

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10165</b>	<b>Date: June 5, 2020</b>
	<b>Change Request 11792</b>

**SUBJECT: July 2020 Integrated Outpatient Code Editor (I/OCE) Specifications Version 21.2**

**I. SUMMARY OF CHANGES:** This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached recurring update notification applies to publication 100-04, Chapter 4, Section 40.1.

**EFFECTIVE DATE: July 1, 2020**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 6, 2020**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**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**

# Recurring Update Notification

<b>Pub. 100-04</b>	<b>Transmittal: 10165</b>	<b>Date: June 5, 2020</b>	<b>Change Request: 11792</b>
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## I. GENERAL INFORMATION

**A. Background:** This instruction informs the A/B Medicare Administrative Contractors (MACs) Part A, the A/B MACs Part Home Health and Hospice (HHH) and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for July 1, 2020. The I/OCE routes all institutional outpatient claims (which includes Non-Outpatient Prospective Payment System [non-OPPS] hospital claims) through a single integrated OCE. The attached recurring update notification applies to publication 100-04, Chapter 4, Section 40.1.

**B. Policy:** This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPPS and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The I/OCE specifications will be posted to the CMS website and can be found at <http://www.cms.gov/OutpatientCodeEdit/>.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11792.1	The Shared System Maintainer shall install the Integrated OCE (I/OCE) into their systems.					X					
11792.2	Medicare contractors shall identify the I/OCE specifications on the CMS website at <a href="https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs">https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs</a> .	X		X		X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
11792.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X		X		

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"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):** Yvonne Young, Yvonne.Young@cms.hhs.gov , Marina Kushnirova, Marina.Kushnirova@cms.hhs.gov , Fred Rooke, Fred.Rooke@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: 2**

## 2 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **July 2020, v21.2** release is summarized in the table below. Readers should also read through the entire document and note the highlighted sections, which also indicate changes from the prior release of the software. Some IOCE modifications in the update may be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

Item #	Type	Effective Date	Edits Affected	Modification
1.	Logic	07/01/2020	<a href="#">24</a>	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date included for this release is 10/01/2013.
2.	Logic	<b>10/01/2013</b>		Add new payment method flag V (Contractor bypass applied to FQHC PPS service and coinsurance is n/a (COVID-19)) and W (Contractor bypass applied to off-campus clinic visit for payment reduction) to be returned on output if supplied on input to the CB Payment Method Flag field. <b>Note:</b> The Contractor Bypass function is a CMS/Contractor related function and is not meant to be used by other end users or providers. See <a href="#">Contractor (MAC) Actions Impacting IOCE Processing</a> for more information.
3.	Logic	<b>10/01/2013</b>	<a href="#">1</a> , <a href="#">2</a> , <a href="#">3</a> , <a href="#">5</a> , <a href="#">6</a> , <a href="#">8</a> , <a href="#">20</a> , <a href="#">22</a> , <a href="#">40</a> , <a href="#">41</a> , <a href="#">106</a> , <a href="#">108</a>	Implement and program the following new bill types for Non-OPPS Hospital bill type processing and editing (OPPS flag = 2, Non-OPPS); 78x (Licensed Freestanding Emergency Medical Facility) 83x (Ambulatory Surgery Center) 84x (Freestanding Birthing Center) 89x (Special Facility – Other) See <a href="#">OCE edits Applied by Non-OPPS Hospital Bill Type Table</a>
4.	Logic	<b>03/18/2020</b>		For OPPS claims (bill type 13x w/o CC 41), apply the payment adjustment flag (PAF) of 9 (Deductible/co-insurance not applicable) for a visit line(s) that have modifier CS reported and the final Status Indicator (SI) for the line(s) is V or J2. Critical Care visit code 99291 and HOPD specimen collection code C9803 reported with modifier CS and SI= S, are also applicable for a PAF assignment of 9. <a href="#">See Medical Visit Processing and COVID-19 Testing-Related Services and Observation Processing under C-APCs</a> for more information.
5.	Logic	<b>03/18/2020</b>		Add new payment method flag value C (Payment made by FQHC PPS and coinsurance is n/a (COVID-19)) to be returned on FQHC claims (Bill type 77x) when HCPCS line items are reported with modifier CS. See <a href="#">FQHC PPS – COVID-19 Services</a> for more information.
6.	Logic	<b>01/27/2020</b>		Add new HCPCS code G2025 to the FQHC telehealth logic in order to receive appropriate FQHC payment values. <b>Note:</b> G2025 is added to the FQHC telehealth logic based on the component quarter start date of 01/01/2020, but the code should not be reported prior to its effective date of 01/27/2020. See <a href="#">FQHC PPS – Telehealth Services</a> processing logic for more information.
7.	Logic	07/01/2020		Add new payment method flag value B (Payer only testing). Not to be used other than for CMS testing purposes.
8.	Logic	<b>10/01/2013</b>	<a href="#">48</a> , <a href="#">50</a> , <a href="#">61</a> , <a href="#">62</a> , <a href="#">67</a> , <a href="#">68</a> , <a href="#">69</a> , <a href="#">72</a> , <a href="#">88</a> , <a href="#">89</a> , <a href="#">90</a> , <a href="#">91</a> , <a href="#">110</a>	Add the following edits to list of applicable edits that may be used for the Contractor Bypass; 48, 50, 61,62, 67, 68, 69, 72, 88, 89, 90, 91, 110
9.	Logic	<b>10/01/2013</b>	<a href="#">27</a> , <a href="#">35</a> , <a href="#">47</a>	Update edit 35 logic to allow for the edit to be returned if an incidental education and training service(s) is the only service(s) reported on the claim (Bill Type 12x, 13x w/o CC 41). <b>Note:</b> Edit 47 is returned in addition to edit 35 in this circumstance described, as both edit condition apply and there is no conflict in edit disposition. Edit 27 is now suppressed from being returned if this condition for edit 35 is present. See <a href="#">Daily Mental Health Processing</a> section for more information.
10.	Logic	<b>04/01/2019</b>	<a href="#">41</a> , <a href="#">48</a>	Add revenue code 892 (Special Processed Drugs – FDA Approved Gene Therapy) to the list of valid revenue codes, effective 04/01/2019.
11.	Logic	07/01/2020	<a href="#">68</a>	Apply mid-quarter edit 68 (Service provided prior to date of National Coverage Determination (NCD) approval) to the following HCPCS; U0003 - 04/14/2020 U0004 - 04/14/2020 86328 - 04/10/2020 86769 - 04/10/2020 98966 - 03/01/2020 98967 - 03/01/2020 98968 - 03/01/2020 G2010 - 03/01/2020 G2012 - 03/01/2020 G2023 - 03/01/2020

