CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 3471	**Date: February 26, 2016**
	Change Request 9549

SUBJECT: April 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the April 2016 OPPS update. The April 2016 Integrated Outpatient Code Editor (I/OCE) and OPPS Pricer will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 50.8.

The April 2016 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming April 2016 I/OCE CR.

EFFECTIVE DATE: April 1, 2016
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 4, 2016

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	4/200.3.1/Billing Instructions for IMRT Planning
R	4/200.3.2 /Billing for Multi-Source Photon (Cobalt 60-Based) Stereotactic Radiosurgery (SRS) Planning and Delivery

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 3471	Date: February 26, 2016	Change Request: 9549

SUBJECT: April 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)

EFFECTIVE DATE: April 1, 2016
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 4, 2016

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the April 2016 OPPS update. The April 2016 Integrated Outpatient Code Editor (I/OCE) and OPPS Pricer will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 50.8.

The April 2016 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming April 2016 I/OCE CR.

B. Policy: 1. Neurostimulator HCPCS Codes C1822 and C1820

a. HCPCS Code C1822

As described in the January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS) (January 2016 OPPS Update) (Change Request 9486, Transmittal 3425), HCPCS code C1822 (Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system) was added to the OPPS pass-through list as a new pass-through device effective January 1, 2016. HCPCS code C1822 is based on a clinical trial that demonstrated that a high frequency spinal cord stimulator operated at 10,000 Hz and paresthesia-free provides a substantial clinical improvement in pain management versus a low-frequency spinal cord stimulator.

b. HCPCS Code C1820

In the January 2016 OPPS Update, we added the words "non-high-frequency" to the descriptor of C1820. We are revising the descriptor for C1820 back to its original language and deleting "non-high-frequency" from the descriptor such that the descriptor again states the following: *Generator, neurostimulator (implantable), with rechargeable battery and charging system.* Neurostimulator generators that are not high frequency should be reported with C1820.

The latest short and long descriptors for HCPCS codes C1822 and C1820 can be found on the CMS HCPCS website at https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update.html

2. Billing Instructions for IMRT Planning

Payment for the services identified by CPT codes 77014, 77280, 77285, 77290, 77295, 77305 through 77321, 77331, and 77370 are included in the APC payment for CPT code 77301 (IMRT planning). These codes should not be reported in addition to CPT code 77301 when provided prior to or as part of the development of the IMRT plan.

3. Laboratory Drug Testing HCPCS Codes G0477-G0483 Effective January 1, 2016

HCPCS codes G0477-G0483 were published on the CMS website after the release of the January 2016 IOCE, consequently, we were unable to include them in the January 2016 IOCE release. These codes are being added to the April 2016 IOCE release with an effective date of January 1, 2016, and are assigned to status indicator "Q4" (Conditionally packaged laboratory tests) under the hospital OPPS. Refer to Table 1, attachment A, for the short and long descriptors for HCPCS codes G0477-G0483.

4. Drugs, Biologicals, and Radiopharmaceuticals

a. Drugs and Biologicals with Payments Based on Average Sales Price (ASP) Effective April 1, 2016

For CY 2016, payment for nonpass-through drugs, biologicals and therapeutic radiopharmaceuticals is made at a single rate of ASP + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug, biological or therapeutic radiopharmaceutical. In CY 2016, a single payment of ASP + 6 percent for pass-through drugs, biologicals and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items. Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective April 1, 2016 and drug price restatements can be found in the April 2016 update of the OPPS Addendum A and Addendum B on the CMS Web site at http://www.cms.gov/HospitalOutpatientPPS/.

b. Drugs and Biologicals with OPPS Pass-Through Status Effective April 1, 2016

Ten drugs and biologicals have been granted OPPS pass-through status effective April 1, 2016. These items, along with their descriptors and APC assignments, are identified in Table 2, attachment A.

c. Revised Status Indicator for HCPCS Codes

The status indicator for CPT code 90653 (Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use) will change from SI=E (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to SI=L (Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance) in the April 2016 Update.

The status indicator for HCPCS code J0130 (Injection abciximab, 10 mg) will change from SI= K (Paid under OPPS; separate APC payment) to SI=N (Paid under OPPS; payment is packaged into payment for other services) in the April 2016 Update.

