

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12815	Date: August 29, 2024
	Change Request 13752

SUBJECT: October 2024 Integrated Outpatient Code Editor (I/OCE) Specifications Version 25.3

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide 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: October 1, 2024

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

IMPLEMENTATION DATE: October 7, 2024

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
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

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 12815	Date: August 29, 2024	Change Request: 13752
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II. 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 October 1, 2024. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE.

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 <https://www.cms.gov/medicare/coding/outpatientcodeedit>.

III. BUSINESS REQUIREMENTS TABLE

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

Num ber	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Ot her
		A	B	H H H		FI SS	M CS	V M S	C W F	
1375 2.1	The Shared System Maintainer shall install the I/OCE into their systems.					X				
1375 2.2	Medicare contractors shall identify the I/OCE specifications on the CMS website at https://www.cms.gov/Medicare/Coding/Outpatient	X		X		X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CodeEdit/OCEQtrReleaseSpecs.									
13752.3	Medicare contractors shall update the reason code file for W7010 with the same group code that is applied to reason code W7009.	X		X						

IV. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13752.4	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X		X		

V. 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

VI. CONTACTS

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

VII. 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: 0

2 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **October 1, 2024, v25.3** 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	10/1/2024	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date/version included for this release is 01/01/2018, v19.0 of the IOCE.
2.	Logic	1/1/2018	87	Implementation of new logic for Critical Access Hospitals, 085x, to bypass edit 87 for lines with professional revenue codes (096x, 097x, 098x) reported with skin substitute procedures. See Skin Substitute Processing for CAHs for additional information.
3.	Logic	1/1/2018	58	Logic Correction: Edit 58 is corrected to apply to the LIAF=1 bypass logic. This correction did not impact documentation.
				Documentation Changes:
4.	Documentation	10/1/2024		New section for Skin substitute processing on Critical Access Hospital Bill Types .
5.	Documentation	10/1/2024		Removed out of scope documentation: <ul style="list-style-type: none"> LDR Prostate Brachytherapy Composite APC Processing and Assignment Criteria: [v9.0-v18.3]
				Content Changes:
6.	Content	10/1/2024	67	Add mid-quarter edit 67 (FDA approval) to the following HCPCS codes: <ul style="list-style-type: none"> 90683: 5/31/2024 90684: 6/17/2024 J0175: 7/2/2024
7.	Content	9/15/2024	68	Add mid-quarter edit 68 (NCD approval) to the following HCPCS codes: <ul style="list-style-type: none"> Q0519: 9/15/2024 Q0520: 9/15/2024
8.	Content	2/23/2024	69	Add mid-quarter edit 69 (Approval Period) to the following HCPCS codes: <ul style="list-style-type: none"> J9247: 2/23/2024
9.	Content	10/1/2024	1, 2	Update diagnosis code editing for validity and age, based on the FY 2025 ICD-10-CM code revisions to the Medicare Code Editor (MCE). Refer to the Summary of Data Changes for detailed changes.
10.	Content	10/1/2024	113	Update the diagnosis code editing for Unacceptable principal diagnosis list based on the FY 2025 ICD-10-CM code revision to the Medicare Code Editor (MCE) with any exclusions to that listing based on OPPS coding requirements and guidelines. Note that any diagnosis code flagged as being an exclusion to the Unacceptable Principal Diagnosis list does not return edit 113. Refer to the Summary of Data Changes for detailed changes.
11.	Content	10/1/2024	29, 109	Update the Mental health diagnosis list and Code First diagnosis list based on the FY 2025 ICD-10-CM code revisions.
12.	Content	7/1/2024	88, 89	The Center for Medicare and Medicaid Innovation Model (CMMI) code, G9037, does not require a FQHC payment code or a qualifying visit code when reported on a FQHC bill type 077x. Edits 88 and 89 are bypassed. This code is temporarily retroactively applied to the Chronic Care Management (CCM) Code list in Data HCPCS. Refer to the Summary of Data Changes for detailed changes.
13.	Content	1/1/2021	92	CPT code 28309 is added retroactively to the edit 92 bypass list (Device Procedure editing) for the dates of 1/1/2021 – 12/31/2023. Refer to the Summary of Data Changes for detailed changes.
				Data Content Changes:
14.	Content	10/1/2024		Make all Diagnosis, HCPCS, APC, SI and edit changes as specified by CMS. Updates were made to the following tables and lists: <p>DATA_DX10</p> <ul style="list-style-type: none"> Diagnosis Age Conflict list (edit 2) Diagnosis Code First list (edit 109) Diagnosis Mental Health list (edit 29) Unacceptable principal diagnosis list (edit 113) Unacceptable principal diagnosis OPPS exclusion list (bypass edit 113) <p>DATA_APC</p> <ul style="list-style-type: none"> Added new APCs and modified descriptions as applicable <p>DATA_CAPC</p> <ul style="list-style-type: none"> Added new CAPCs <p>DATA_HCPCS</p> <ul style="list-style-type: none"> Device Device Procedure (edit 92) FQHC Chronic Care FQHC non-covered list (edit 91) Mid Quarter Edit list (edit 67, edit 68, edit 69) Non-Billable MAC list (edit 72) Non-covered Service List (edit 9)