Item #	Type	Effective Date	Edits Affected	Modification
				G2024 - 03/01/2020 G2025 - 01/27/2020 C9803 - 03/01/2020
12.	Logic	07/01/2020	<a href="#">110</a>	Apply mid-quarter edit 110 (Service provided prior to initial marketing date) to the following HCPCS; Q5113 - 03/16/2020 Q5116 - 02/23/2020 C9058 - 11/15/2019 Q5119 - 02/03/2020 Q5120 - 11/15/2019
13.	Content	<b>01/01/2020</b>		Modify the Description of Modifier CS to "Covid-19 testing related svc".
14.	Content	07/01/2020		Make all HCPCS/APC/SI changes as specified by CMS. Updates were made to the following lists: <b>MAP_ADDON_TYPEI</b> <ul style="list-style-type: none"> <li>Addon Type I procedures (<a href="#">edit 106</a>)</li> </ul> <b>DATA_CAPC</b> <ul style="list-style-type: none"> <li>Comprehensive APC list (updated list and rank)</li> </ul> <b>OFFSET_HCPCS</b> <ul style="list-style-type: none"> <li>Terminated Device Procedures for offset APC</li> </ul> <b>OFFSET_CODEPAIRS</b> <ul style="list-style-type: none"> <li>Device Offset Code Pairs (code pair updates for pass-through device offset)</li> </ul> <b>MAP_COMPOSITE</b> <ul style="list-style-type: none"> <li>Composite APC HCPCS list</li> </ul> <b>DATA_HCPCS</b> <ul style="list-style-type: none"> <li>Device-Dependent Procedure list (<a href="#">edit 92</a>)</li> <li>Device Procedure Edit 92 Bypass list (<a href="#">edit 92</a>)</li> <li>Terminated Device Procedure list</li> <li>Device list</li> <li>FQHC non-covered list</li> <li>FQHC flu-PPV list</li> <li>Low and High Cost Skin Substitute list (<a href="#">edit 87</a>)</li> <li>Edit 99 Exclusions list (<a href="#">edit 99</a>)</li> <li>Non-covered services lists (SI = E1, <a href="#">edits 9</a>)</li> <li>Non-reportable for OPPS list (SI = B, <a href="#">edit 62</a>)</li> <li>Services not billable to MAC list (SI = M, <a href="#">edit 72</a>)</li> <li>Separate payment by Medicare not provided (SI = E2, <a href="#">edit 13</a>)</li> <li>Procedure and Sex Conflict (<a href="#">edit 8</a>) (Male and Female px list)</li> <li>Comprehensive APC exclusion list</li> <li>Inherent Bilateral list</li> <li>X-ray procedure list applicable for modifiers FX/FY- CAA Section 502b</li> </ul> <b>MAP_CONFLICT_RHC</b> <ul style="list-style-type: none"> <li>RHC CG modifier non-payable conflict</li> </ul> <b>DATA_MODIFIER</b> <ul style="list-style-type: none"> <li>Valid Modifier list (Description update only)</li> </ul> <b>DATA_EDIT_BYPASS</b> <ul style="list-style-type: none"> <li>Contractor Bypass Edits list</li> </ul>
15.	Data Table Reports	07/01/2020		The following Data Table Report(s) is updated to include new fields: <b>DATA_HCPCS</b> <ul style="list-style-type: none"> <li>Unused (New Column implemented for CMS testing only purposes)</li> </ul> Please review the File Layout document for the descriptions of all Data Table Reports and associated fields and field values.
16.	Content	07/01/2020	<a href="#">20, 40</a>	Implement version 26.2 of the NCCI (as modified for applicable outpatient institutional providers).
17.	Other	07/01/2020		Create 508-compliant versions of the Specifications, Summary of Data Changes and File Layout documents for publication on the CMS web site. Provide MF and PC IOCE software and supporting quarterly data file reports for publication on the CMS web site.
18.	Other	07/01/2020		Deliver quarterly software update and all related documentation and files to users via electronic download.

**Final**

**Summary of Data Changes**

**IOCE v21.2 July 2020**

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**APC Changes****Added APCs**

The following APC(s) were added.