The status indicator for HCPCS code J0583 (Injection, bivalirudin, 1 mg) will change from SI= K (Paid under OPPS; separate APC payment) to SI=N (Paid under OPPS; payment is packaged into payment for other services) in the April 2016 Update.

The status indicator for HCPCS code J1443 (Injection, Ferric Pyrophosphate Citrate Solution, 0.1 mg of iron) will change from SI= E (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to SI=N (Paid under OPPS; payment is packaged into payment for other services) in the April 2016 Update.

The status indicator for HCPCS code J2704 (Injection, Propofol, 10mg) will change from SI= E (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to SI=N (Paid under OPPS; payment is packaged into payment for other services) in the April 2016 Update.

These codes are listed in Table 3, attachment A, along with the effective date for the revised status indicator.

d. Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates

Some drugs and biologicals based on ASP methodology will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and

biologicals with corrected payments rates will be accessible on the CMS Web site on the first date of the quarter at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/OPPS-Restated-Payment-Rates.html.

Providers may resubmit claims that were impacted by adjustments to previous quarter's payment files.

5. Revised Billing Instruction for Stereotactic Radiosurgery (SRS) Planning and Delivery

Effective for cranial single session stereotactic radiosurgery procedures (CPT code 77371 or 77372) furnished on or after January 1, 2016 until December 31, 2017, costs for certain adjunctive services (e.g., planning and preparation) are not factored into the APC payment rate for APC 5627 (Level 7 Radiation Therapy). Rather, the ten planning and preparation codes listed in table 4, attachment A, will be paid according to their assigned status indicator when furnished 30 days prior or 30 days post SRS treatment delivery.

In addition, hospitals must report modifier "CP" (Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification [C-APC] procedure) on TOB 13X claims for any other services (excluding the ten codes in table 4, attachment A) that are adjunctive or related to SRS treatment but billed on a different claim and within either 30 days prior or 30 days after the date of service for either CPT code 77371 (Radiation treatment delivery, stereotactic radiosurgery, complete course of treatment cranial lesion(s) consisting of 1 session; multi-source Cobalt 60-based) or CPT code 77372 (Linear accelerator based). The "CP" modifier need not be reported with the ten planning and preparation CPT codes table 4, attachement A. Adjunctive/related services include but are not necessarily limited to imaging, clinical treatment planning/preparation, and consultations. Any service related to the SRS delivery should have the CP modifier appended. We would not expect the "CP" modifier to be reported with services such as chemotherapy administration as this is considered to be a distinct service that is not directly adjunctive, integral, or dependent on delivery of SRS treatment.

6. Changes to OPPS Pricer Logic

Effective April 1, 2016, there will be four diagnostic radiopharmaceuticals (1 newly approved) and one contrast agent receiving pass-through payment in the OPPS Pricer logic. For APCs containing nuclear medicine procedures, Pricer will reduce the amount of the pass-through diagnostic radiopharmaceutical or contrast agent payment by the wage-adjusted offset for the APC with the highest offset amount when the radiopharmaceutical or contrast agent with pass-through appears on a claim with a nuclear procedure. The offset will cease to apply when the diagnostic radiopharmaceutical or contrast agent expires from pass-through status. The offset amounts for diagnostic radiopharmaceuticals and contrast agents are the "policy-packaged" portions of the CY 2016 APC payments for nuclear medicine procedures and may be found on the CMS Web site.

7. Coverage Determinations

The fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the OPPS does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility

		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
9549.1	Medicare contractors shall install the April 2016 OPPS Pricer.	X		X		X				BCRC
9549.2	Medicare contactors shall manually add the following HCPCS codes to their systems: • HCPCS codes G0477 – G0483, listed in table 1, effective January 1, 2016; • HCPCS codes C9137 – C9475, listed in table 2, effective April 1, 2016; • HCPCS codes G9481 – G9490, listed in the upcoming April 2016 I/OCE CR, effective April 1. 2016; • HCPCS code G9678, listed in the upcoming April 2016 I/OCE CR, effective April 1, 2016. **Note:** These HCPCS codes will be included with the April 2016 I/OCE update. Status and payment indicators for these HCPCS codes will be listed in the April 2016 update of the OPPS Addendum A and Addendum B on the CMS Web site at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html	X		X						BCRC
9549.3	Medicare contactors shall manually delete the following HCPCS codes from their systems: • HCPCS code G0464 listed in the upcoming April 2016 I/OCE CR, effective December 31, 2015; and • HCPCS code G9668, listed in the upcoming April 2016 I/OCE CR, effective December 31, 2015. **Note:** These deletions will be reflected in the April 2016 I/OCE update and in the April 2016 Update of the OPPS Addendum A and Addendum B on the CMS Web site at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html	X		X						BCRC
9549.4	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive	X		X						BCRC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	changes that were received prior to implementation of April 2016 OPPS Pricer.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
9549.5	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Marina Kushnirova, marina.kushnirova@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

200.3.1 - Billing Instructions for IMRT Planning

(Rev.3741, Issued: 02-26-16, Effective: 04-01-16, Implementation: 04-04-16)

Payment amounts for the services identified by CPT codes 77014, 77280, 77285, 77290, 77295, 77305 through 77321, 77331, and 77370 are included in the APC payment for CPT code 77301 (IMRT planning). These codes should not be reported in addition to CPT code 77301 when *provided prior to or as part of the development of the IMRT plan*.

200.3.2 - Billing for Multi-Source Photon (Cobalt 60-Based) Stereotactic Radiosurgery (SRS) Planning and Delivery

(Rev.3741, Issued: 02-26-16, Effective: 04-01-16, Implementation: 04-04-16)

Effective for services furnished on or after January 1, 2014, hospitals must report SRS planning and delivery services using only the CPT codes that accurately describe the service furnished. For the delivery services, hospitals must report CPT code 77371, 77372, or 77373.

CPT Code	Long Descriptor
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

As instructed in the CY 2014 OPPS/ASC final rule, CPT code 77371 is to be used only for single session cranial SRS cases performed with a Cobalt-60 device, and CPT code 77372 is to be used only for single session cranial SRS cases performed with a linac-based device. The term "cranial" means that the pathological lesion(s) that are the target of the radiation is located in the patient's cranium or head. The term "single session" means that the entire intracranial lesion(s) that comprise the patient's diagnosis are treated in their entirety during a single treatment session on a single day. CPT code 77372 is never to be used for the first fraction or any other fraction of a fractionated SRS treatment. CPT code 77372 is to be used only for single session cranial linac-based SRS treatment. Fractionated SRS treatment is any SRS delivery service requiring more than a single session of SRS treatment for a cranial lesion, up to a total of no more than five fractions, and one to five sessions (but no more than five) for non-cranial lesions. CPT code 77373 is to be used for any fraction (including the first fraction) in any series of fractionated treatments, regardless of the anatomical location of the lesion or lesions being radiated. Fractionated cranial SRS is any cranial SRS that exceeds one treatment session and fractionated non-cranial SRS is any non-cranial SRS, regardless of the number of fractions but never more than five. Therefore, CPT code 77373 is the exclusive code (and the use of no other SRS treatment delivery code is permitted) for any and all fractionated SRS treatment services delivered anywhere in the body, including, but not limited to, the cranium or head. 77372 is not to be used for the first fraction of a fractionated cranial SRS treatment series and must only be used in cranial SRS when there is a single treatment session to treat the patient's entire condition.

In addition, for the planning services, hospitals must report the specific CPT code that accurately describes the service provided. The planning services may include but are not limited to CPT code 77290, 77295, 77300, 77334, or 77370.

CPT Code	Long Descriptor
77290	Therapeutic radiology simulation-aided field setting; complex
77295	Therapeutic radiology simulation-aided field setting; 3-dimensional
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, tdf, nsd, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of

	treatment, only when prescribed by the treating physician
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77370	Special medical radiation physics consultation

Effective for cranial single session stereotactic radiosurgery procedures (CPT code 77371 or 77372) furnished on or after January 1, 2016 until December 31, 2017, costs for certain adjunctive services (e.g., planning and preparation) are not factored into the APC payment rate for APC 5627 (Level 7 Radiation Therapy). Rather, the ten planning and preparation codes listed in table below, will be paid according to their assigned status indicator when furnished 30 days prior or 30 days post SRS treatment delivery.