Item #	Type	Effective Date	Edits Affected	Modification
				<ul style="list-style-type: none"> • Non-reportable site of services list (edit 55) • Not recognized by OPPS (edit 62) • Procedure/Age Conflict (edit 7) • Separate payment not provided by Medicare (edit 13) • Skin substitutes list (edit 87) • Terminated Device Procedure list <p>OFFSET_CODEPAIR</p> <ul style="list-style-type: none"> • Pass-through Device Offset Code Pair modifications <p>OFFSET_HCPCS</p> <ul style="list-style-type: none"> • Terminated Device Procedure Offset modifications
15.	Content	10/1/2024	20, 40	Implement NCCI v30.3 for October 2024.
16.	Content	10/1/2024	106	Implement the Add-on code files for October 2024.
17.	Data Table Structure	10/1/2024		No Data Table Structure updates for October 2024.
18.	Other	10/1/2024		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.

Final

Summary of Data Changes

IOCE v25.3.0 October 2024

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Diagnosis Code Changes

Added ICD-10-CM Diagnosis Codes

The following ICD-10-CM Diagnosis code(s) were added.

Added ICD-10-CM Diagnosis Codes

Diagnosis	Eff Date	Description
C810A	2024-10-01	Nodular lymphocyte predom Hodgkin lymphoma, in remission
C811A	2024-10-01	Nodular sclerosis Hodgkin lymphoma, in remission
C812A	2024-10-01	Mixed cellularity Hodgkin lymphoma, in remission
C813A	2024-10-01	Lymphocyte depleted Hodgkin lymphoma, in remission
C814A	2024-10-01	Lymphocyte-rich Hodgkin lymphoma, in remission
C817A	2024-10-01	Other Hodgkin lymphoma, in remission
C819A	2024-10-01	Hodgkin lymphoma, unspecified, in remission
C820A	2024-10-01	Follicular lymphoma grade I, in remission
C821A	2024-10-01	Follicular lymphoma grade II, in remission
C822A	2024-10-01	Follicular lymphoma grade III, unspecified, in remission
C823A	2024-10-01	Follicular lymphoma grade IIIa, in remission
C824A	2024-10-01	Follicular lymphoma grade IIIb, in remission
C825A	2024-10-01	Diffuse follicle center lymphoma, in remission
C826A	2024-10-01	Cutaneous follicle center lymphoma, in remission
C828A	2024-10-01	Other types of follicular lymphoma, in remission
C829A	2024-10-01	Follicular lymphoma, unspecified, in remission
C830A	2024-10-01	Small cell B-cell lymphoma, in remission
C831A	2024-10-01	Mantle cell lymphoma, in remission
C83390	2024-10-01	Primary central nervous system lymphoma
C83398	2024-10-01	Diffuse large B-cell lymph of extrnod and solid organ sites
C833A	2024-10-01	Diffuse large B-cell lymphoma, in remission
C835A	2024-10-01	Lymphoblastic (diffuse) lymphoma, in remission
C837A	2024-10-01	Burkitt lymphoma, in remission
C838A	2024-10-01	Other non-follicular lymphoma, in remission
C839A	2024-10-01	Non-follicular (diffuse) lymphoma, unspecified, in remission
C840A	2024-10-01	Mycosis fungoides, in remission
C841A	2024-10-01	Sezary disease, in remission
C844A	2024-10-01	Peripheral T-cell lymphoma, NEC, in remission