**Added APCs**

<b>APC</b>	<b>Eff Date</b>	<b>Description</b>	<b>Status Indicator</b>	<b>Payment</b>
02029	2020-07-01	Endoscope, single, UGI	H	
06073	2020-07-01	Payer only apc for testing	S	\$0.00
06075	2020-07-01	Payer only apc for testing	S	\$0.00
06077	2020-07-01	Payer only apc for testing	S	\$0.00
06079	2020-07-01	Payer only apc for testing	S	\$0.00
06081	2020-07-01	Payer only apc for testing	S	\$0.00
06083	2020-07-01	Payer only apc for testing	S	\$0.00
06085	2020-07-01	Payer only apc for testing	S	\$0.00
06087	2020-07-01	Payer only apc for testing	S	\$0.00
06089	2020-07-01	Payer only apc for testing	S	\$0.00
06091	2020-07-01	Payer only apc for testing	S	\$0.00
06093	2020-07-01	Payer only apc for testing	S	\$0.00
06095	2020-07-01	Payer only apc for testing	S	\$0.00
06097	2020-07-01	Payer only apc for testing	S	\$0.00
06099	2020-07-01	Payer only apc for testing	S	\$0.00
06101	2020-07-01	Payer only apc for testing	S	\$0.00
06103	2020-07-01	Payer only apc for testing	S	\$0.00
06105	2020-07-01	Payer only apc for testing	S	\$0.00
09345	2019-10-01	Inj pegfilgrastim-bmez 0.5mg	K	\$0.00
09346	2020-07-01	Mometasone furoate (sinuva)	G	\$0.00
09347	2020-07-01	Inj luspatercept-aamt 0.25mg	G	\$0.00
09349	2020-01-01	Inj herzuma 10 mg	K	\$0.00
09350	2020-01-01	Inj., trazimera, 10 mg	K	\$0.00
09350	2020-07-01	Inj., trazimera, 10 mg	G	\$0.00
09353	2020-07-01	Inj fam-trastu deru-nxki 1mg	G	\$0.00
09354	2020-07-01	Inj recombin esperoct per iu	G	\$0.00
09355	2020-07-01	Injection, teprotumumab-trbw	G	\$0.00
09356	2020-07-01	Inj golodirsen 10 mg	G	\$0.00
09357	2020-07-01	Injection, eptinezumab-jjmr	G	\$0.00
09359	2020-07-01	Inj crizanlizumab-tmca 5mg	G	\$0.00
09361	2020-07-01	Inj. cetirizine hcl 0.5mg	G	\$0.00
09362	2020-07-01	Inj imip 4 cilas 4 releb 2mg	G	\$0.00
09364	2020-07-01	Inj enfort vedo-ejfv 0.25mg	G	\$0.00
09367	2020-01-01	Inj ruxience, 10 mg	K	\$0.00
09367	2020-07-01	Inj ruxience, 10 mg	G	\$0.00
09371	2020-07-01	Injection, meloxicam	G	\$0.00
09372	2020-07-01	Inj. xembify, 100 mg	K	\$0.00
09373	2020-07-01	Inj onase abepar-xioi treat	K	\$0.00
09375	2020-07-01	Inj., evomela, 1 mg	K	\$0.00

**Deleted APCs**

The following APC(s) were deleted.

**Deleted APCs**

APC	Eff Date	Description
09342	2020-07-01	inj. crizanlizumab-tmca
09344	2020-07-01	inj cetirizine hydrochloride

**Modified APC Descriptions**

The following APC(s) had a description change.

**Modified APC Descriptions**

<b>APC</b>	<b>Eff Date</b>	<b>Description Current</b>	<b>Description Previous</b>
00840	2020-07-01	Inj melpha hydroch nos 50 mg	Inj melphalan hydrochl
05721	2020-07-01	Level 1 Diagnostic Tests and Related Services	Level1 Diagnostic Tests and Related Services
09198	2020-07-01	Inj andexxa, 10 mg	Inj, coagulation factor Xa
09332	2020-07-01	Inj lefamulin 1 mg	Injection, lefamulin
09343	2020-07-01	Inj givosiran 0.5 mg	Injection, givosiran
09345	2020-04-01	Inj pegfilgrastim-bmez 0.5mg	Injection,pegfilgrastim-bmez

**Modified APC Status Indicators**

The following APC(s) had status indicator changes.

**Modified APC Status Indicators**

<b>APC</b>	<b>Eff Date</b>	<b>Description</b>	<b>Status Indicator Current</b>	<b>Status Indicator Previous</b>
09348	2020-07-01	Inj., zirabev, 10 mg	G	K
09489	2020-07-01	Inj, nusinersen, 0.1mg	K	G
09490	2020-07-01	Inj, bezlotoxumab, 10 mg	K	G

## HCPCS Procedure Code Changes

### Added HCPCS Codes

The following HCPCS code(s) were added.