In addition, hospitals must report modifier "CP" (Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification [C-APC] procedure) on TOB 13X claims for any other services (excluding the ten codes in table below) that are adjunctive or related to SRS treatment but billed on *a different claim* and within either 30 days prior or 30 days after the date of service for either CPT code 77371 (Radiation treatment delivery, stereotactic radiosurgery, complete course of treatment cranial lesion(s) consisting of 1 session; multi-source Cobalt 60-based) or CPT code 77372 (Linear accelerator based). The "CP" modifier *need not be reported with the ten planning and preparation CPT codes table below. Adjunctive/related services include but are not necessarily limited to imaging, clinical treatment planning/preparation, and consultations. Any service related to the SRS delivery should have the CP modifier appended. We would not expect the "CP" modifier to be reported with services such as chemotherapy administration as this is considered to be a distinct service that is not directly adjunctive, integral, or dependent on delivery of SRS treatment.*

Excluded Planning and Preparation CPT Codes

CPT Code	CY 2016 Short Descriptor	CY 2016 Status Indicator
70551	Mri brain stem w/o dye	Q3
70552	Mri brain stem w/dye	Q3
70553	Mri brain stem w/o & w/dye	Q3
77011	Ct scan for localization	N
77014	Ct scan for therapy guide	N
77280	Set radiation therapy field	S
77285	Set radiation therapy field	S
77290	Set radiation therapy field	S
77295	3-d radiotherapy plan	S
77336	Radiation physics consult	S

Attachment A − Tables for the Policy Section

Table 1 − Laboratory Drug Testing HCPCS Codes G0477-G0483 Effective January 1, 2016

HCPCS Code	Short Descriptor	Long Descriptor	OPPS SI
G0477	Drug test presump optical	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Q4
G0478	Drug test presump opt inst	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Q4
G0479	Drug test presump not opt	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	Q4
G0480	Drug test def 1-7 classes	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	Q4
G0481	Drug test def 8-14 classes	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	Q4
G0482	Drug test def 15-21 classes	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	Q4
G0483	Drug test def 22+ classes	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish	Q4

HCPCS Code	Short Descriptor	Long Descriptor	OPPS SI
		between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	

Table 2 – Drugs and Biologicals with OPPS Pass-Through Status Effective April 1, 2016

Table 3 – Drugs and Biologicals with Revised Status Indicators

HCPCS Code	Long Descriptor	APC	Status Indicator
C9137	Injection, Factor VIII (antihemophilic factor, recombinant) PEGylated, 1 I.U.	1844	G
C9138	Injection, Factor VIII (antihemophilic factor, recombinant) (Nuwiq), 1 I.U.	1846	G
C9461	Choline C 11, diagnostic, per study dose	9461	G
C9470	Injection, aripiprazole lauroxil, 1 mg	9470	G
C9471	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	9471	G
C9472	Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)	9472	G
C9473	Injection, mepolizumab, 1 mg	9473	G
C9474	Injection, irinotecan liposome, 1 mg	9474	G
C9475	Injection, necitumumab, 1 mg	9475	G
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	1845	G

HCPCS Code	Long Descriptor	Status Indicator	Effective Date
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	L	11/24/2015
J0130	Injection abciximab, 10 mg	N	1/1/2016
J0583	Injection, bivalirudin, 1 mg	N	1/1/2016
J1443	Injection, Ferric Pyrophosphate Citrate Solution, 0.1 mg of iron	N	1/1/2016
J2704	Injection, Propofol, 10mg	N	1/1/2016

Table 4 – Excluded Planning and Preparation CPT Codes

CPT Code	CY 2016 Short Descriptor	CY 2016 Status Indicator
70551	Mri brain stem w/o dye	Q3
70552	Mri brain stem w/dye	Q3
70553	Mri brain stem w/o & w/dye	Q3
77011	Ct scan for localization	N
77014	Ct scan for therapy guide	N
77280	Set radiation therapy field	S
77285	Set radiation therapy field	S
77290	Set radiation therapy field	S

77295	3-d radiotherapy plan	S
77336	Radiation physics consult	S