C846A	2024-10-01	Anaplastic large cell lymphoma, ALK-positive, in remission
C847B	2024-10-01	Anaplastic large cell lymphoma, ALK-negative, in remission
C849A	2024-10-01	Mature T/NK-cell lymphomas, unspecified, in remission
C84AA	2024-10-01	Cutaneous T-cell lymphoma, unspecified, in remission
C84ZA	2024-10-01	Other mature T/NK-cell lymphomas, in remission
C851A	2024-10-01	Unspecified B-cell lymphoma, in remission
C852A	2024-10-01	Mediastinal (thymic) large B-cell lymphoma, in remission
C858A	2024-10-01	Other specified types of non-Hodgkin lymphoma, in remission
C859A	2024-10-01	Non-Hodgkin lymphoma, unspecified, in remission
C8600	2024-10-01	Extranodal NK/T-cell lymphoma, nasal type not remission
C8601	2024-10-01	Extranodal NK/T-cell lymphoma, nasal type, in remission
C8610	2024-10-01	Hepatosplenic T-cell lymphoma not having achieved remission
C8611	2024-10-01	Hepatosplenic T-cell lymphoma, in remission
C8620	2024-10-01	Enteropathy-type (intestinal) T-cell lymphoma not remission
C8621	2024-10-01	Enteropathy-type (intestinal) T-cell lymphoma, in remission
C8630	2024-10-01	Subcutaneous panniculitis-like T-cell lymphoma not remission
C8631	2024-10-01	Subcutaneous panniculitis-like T-cell lymphoma, in remission
C8640	2024-10-01	Blastic NK-cell lymphoma not having achieved remission
C8641	2024-10-01	Blastic NK-cell lymphoma, in remission
C8650	2024-10-01	Angioimmunoblastic T-cell lymphoma not achieve remission
C8651	2024-10-01	Angioimmunoblastic T-cell lymphoma, in remission
C8660	2024-10-01	Primary cutaneous CD30-positive T-cell prolif not remission
C8661	2024-10-01	Primary cutaneous CD30-positive T-cell prolif, in remission
C8800	2024-10-01	Waldenstrom macroglobulinemia not having achieved remission
C8801	2024-10-01	Waldenstrom macroglobulinemia, in remission
C8820	2024-10-01	Heavy chain disease not having achieved remission
C8821	2024-10-01	Heavy chain disease, in remission
C8830	2024-10-01	Immunoproliferative small intestinal disease not remission
C8831	2024-10-01	Immunoproliferative small intestinal disease, in remission
C8840	2024-10-01	Extnod mrgnl B-cell lymph mucosa-assoc lym tiss not remis
C8841	2024-10-01	Extnod mrgnl B-cell lymph mucosa-assoc lym tiss, in remis
C8880	2024-10-01	Other malignant immunoproliferative diseases not remission
C8881	2024-10-01	Other malignant immunoproliferative diseases, in remission
C8890	2024-10-01	Malignant immunoproliferative disease, unsp not remission
C8891	2024-10-01	Malignant immunoproliferative disease, unsp, in remission
D6103	2024-10-01	Fanconi anemia
E10A0	2024-10-01	Type 1 diabetes mellitus, presymptomatic, unspecified
E10A1	2024-10-01	Type 1 diabetes mellitus, presymptomatic, Stage 1
E10A2	2024-10-01	Type 1 diabetes mellitus, presymptomatic, Stage 2
E16A1	2024-10-01	Hypoglycemia level 1
E16A2	2024-10-01	Hypoglycemia level 2
E16A3	2024-10-01	Hypoglycemia level 3