### Added HCPCS Codes

HCPCS	Eff Date	Description	Status Indicator	APC	Edit	Appr Date	Term Date
0172U	2020-07-01	Onc sld tum alys brca1 brca2	A	00000			
0173U	2020-07-01	Psyc gen alys panel 14 genes	A	00000			
0174U	2020-07-01	Onc solid tumor 30 prtn trgt	Q4	00000			
0175U	2020-07-01	Psyc gen alys panel 15 genes	A	00000			
0176U	2020-07-01	Cdtb&vinculin igg antb ia	Q4	00000			
0177U	2020-07-01	Onc brst ca dna pik3ca 11	A	00000			
0178U	2020-07-01	Peanut allg asmt epi clin rx	Q4	00000			
0179U	2020-07-01	Onc nonsm cll lng ca alys 23	A	00000			
0180U	2020-07-01	Abo gnotyp abo 7 exons	A	00000			
0181U	2020-07-01	Co gnotyp aqp1 exon 1	A	00000			
0182U	2020-07-01	Crom gnotyp cd55 exons 1-10	A	00000			
0183U	2020-07-01	Di gnotyp slc4a1 exon 19	A	00000			
0184U	2020-07-01	Do gnotyp art4 exon 2	A	00000			
0185U	2020-07-01	Fut1 gnotyp fut1 exon 4	A	00000			
0186U	2020-07-01	Fut2 gnotyp fut2 exon 2	A	00000			
0187U	2020-07-01	Fy gnotyp ackr1 exons 1-2	A	00000			
0188U	2020-07-01	Ge gnotyp gypc exons 1-4	A	00000			
0189U	2020-07-01	Gypa gnotyp ntrns 1 5 exon 2	A	00000			
0190U	2020-07-01	Gypb gnotyp ntrns 1 5 seux 3	A	00000			
0191U	2020-07-01	ln gnotyp cd44 exons 2 3 6	A	00000			
0192U	2020-07-01	Jk gnotyp slc14a1 exon 9	A	00000			
0193U	2020-07-01	Jr gnotyp abcg2 exons 2-26	A	00000			
0194U	2020-07-01	Kel gnotyp kel exon 8	A	00000			
0195U	2020-07-01	Klf1 targeted sequencing	A	00000			
0196U	2020-07-01	Lu gnotyp beam exon 3	A	00000			
0197U	2020-07-01	Lw gnotyp icam4 exon 1	A	00000			
0198U	2020-07-01	Rhd&rhce gntyp rhd1-10&rhce5	A	00000			
0199U	2020-07-01	Sc gnotyp ermap exons 4 12	A	00000			
0200U	2020-07-01	Xk gnotyp xk exons 1-3	A	00000			
0201U	2020-07-01	Yt gnotyp ache exon 2	A	00000			
0594T	2020-07-01	Osteot hum xtrml lngth dev	J1	05114			
0596T	2020-07-01	Temp fml iu vlv-pmp 1st insj	T	05372			
0597T	2020-07-01	Temp fml iu valve-pmp rplcmt	T	05372			
0598T	2020-07-01	Ncntc r-t fluor wnd img 1st	T	05722			
0599T	2020-07-01	Ncntc r-t fluor wnd img ea	N	00000			
0600T	2020-07-01	Ire abltj 1+tum organ perq	J1	05361			
0601T	2020-07-01	Ire abltj 1+tumors open	J1	05361			
0602T	2020-07-01	Transdermal gfr measurements	Q4	00000			
0603T	2020-07-01	Transdermal gfr monitoring	Q4	00000			
0604T	2020-07-01	Rem oct rta dev setup&educaj	V	05012			
0605T	2020-07-01	Rem oct rta techl sprt min 8	Q1	05741			
0606T	2020-07-01	Rem oct rta phys/ghp ea 30d	M	00000	72		
0607T	2020-07-01	Rem mntr pulm flu mntr setup	V	05012			
0608T	2020-07-01	Rem mntr pulm flu mntr alys	S	05741			
0609T	2020-07-01	Mrs disc pain acquisj data	E1	00000	9		
0610T	2020-07-01	Mrs disc pain transmis data	E1	00000	9		
0611T	2020-07-01	Mrs disc pain alg alys data	E1	00000	9		
0612T	2020-07-01	Mrs discogenic pain i&r	E1	00000	9		
0613T	2020-07-01	Perq teat intratrnl septl sht	E1	00000	9		
0614T	2020-07-01	Rmvl&rplcmt ss impl dfb pg	J1	05231			
0615T	2020-07-01	Eye mvmt alys w/o calbrj i&r	Q1	05734			
0616T	2020-07-01	Insertion of iris prosthesis	J1	05491			
0617T	2020-07-01	Insj iris prosth w/rmvl&insj	J1	05492			
0618T	2020-07-01	Insj iris prosth sec io lens	J1	05492			
0619T	2020-07-01	Cysto w/prst8 commissurotomy	J1	05375			
86328	2020-04-01	Ia nfct ab sarscov2 covid19	A	00000		2020-04-10	
86769	2020-04-01	Sars-cov-2 covid-19 antibody	A	00000		2020-04-10	
C1748	2020-07-01	Endoscope, single, ugi	H	02029	55		
C1849	2020-07-01	Skin substitute, synthetic	N	00000	55		
C9058	2019-10-01	Injection,pegfilgrastim-bmez	K	09345	55	2019-11-15	
C9059	2020-07-01	Injection, meloxicam	G	09371	55		
C9061	2020-07-01	Injection, teprotumumab-trbw	G	09355	55		
C9063	2020-07-01	Injection, eptinezumab-jjmr	G	09357	55		
C9122	2020-07-01	Mometasone furoate (sinuva)	G	09346	55		
C9759	2020-07-01	Transcath intraop microinf	N	00000	55		
C9760	2020-07-01	Non-blind interatrial shunt	T	01591	55		
C9762	2020-07-01	Cardiac MRI seg dys strain	Q3	05524	55		
C9763	2020-07-01	Cardiac MRI seg dys stress	Q3	05524	55		
C9764	2020-07-01	Revasc intravasc lithotripsy	J1	05192	55		
C9765	2020-07-01	Revasc intra lithotrip-stent	J1	05193	55		

