason for not completing testing, test was ordered but not completed, patients decline because their insurance (payer) does not cover the expense))
- G8844 - Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea, reason not given

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Description Changes



- G8852 - Positive airway pressure therapy was prescribed
- G8854 - Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [cpap], therapy not yet initiated, not available on machine)
- G8923 - Left ventricular ejection fraction (lvef) $\leq 40\%$ or documentation of moderately or severely depressed left ventricular systolic function
- G8934 - Left ventricular ejection fraction (lvef) $\leq 40\%$ or documentation of moderately or severely depressed left ventricular systolic function
- G8942 - Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies is documented within two days of the functional outcome assessment

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Description Changes



- G8968 - Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation)
- G9315 - Amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis
- G9404 - Patient did not receive follow-up within 30 days after discharge
- G9407 - Patient did not receive follow-up within 7 days after discharge
- G9418 - Primary non-small cell lung cancer lung biopsy and cytology specimen report documents classification into specific histologic type following iaslc guidance or classified as nslc-nos with an explanation
- G9500 - Radiation exposure indices documented in final report for procedure using fluoroscopy
- G9501 - Radiation exposure indices not documented in final report for procedure using fluoroscopy, reason not given

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Description Changes



- G9624 - Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user
- G9626 - Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)
- G9662 - Previously diagnosed or have a diagnosis of clinical ASCVD, including ASCVD procedure
- G9663 - Any ldl-c laboratory result ≥ 190 mg/dl

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Description Changes



- G9781 - Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease [ESRD], or other medical reasons)
- G9789 - Blood pressure recorded during inpatient stays, emergency room visits, or urgent care visits
- G9847 - Patient received systemic cancer-directed therapy in the last 14 days of life
- G9848 - Patient did not receive systemic cancer-directed therapy in the last 14 days of life
- G9905 - Patient not screened for tobacco use

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Description Changes



- G9906 - Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)
- G9908 - Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)
- G9913 - Hepatitis b virus (Hbv) status not assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy, reason not otherwise specified
- G9943 - Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively
- G9946 - Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively

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Description Changes



- G9949 - Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 - 20 weeks) postoperatively
- G9968 - Patient was referred to another clinician or specialist during the measurement period
- G9969 - Clinician who referred the patient to another clinician received a report from the clinician to whom the patient was referred
- G9970 - Clinician who referred the patient to another clinician did not receive a report from the clinician to whom the patient was referred
- G9990 - Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period
- G9991 - Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period

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Description Changes



- G9993 - Patient was provided palliative care services any time during the measurement period
- J0131 - Injection, acetaminophen, not otherwise specified, 10 mg
- J0610 - Injection, calcium gluconate (fresenius kabi), per 10 ml
- J9041 - Injection, bortezomib, 0.1 mg
- M1003 - Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic and/or immune response modifier therapy
- M1052 - Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively

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Deletions & Replacements



2023 Deleted HCPCS Code	Long Description	CMS Replacement	Other Possible Replacement
C1841	Retinal prosthesis, includes all internal and external components		
C1842	Retinal prosthesis, includes all internal and external components; add-on to c1841		
C1849	Skin substitute, synthetic, resorbable, per square centimeter		
C9142	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg		Q5126
G0028	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)		
G0308	Creation of subcutaneous pocket with insertion of 180 day implantable interstitial glucose sensor, including system activation and patient training		
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation		
G2095	Documentation of system reason(s) for not prescribing ace inhibitor or arb or arni therapy (e.g., other system reasons)		
G2170	Percutaneous arteriovenous fistula creation (avf), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed	36836	
G2171	Percutaneous arteriovenous fistula creation (avf), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed	36837	
G2198	Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons)		
G2201	Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons)		
G2203	Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons)		

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Deletions and Replacements



2023 Deleted HCPCS Code	Long Description	CMS Replacement	Other Possible Replacement
G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))		
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis		
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given		
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment		
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment		
G9359	Documentation of negative or managed positive tb screen with further evidence that tb is not active prior to treatment with a biologic immune response modifier		
G9360	No documentation of negative or managed positive tb screen		
G9506	Biologic immune response modifier prescribed		
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind		
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given		
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)		
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 30 days post-surgery		
G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury)		

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Deletions and Replacements



2023 Deleted HCPCS Code	Long Description	CMS Replacement	Other Possible Replacement
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 30 days post-surgery		
G9718	Hospice services for patient provided any time during the measurement period		
G9774	Patients who have had a hysterectomy		
G9778	Patients who have a diagnosis of pregnancy at any time during the measurement period		
G9808	Any patients who had no asthma controller medications dispensed during the measurement year		
G9809	Patients who use hospice services any time during the measurement period		
G9810	Patient achieved a pdc of at least 75% for their asthma controller medication		
G9811	Patient did not achieve a pdc of at least 75% for their asthma controller medication		
G9904	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)		
G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason)		
G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason)		
G9932	Documentation of patient reason(s) for not having records of negative or managed positive tb screen (e.g., patient does not return for mantoux (ppd) skin test evaluation)		
G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy		
G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminectomy		
G9989	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., adverse reaction to vaccine)		
J2400	Injection, chloroprocaine hydrochloride, per 30 ml		J2401
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg		

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Deletions and Replacements



2023 Deleted HCPCS Code	Long Description	CMS Replacement	Other Possible Replacement
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service		
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		
M1017	Patient admitted to palliative care services		
M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy		

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Payment Changes



- Brachytherapy
 - C1717 BRACHYTX, NON-STR,HDR IR-192
 - 2022 Reimbursement - \$616.61
 - 2023 Reimbursement - \$241.70
 - **-155.11%** Decrease
 - C2634 BRACHYTX, NON-STR, HA, I-125
 - 2022 Reimbursement - \$151.20
 - 2023 Reimbursement - \$184.26
 - **+17.94%** Increase

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Payment Changes



- Brachytherapy (continued)
 - C2641 BRACHYTX, NON-STRANDED, P-103
 - 2022 Reimbursement - \$70.95
 - 2023 Reimbursement - \$82.14
 - **+13.62%** Increase
- Injections
 - C9248 INJ, CLEVIDIPINE BUTYRATE
 - 2022 Reimbursement - \$0.00, packaged item "N"
 - 2023 Reimbursement - \$2.79, status "K" drug
 - **+100%** Increase

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Payment Changes



- Surgical and Other Services
 - C9769 CYSTO W/TEMP PROS IMPLANT
 - 2022 Reimbursement - \$4,505.89
 - 2023 Reimbursement - \$8,711.09
 - **+48.27%** Increase
 - C9803 HOPD COVID-19 SPEC COLLECT
 - 2022 Reimbursement - \$25.23
 - 2023 Reimbursement - \$14.00
 - **-80.21%** Decrease
 - All Dental Services received a **+27.59%** increase in reimbursement

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Payment Changes



- Surgical and Other Services
 - C9769 CYSTO W/TEMP PROS IMPLANT
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Future Updates



- The 2023 Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), and Medicare Physician Fee Schedules (MPFS) still have forthcoming updates which may impact the HCPCS Level I (CPT-4) and HCPCS Level II (Alpha-Numeric) code sets.
- There are placeholder codes in these rules which will not be updated until all documents have been reviewed and posted on the Federal Register website.
 - Placeholder info can be viewed in the Q3 HCPCS Summary - <https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-3-2022-drugs-and-biologicals-updated-11042022.pdf>
- Any present data files from CMS for the code set as of 11/8/2022 will be amended and updated after Thanksgiving and possibly up until December 31st, 2022.

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Thank you for attending

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