Added ICD-10-CM Diagnosis Codes

Diagnosis	Eff Date	Description
E3400	2024-10-01	Carcinoid syndrome, unspecified
E3401	2024-10-01	Carcinoid heart syndrome
E3409	2024-10-01	Other carcinoid syndrome
E66811	2024-10-01	Obesity, class 1
E66812	2024-10-01	Obesity, class 2
E66813	2024-10-01	Obesity, class 3
E6689	2024-10-01	Other obesity not elsewhere classified
E74820	2024-10-01	SLC13A5 Citrate Transporter Disorder
E74829	2024-10-01	Other disorders of citrate metabolism
E8882	2024-10-01	Obesity due to disruption of MC4R pathway
F50010	2024-10-01	Anorexia nervosa, restricting type, mild
F50011	2024-10-01	Anorexia nervosa, restricting type, moderate
F50012	2024-10-01	Anorexia nervosa, restricting type, severe
F50013	2024-10-01	Anorexia nervosa, restricting type, extreme
F50014	2024-10-01	Anorexia nervosa, restricting type, in remission
F50019	2024-10-01	Anorexia nervosa, restricting type, unspecified
F50020	2024-10-01	Anorexia nervosa, binge eating/purging type, mild
F50021	2024-10-01	Anorexia nervosa, binge eating/purging type, moderate
F50022	2024-10-01	Anorexia nervosa, binge eating/purging type, severe
F50023	2024-10-01	Anorexia nervosa, binge eating/purging type, extreme
F50024	2024-10-01	Anorexia nervosa, binge eating/purging type, in remission
F50029	2024-10-01	Anorexia nervosa, binge eating/purging type, unspecified
F5020	2024-10-01	Bulimia nervosa, unspecified
F5021	2024-10-01	Bulimia nervosa, mild
F5022	2024-10-01	Bulimia nervosa, moderate
F5023	2024-10-01	Bulimia nervosa, severe
F5024	2024-10-01	Bulimia nervosa, extreme
F5025	2024-10-01	Bulimia nervosa, in remission
F50810	2024-10-01	Binge eating disorder, mild
F50811	2024-10-01	Binge eating disorder, moderate
F50812	2024-10-01	Binge eating disorder, severe
F50813	2024-10-01	Binge eating disorder, extreme
F50814	2024-10-01	Binge eating disorder, in remission
F50819	2024-10-01	Binge eating disorder, unspecified
F5083	2024-10-01	Pica in adults
F5084	2024-10-01	Rumination disorder in adults
G40841	2024-10-01	KCNQ2-related epilepsy, not intractable, with stat epi
G40842	2024-10-01	KCNQ2-related epilepsy, not intractable, without stat epi
G40843	2024-10-01	KCNQ2-related epilepsy, intractable, with status epilepticus
G40844	2024-10-01	KCNQ2-related epilepsy, intractable, without stat epi
G9081	2024-10-01	Serotonin syndrome
G9089	2024-10-01	Other disorders of autonomic nervous system
G9345	2024-10-01	Developmental and epileptic encephalopathy
I2603	2024-10-01	Cement embolism of pulmonary artery with acute cor pulmonale
I2604	2024-10-01	Fat embolism of pulmonary artery with acute cor pulmonale
I2695	2024-10-01	Cement embolism of pulm artery without acute cor pulmonale
I2696	2024-10-01	Fat embolism of pulmonary artery without acute cor pulmonale
J348200	2024-10-01	Internal nasal valve collapse, unspecified
J348201	2024-10-01	Internal nasal valve collapse, static
J348202	2024-10-01	Internal nasal valve collapse, dynamic
J348210	2024-10-01	External nasal valve collapse, unspecified
J348211	2024-10-01	External nasal valve collapse, static
J348212	2024-10-01	External nasal valve collapse, dynamic
J34829	2024-10-01	Nasal valve collapse, unspecified
K6030	2024-10-01	Anal fistula, unspecified
K60311	2024-10-01	Anal fistula, simple, initial
K60312	2024-10-01	Anal fistula, simple, persistent
K60313	2024-10-01	Anal fistula, simple, recurrent
K60319	2024-10-01	Anal fistula, simple, unspecified
K60321	2024-10-01	Anal fistula, complex, initial
K60322	2024-10-01	Anal fistula, complex, persistent
K60323	2024-10-01	Anal fistula, complex, recurrent
K60329	2024-10-01	Anal fistula, complex, unspecified
K6040	2024-10-01	Rectal fistula, unspecified
K60411	2024-10-01	Rectal fistula, simple, initial
K60412	2024-10-01	Rectal fistula, simple, persistent
K60413	2024-10-01	Rectal fistula, simple, recurrent
K60419	2024-10-01	Rectal fistula, simple, unspecified
K60421	2024-10-01	Rectal fistula, complex, initial
K60422	2024-10-01	Rectal fistula, complex, persistent
K60423	2024-10-01	Rectal fistula, complex, recurrent
K60429	2024-10-01	Rectal fistula, complex, unspecified
K6050	2024-10-01	Anorectal fistula, unspecified
K60511	2024-10-01	Anorectal fistula, simple, initial
K60512	2024-10-01	Anorectal fistula, simple, persistent
K60513	2024-10-01	Anorectal fistula, simple, recurrent
K60519	2024-10-01	Anorectal fistula, simple, unspecified
K60521	2024-10-01	Anorectal fistula, complex, initial