## Added HCPCS Codes

HCPCS	Eff Date	Description	Status Indicator	APC	Edit	Appr Date	Term Date
C9766	2020-07-01	Revasc intra lithotrip-ather	J1	05193	55		
C9767	2020-07-01	Revasc lithotrip-stent-ather	J1	05194	55		
C9803	2020-01-01	Hopd covid-19 spec collect	Q1	05731	55	2020-03-01	
G2025	2020-01-01	Dis site tele svcs rhc/fqhc	A	00000		2020-01-27	
G2170	2020-07-01	Avf by tissue w thermal e	J1	05194			
G2171	2020-07-01	Avf use magnetic/art/ven	J1	05194			
J0223	2020-07-01	Inj givosiran 0.5 mg	G	09343			
J0591	2020-07-01	Inj deoxycholic acid, 1 mg	E1	00000	9		
J0691	2020-07-01	Inj lefamulin 1 mg	G	09332			
J0742	2020-07-01	Inj imip 4 cilas 4 releb 2mg	G	09362			
J0791	2020-07-01	Inj crizanlizumab-tmca 5mg	G	09359			
J0896	2020-07-01	Inj luspatercept-aamt 0.25mg	G	09347			
J1201	2020-07-01	Inj. cetirizine hcl 0.5mg	G	09361			
J1429	2020-07-01	Inj golodirsen 10 mg	G	09356			
J1558	2020-07-01	Inj. xembify, 100 mg	K	09372			
J3399	2020-07-01	Inj onase abepar-xioi treat	K	09373			
J7169	2020-07-01	Inj andexxa, 10 mg	G	09198			
J7204	2020-07-01	Inj recombin esperoct per iu	G	09354			
J7333	2020-07-01	Visco-3 inj dose	N	00000			
J9177	2020-07-01	Inj enfort vedo-ejfv 0.25mg	G	09364			
J9198	2020-07-01	Inj. infugem, 100 mg	N	00000			
J9246	2020-07-01	Inj., evomela, 1 mg	K	09375			
J9358	2020-07-01	Inj fam-trastu deru-nxki 1mg	G	09353			
M1073	2020-07-01	Payer only code	S	06073			
M1075	2020-07-01	Payer only code	S	06075			
M1077	2020-07-01	Payer only code	S	06077			
M1079	2020-07-01	Payer only code	S	06079			
M1081	2020-07-01	Payer only code	S	06081			
M1083	2020-07-01	Payer only code	S	06083			
M1085	2020-07-01	Payer only code	S	06085			
M1087	2020-07-01	Payer only code	S	06087			
M1089	2020-07-01	Payer only code	S	06089			
M1091	2020-07-01	Payer only code	S	06091			
M1093	2020-07-01	Payer only code	S	06093			
M1095	2020-07-01	Payer only code	S	06095			
M1097	2020-07-01	Payer only code	S	06097			
M1099	2020-07-01	Payer only code	S	06099			
M1101	2020-07-01	Payer only code	S	06101			
M1103	2020-07-01	Payer only code	S	06103			
M1105	2020-07-01	Payer only code	S	06105			
Q4227	2020-07-01	Amniocore per sq cm	N	00000			
Q4228	2020-07-01	Bionextpatch, per sq cm	N	00000			
Q4229	2020-07-01	Cogenex amnio memb per sq cm	N	00000			
Q4230	2020-07-01	Cogenex flow amnion 0.5 cc	N	00000			
Q4231	2020-07-01	Corplex p. per cc	N	00000			
Q4232	2020-07-01	Corplex, per sq cm	N	00000			
Q4233	2020-07-01	Surfactor /nudyn per 0.5 cc	N	00000			
Q4234	2020-07-01	Xcellerate, per sq cm	N	00000			
Q4235	2020-07-01	Amniorepair or altiply sq cm	N	00000			
Q4236	2020-07-01	Carepatch per sq cm	N	00000			
Q4237	2020-07-01	cryo-cord, per sq cm	N	00000			
Q4238	2020-07-01	Derm-maxx, per sq cm	N	00000			
Q4239	2020-07-01	Amnio-maxx or lite per sq cm	N	00000			
Q4240	2020-07-01	Corecyte topical only 0.5 cc	N	00000			
Q4241	2020-07-01	Polycyte, topical only 0.5cc	N	00000			
Q4242	2020-07-01	Amniocyte plus, per 0.5 cc	N	00000			
Q4244	2020-07-01	Procenta, per 200 mg	N	00000			
Q4245	2020-07-01	Amniotext, per cc	N	00000			
Q4246	2020-07-01	Coretext or protext, per cc	N	00000			
Q4247	2020-07-01	Amniotext patch, per sq cm	N	00000			
Q4248	2020-07-01	Dermacyte Amn mem allo sq cm	N	00000			
Q5119	2020-01-01	Inj ruxience, 10 mg	K	09367		2020-02-03	
Q5119	2020-07-01	Inj ruxience, 10 mg	G	09367			
Q5120	2019-10-01	Inj pegfilgrastim-bmez 0.5mg	B	00000	62	2019-11-15	
Q5120	2020-07-01	Inj pegfilgrastim-bmez 0.5mg	G	09345			
Q5121	2020-07-01	Inj. avsola, 10 mg	E2	00000	13		
U0003	2020-04-01	Cov-19 amp prb hgh thrupt	A	00000		2020-04-14	
U0004	2020-04-01	Cov-19 test non-cdc hgh thru	A	00000		2020-04-14	

**Deleted HCPCS CPT Codes**

The following HCPCS code(s) were deleted.

**Deleted HCPCS CPT Codes**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>
0124U	2020-07-01	Ftl cgen abnor 3 analytes
0125U	2020-07-01	Ftl cgen abnor prnt comp 5
0126T	2020-07-01	Chd risk int study
0126U	2020-07-01	Ftl cgen abnor prnt comp 5 y
0127U	2020-07-01	Ob pe 3 analytes
0128U	2020-07-01	Ob pe 3 analytes y chrmsm
C9041	2020-07-01	Inj, coagulation factor xa
C9053	2020-07-01	Inj, crizanlizumab-tmca
C9054	2020-07-01	Injection, lefamulin
C9056	2020-07-01	Injection, givosiran
C9057	2020-07-01	Inj cetirizine hydrochloride
C9058	2020-07-01	Injection,pegfilgrastim-bmez
C9754	2020-07-01	Perc av fistula, direct
C9755	2020-07-01	Rf magnetic-guide av fistula
J9199	2020-07-01	Injection, infugem, 200 mg

**Modified HCPCS Code Descriptions**

The following HCPCS code(s) had a description change.

**Modified HCPCS Code Descriptions**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description Current</b>	<b>Description Previous</b>
0165U	2020-07-01	Peanut allg asmt epi	Peanut allg spec asmt 64 epi
86318	2020-07-01	Ia infectious agent antibody	Immunoassay infectious agent
C9758	2020-07-01	Blind interatrial shunt ide	Interatrial shunt ide
G1014	2020-07-01	Cdsm inveniq	Cdsm Inveniq
J7321	2020-07-01	Hyalgan or supartz inj dose	Hyalgan supartz visco-3 dose
J9245	2020-07-01	Inj melpha hydroch nos 50 mg	Inj melphalan hydrochl 50 mg
Q4176	2020-07-01	Neopatch or therion, 1 sq cm	Neopatch, per sq centimeter



**Modified HCPCS Code APC/Status Indicators/Edit Assignments**

The following HCPCS code(s) had an APC, Status Indicator, or Edit assignment change.

**Modified HCPCS Code APC/Status Indicators/Edit Assignments**

HCPCS	Eff Date	Description	APC Current	APC Previous	Status Indicator Current	Status Indicator Previous	Edits Current	Edits Previous
90694	2020-07-01	Vacc aiiiv4 no prsrv 0.5ml im			L	E1		9
98966	2020-01-01	Hc pro phone call 5-10 min			A	B		62
98967	2020-01-01	Hc pro phone call 11-20 min			A	B		62
98968	2020-01-01	Hc pro phone call 21-30 min			A	B		62
G2010	2020-01-01	Remot image submit by pt			A	B		62
G2012	2020-01-01	Brief check in by md/ghp			A	B		62
G2023	2020-01-01	Specimen collect COVID-19			B	N	62	
G2024	2020-01-01	Spec coll SNF/Lab COVID-19			B	N	62	
J0565	2020-07-01	Inj, bezlotoxumab, 10 mg			K	G		
J2326	2020-07-01	Inj, nusinersen, 0.1mg			K	G		
Q5113	2020-01-01	Inj herzuma 10 mg	09349	00000	K	E2		13
Q5116	2020-01-01	Inj., trazimera, 10 mg	09350	00000	K	E2		13
Q5116	2020-07-01	Inj., trazimera, 10 mg	09350	00000	G	E2		13
Q5118	2020-07-01	Inj., zirabev, 10 mg			G	K		

**Mid Quarter Edits Additions**

The following HCPCS code(s) were added to Mid-Quarter edit 67, 68, 69, 83, or 110.

**Mid Quarter Edits Additions**

**Reason Key: A=Added To List, N=New Code**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>Approval Date</b>	<b>Edit</b>	<b>R*</b>
86328	2020-04-01	Ia nfct ab sarscov2 covid19	2020-04-10	68	N
86769	2020-04-01	Sars-cov-2 covid-19 antibody	2020-04-10	68	N
C9058	2019-10-01	Injection,pegfilgrastim-bmez	2019-11-15	110	N
C9803	2020-01-01	Hopd covid-19 spec collect	2020-03-01	68	N
G2025	2020-01-01	Dis site tele svcs rhc/fqhc	2020-01-27	68	N
Q5113	2020-01-01	Inj herzuma 10 mg	2020-03-16	110	A
Q5116	2020-01-01	Inj., trazimera, 10 mg	2020-02-23	110	A
Q5119	2020-01-01	Inj ruxience, 10 mg	2020-02-03	110	N
Q5120	2019-10-01	Inj pegfilgrastim-bmez 0.5mg	2019-11-15	110	N
U0003	2020-04-01	Cov-19 amp prb hgh thrupt	2020-04-14	68	N
U0004	2020-04-01	Cov-19 test non-cdc hgh thru	2020-04-14	68	N

**Male Only HCPCS Additions**

The following HCPCS code(s) were added to the list of male procedures.

**Male Only HCPCS Additions**

**Reason Key: A=Added To List, N=New Code**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
0619T	2020-07-01	Cysto w/prst8 commissurotomy	N

**Female Only HCPCS Additions**

The following HCPCS code(s) were added to the list of female procedures.

**Female Only HCPCS Additions**

**Reason Key: A=Added To List, N=New Code**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
0596T	2020-07-01	Temp fml iu vlv-pmp 1st insj	N
0597T	2020-07-01	Temp fml iu valve-pmp rplcmt	N

### **Inherent Bilateral Additions**

The following HCPCS were added to the Inherent Bilateral list.

### **Inherent Bilateral Additions**

**Reason Key:** A=Added To List, N=New Code

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
30930	2020-01-01	Ther fx nasal inf turbinate	A

**Bypass Edit 99 Additions**

The following Drug/Biological HCPCS code(s) were added to the list of exclusions for not requiring an OPPS payable procedure for edit 99.

**Bypass Edit 99 Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
J7204	2020-07-01	inj recombin esperoct per iu	N

**Radiology Procedure For Payment Adjustment Additions**

The following HCPCS were added to the Radiology Payment adjustment procedure list when reported with modifier FX or FY.

**Radiology Procedure For Payment Adjustment Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C9762	2020-07-01	Cardiac MRI seg dys strain	N
C9763	2020-07-01	Cardiac MRI seg dys stress	N

**Composite APC HCPCS Additions**

The following HCPCS were assigned an SI=Q3 and are applicable for Composite APC logic.

**Comprehensive APC HCPCS Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	APC	R*
C9762	2020-07-01	Cardiac MRI seg dys strain	08007	N
C9763	2020-07-01	Cardiac MRI seg dys stress	08007	N



**Comprehensive APC HCPCS Additions**

The following HCPCS were assigned an SI = J1 and are applicable for Comprehensive APC logic.

**Comprehensive APC HCPCS Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
0594T	2020-07-01	Osteot hum xtrnl lngth dev	N
0600T	2020-07-01	lre abltj 1+tum organ perq	N
0601T	2020-07-01	lre abltj 1+tumors open	N
0614T	2020-07-01	Rmvl&rplcmt ss impl dfb pg	N
0616T	2020-07-01	Insertion of iris prosthesis	N
0617T	2020-07-01	Insj iris prosth w/rmvl&insj	N
0618T	2020-07-01	Insj iris prosth sec io lens	N
0619T	2020-07-01	Cysto w/prst8 commissurotomy	N
C9764	2020-07-01	Revasc intravasc lithotripsy	N
C9765	2020-07-01	Revasc intra lithotrip-stent	N
C9766	2020-07-01	Revasc intra lithotrip-ather	N
C9767	2020-07-01	Revasc lithotrip-stent-ather	N
G2170	2020-07-01	Avf by tissue w thermal e	N
G2171	2020-07-01	Avf use magnetic/art/ven	N

**Comprehensive APC HCPCS Removals**

The following HCPCS were removed from being assigned an SI = J1 and are no longer applicable for Comprehensive APC logic.

**Comprehensive APC HCPCS Removals**

**Reason Key: R=Removed From List, D=Code Terminated**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
C9754	2020-07-01	Perc av fistula, direct	D
C9755	2020-07-01	Rf magnetic-guide av fistula	D

**CAPC Exclusion Additions**

The following HCPCS were added to the CAPC Exclusion list.

**CAPC Exclusion Additions**

**Reason Key: A=Added To List, N=New Code**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
C9760	2020-07-01	Non-blind interatrial shunt	N

**FQHC Flu PPV Additions**

The following HCPCS were added to the FQHC Flu PPV list.

**FQHC Flu PPV Additions**

**Reason Key: A=Added To List, N=New Code**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
90694	2020-07-01	Vacc aiiiv4 no prsrv 0.5ml im	A

**FQHC Non-Covered Additions**

The following HCPCS were added to the FQHC Non-Covered list.

**FQHC Non-Covered Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
0172U	2020-07-01	Onc sld tum alys brca1 brca2	N
0173U	2020-07-01	Psyc gen alys panel 14 genes	N
0174U	2020-07-01	Onc solid tumor 30 prtn trgt	N
0175U	2020-07-01	Psyc gen alys panel 15 genes	N
0176U	2020-07-01	Cdtb&vinculin igg antib ia	N
0177U	2020-07-01	Onc brst ca dna pik3ca 11	N
0178U	2020-07-01	Peanut allg asmt epi clin rx	N
0179U	2020-07-01	Onc nonsm cll lng ca alys 23	N
0180U	2020-07-01	Abo gnotyp abo 7 exons	N
0181U	2020-07-01	Co gnotyp aqp1 exon 1	N
0182U	2020-07-01	Crom gnotyp cd55 exons 1-10	N
0183U	2020-07-01	Di gnotyp slc4a1 exon 19	N
0184U	2020-07-01	Do gnotyp art4 exon 2	N
0185U	2020-07-01	Fut1 gnotyp fut1 exon 4	N
0186U	2020-07-01	Fut2 gnotyp fut2 exon 2	N
0187U	2020-07-01	Fy gnotyp ackr1 exons 1-2	N
0188U	2020-07-01	Ge gnotyp gypc exons 1-4	N
0189U	2020-07-01	Gypa gnotyp ntrns 1 5 exon 2	N
0190U	2020-07-01	Gypb gnotyp ntrns 1 5 seux 3	N
0191U	2020-07-01	In gnotyp cd44 exons 2 3 6	N
0192U	2020-07-01	Jk gnotyp slc14a1 exon 9	N
0193U	2020-07-01	Jr gnotyp abcg2 exons 2-26	N
0194U	2020-07-01	Kel gnotyp kel exon 8	N
0195U	2020-07-01	Klf1 targeted sequencing	N
0196U	2020-07-01	Lu gnotyp bcam exon 3	N
0197U	2020-07-01	Lw gnotyp icam4 exon 1	N
0198U	2020-07-01	Rhd&rhce gntyp rhd1-10&rhce5	N
0199U	2020-07-01	Sc gnotyp ermap exons 4 12	N
0200U	2020-07-01	Xk gnotyp xk exons 1-3	N
0201U	2020-07-01	Yt gnotyp ache exon 2	N
86328	2020-04-01	Ia nfct ab sarscov2 covid19	N
86769	2020-04-01	Sars-cov-2 covid-19 antibody	N
U0003	2020-04-01	Cov-19 amp prb hgh thrupt	N
U0004	2020-04-01	Cov-19 test non-cdc hgh thru	N

**FQHC Non-Covered Removals**

The following HCPCS were removed from the FQHC Non-Covered list.

**FQHC Non-Covered Removals**

**Reason Key: R=Removed From List, D=Code Terminated**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
0124U	2020-07-01	Ftl cgen abnor 3 analytes	D
0125U	2020-07-01	Ftl cgen abnor prnt comp 5	D
0126U	2020-07-01	Ftl cgen abnor prnt comp 5 y	D
0127U	2020-07-01	Ob pe 3 analytes	D
0128U	2020-07-01	Ob pe 3 analytes y chrmsm	D

**RHC Modifier HCPCS Conflict Additions**

The following HCPCS modifier pairing for RHC conflict were added.

**RHC Modifier HCPCS Conflict Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Modifier	Eff Date	R*
10060	CG	2020-07-01	A
11721	CG	2020-07-01	A
12001	CG	2020-07-01	A
20604	CG	2020-07-01	A

**Skin Substitute High Cost Product Additions**

The following HCPCS were added to the Skin Substitute High Cost Product list.

**Skin Substitute High Cost Product Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C1849	2020-07-01	Skin substitute, synthetic	N



**Skin Substitute Low Cost Product Additions**

The following HCPCS were added to the Skin Substitute Low Cost Product list.

**Skin Substitute Low Cost Product Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4227	2020-07-01	Amniocore per sq cm	N
Q4228	2020-07-01	Bionextpatch, per sq cm	N
Q4229	2020-07-01	Cogenex amnio memb per sq cm	N
Q4232	2020-07-01	Corplex, per sq cm	N
Q4234	2020-07-01	Xcellerate, per sq cm	N
Q4235	2020-07-01	Amniorepair or altipty sq cm	N
Q4236	2020-07-01	Carepatch per sq cm	N
Q4237	2020-07-01	cryo-cord, per sq cm	N
Q4238	2020-07-01	Derm-maxx, per sq cm	N
Q4239	2020-07-01	Amnio-maxx or lite per sq cm	N
Q4247	2020-07-01	Amniotext patch, per sq cm	N
Q4248	2020-07-01	Dermacyte Amn mem allo sq cm	N

**Device Additions**

The following HCPCS were added to the Device list.

**Device Additions**

**Reason Key: A=Added To List, N=New Code**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
C1748	2020-07-01	Endoscope, single, ugi	N

**Device Procedure Additions**

The following HCPCS were added to the Device Procedure list.

**Device Procedure Additions**

**Reason Key: A=Added To List, N=New Code**

HCPCS	Eff Date	Description	R*
0594T	2020-07-01	Osteot hum xtrnl lngth dev	N
0600T	2020-07-01	lre abltj 1+tum organ perq	N
0601T	2020-07-01	lre abltj 1+tumors open	N
0614T	2020-07-01	Rmvl&rplcmt ss impl dfb pg	N
0616T	2020-07-01	Insertion of iris prosthesis	N
0617T	2020-07-01	Insj iris prosth w/rmvl&insj	N
0618T	2020-07-01	Insj iris prosth sec io lens	N
0619T	2020-07-01	Cysto w/prst8 commissurotomy	N
C9765	2020-07-01	Revasc intra lithotrip-stent	N
C9767	2020-07-01	Revasc lithotrip-stent-ather	N
G2170	2020-07-01	Avf by tissue w thermal e	N
G2171	2020-07-01	Avf use magnetic/art/ven	N

**Device Procedure Removals**

The following HCPCS were removed from the Device Procedure list.

**Device Procedure Removals**

**Reason Key: R=Removed From List, D=Code Terminated**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>R*</b>
C9754	2020-07-01	Perc av fistula, direct	D
C9755	2020-07-01	Rf magnetic-guide av fistula	D

**Device Procedure Edit 92 Bypass Additions**

The following HCPCS were added to the Device Procedure Bypass Edit 92 list.

**Device Procedure Edit 92 Bypass Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
36261	2019-01-01	Revision of infusion pump	A
64569	2019-01-01	Revise/repl vagus n eltrd	A

**Pass-Through Device HCPCS Additions**

The following HCPCS were added to the Pass-Through Device HCPCS list.

**Pass-Through Device HCPCS Additions**

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C1748	2020-07-01	Endoscope, single, ugi	N

**Pass-Through Device Credit Procedure Additions**

The following HCPCS were added to the list of pass-through device code pairs subject to a device credit amount.

**Pass-Through Device Credit Procedure Additions**

<b>Code1</b>	<b>Code2</b>	<b>Eff Date</b>	<b>Amount</b>
C1748	43261	2020-07-01	\$480.15
C1748	43263	2020-07-01	\$279.56
C1748	43262	2020-07-01	\$452.68
C1748	43275	2020-07-01	\$246.43
C1748	43274	2020-07-01	\$1,375.00
C1748	43265	2020-07-01	\$1,047.19
C1748	43278	2020-07-01	\$355.24
C1748	43276	2020-07-01	\$1,406.51
C1748	43264	2020-07-01	\$396.16
C1748	43260	2020-07-01	\$357.24
C1748	43277	2020-07-01	\$630.40

**Pass-Through Device Credit Procedure Modifications**

The following HCPCS on the list of pass-through device code pairs subject to credit amount had a modification to the credit amount

**Pass-Through Device Credit Procedure Modifications**

<b>Code1</b>	<b>Code2</b>	<b>Eff Date</b>	<b>Current Amount</b>	<b>Previous Amount</b>
C1734	27870	2020-01-01	\$0.00	\$5,805.17
C1734	28705	2020-01-01	\$0.00	\$8,354.15
C1734	28715	2020-01-01	\$0.00	\$6,096.73
C1734	28725	2020-01-01	\$0.00	\$5,291.06



**Terminated Device Procedure Additions**

The following HCPCS were added to the terminated device procedure list, that may be subject to device credit when the procedure is terminated early.

**Terminated Device Procedure Additions**

HCPCS	Eff Date	Amount
0594T	2020-07-01	\$1,854.40
0600T	2020-07-01	\$1,498.45
0601T	2020-07-01	\$1,498.45
0614T	2020-07-01	\$7,041.00
0616T	2020-07-01	\$626.78
0617T	2020-07-01	\$1,183.68
0618T	2020-07-01	\$1,183.68
0619T	2020-07-01	\$1,311.80
C9765	2020-07-01	\$3,071.63
C9767	2020-07-01	\$4,941.39
G2170	2020-07-01	\$4,941.39
G2171	2020-07-01	\$4,941.39

**Terminated Device Procedure Removals**

The following HCPCS were removed from the terminated device procedure list, that may be subject to device credit when the procedure is terminated early.

**Terminated Device Procedure  
Removals**

HCPCS	Eff Date	Amount
C9754	2020-07-01	\$4,941.39
C9755	2020-07-01	\$4,941.39

**Terminated Device Procedure Modifications**

The following HCPCS have a modified device credit amount for device procedures that may be terminated early.

**Terminated Device Procedure Modifications**

<b>HCPCS</b>	<b>Eff Date</b>	<b>Description</b>	<b>Current Amount</b>	<b>Previous Amount</b>
0548T	2020-01-01	Tprnl balo cntnc dev bi	\$5,127.98	\$2,501.06
0549T	2020-01-01	Tprnl balo cntnc dev uni	\$2,689.62	\$1,311.80

**Type One Addon Procedure Code List Additions**

The following HCPCS were added to the Type One Addon Procedure code list (edit 106).

**Type One Addon Procedure Code List Additions**

Reason Key: A=Added To List, N=New Code

Addon	Primary	Eff Date	R*
34709	34845	2020-01-01	A
34709	34846	2020-01-01	A
34709	34847	2020-01-01	A
34709	34848	2020-01-01	A
77002	64400	2020-01-01	A
77002	64405	2020-01-01	A
77002	64408	2020-01-01	A
77002	64415	2020-01-01	A
77002	64416	2020-01-01	A
77002	64417	2020-01-01	A
77002	64418	2020-01-01	A
77002	64420	2020-01-01	A
77002	64421	2020-01-01	A
77002	64425	2020-01-01	A
77002	64430	2020-01-01	A
77002	64435	2020-01-01	A
77002	64445	2020-01-01	A
77002	64446	2020-01-01	A
77002	64447	2020-01-01	A
77002	64448	2020-01-01	A
77002	64450	2020-01-01	A
77002	64455	2020-01-01	A
77003	64449	2020-01-01	A

## Modifier Changes

### Modifier Description Changes

The following modifier(s) had a description change.

### **Modifier Description Changes**

<b>Modifier</b>	<b>Eff Date</b>	<b>Description Current</b>	<b>Description Previous</b>
CS	2020-01-01	Covid-19 testing related svc	Gulf oil 2010 spill related

## Revenue Code Changes

### Added Revenue Codes

The following revenue code(s) were added to the list of valid revenue codes (edit 41).

### Added Revenue Codes

Revenue Code	Eff Date	Description	Status Indicator
892	2019-04-01	Special Processed Drugs - FDA Approved Gene Therapy	B

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