Added ICD-10-CM Diagnosis Codes

Diagnosis	Eff Date	Description
K60522	2024-10-01	Anorectal fistula, complex, persistent
K60523	2024-10-01	Anorectal fistula, complex, recurrent
K60529	2024-10-01	Anorectal fistula, complex, unspecified
L2981	2024-10-01	Cholestatic pruritus
L2989	2024-10-01	Other pruritus
L6610	2024-10-01	Lichen planopilaris, unspecified
L6611	2024-10-01	Classic lichen planopilaris
L6612	2024-10-01	Frontal fibrosing alopecia
L6619	2024-10-01	Other lichen planopilaris
L6681	2024-10-01	Central centrifugal cicatricial alopecia
L6689	2024-10-01	Other cicatricial alopecia
M51360	2024-10-01	Other intvrt disc degen, lum rgn with discog back pain only
M51361	2024-10-01	Other intvrt disc degen, lum region with low extrm pain only
M51362	2024-10-01	Oth intvrt disc degen, lum rgn w discog bck & lw extrm pain
M51369	2024-10-01	Oth intvrt disc degen, lum rgn w/o lum bck or lw extrm pain
M51370	2024-10-01	Oth intvrt disc degen, lumbosacr rgn w discog bck pain only
M51371	2024-10-01	Oth intvrt disc degen, lumbosacr rgn w low extrm pain only
M51372	2024-10-01	Oth intvrt disc degen, lumbosacr w discog bck & lw extrm pn
M51379	2024-10-01	Oth intvrt disc degen, lumbosacr w/o lum bck or lw extrm pn
M6285	2024-10-01	Dysfunction of the multifidus muscles, lumbar region
M6590	2024-10-01	Unspecified synovitis and tenosynovitis, unspecified site
M65911	2024-10-01	Unspecified synovitis and tenosynovitis, right shoulder
M65912	2024-10-01	Unspecified synovitis and tenosynovitis, left shoulder
M65919	2024-10-01	Unsp synovitis and tenosynovitis, unspecified shoulder
M65921	2024-10-01	Unspecified synovitis and tenosynovitis, right upper arm
M65922	2024-10-01	Unspecified synovitis and tenosynovitis, left upper arm
M65929	2024-10-01	Unsp synovitis and tenosynovitis, unspecified upper arm
M65931	2024-10-01	Unspecified synovitis and tenosynovitis, right forearm
M65932	2024-10-01	Unspecified synovitis and tenosynovitis, left forearm
M65939	2024-10-01	Unspecified synovitis and tenosynovitis, unspecified forearm
M65941	2024-10-01	Unspecified synovitis and tenosynovitis, right hand
M65942	2024-10-01	Unspecified synovitis and tenosynovitis, left hand
M65949	2024-10-01	Unspecified synovitis and tenosynovitis, unspecified hand
M65951	2024-10-01	Unspecified synovitis and tenosynovitis, right thigh
M65952	2024-10-01	Unspecified synovitis and tenosynovitis, left thigh
M65959	2024-10-01	Unspecified synovitis and tenosynovitis, unspecified thigh
M65961	2024-10-01	Unspecified synovitis and tenosynovitis, right lower leg
M65962	2024-10-01	Unspecified synovitis and tenosynovitis, left lower leg
M65969	2024-10-01	Unsp synovitis and tenosynovitis, unspecified lower leg
M65971	2024-10-01	Unspecified synovitis and tenosynovitis, right ank/ft
M65972	2024-10-01	Unspecified synovitis and tenosynovitis, left ankle and foot
M65979	2024-10-01	Unspecified synovitis and tenosynovitis, unspecified ank/ft
M6598	2024-10-01	Unspecified synovitis and tenosynovitis, other site
M6599	2024-10-01	Unspecified synovitis and tenosynovitis, multiple sites
Q2381	2024-10-01	Bicuspid aortic valve
Q2382	2024-10-01	Congenital mitral valve cleft leaflet
Q2388	2024-10-01	Other congenital malformations of aortic and mitral valves
Q8786	2024-10-01	Kleefstra syndrome
R4185	2024-10-01	Anosognosia
T45AX1A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, acc, init
T45AX1D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, acc, subs
T45AX1S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, acc, sqla
T45AX2A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs,slf-hrm,init
T45AX2D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs,slf-hrm,subs
T45AX2S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs,slf-hrm,sqla
T45AX3A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, asslt, init
T45AX3D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, asslt, subs
T45AX3S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, asslt, sqla
T45AX4A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, undet, init
T45AX4D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, undet, subs
T45AX4S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, undet, sqla
T45AX5A	2024-10-01	Advs effect of immune chkpt inhibtr/immunostim drugs, init
T45AX5D	2024-10-01	Advs effect of immune chkpt inhibtr/immunostim drugs, subs
T45AX5S	2024-10-01	Advs effect of immune chkpt inhibtr/immunostim drugs, sqla
T45AX6A	2024-10-01	Undrdose of immune checkpoint inhibtr/immunostim drugs, init
T45AX6D	2024-10-01	Undrdose of immune checkpoint inhibtr/immunostim drugs, subs
T45AX6S	2024-10-01	Undrdose of immune chkpt inhibtr/immunostim drugs, sequela
T81320A	2024-10-01	Disrupt/dehisc of GI tract anastomos, repair, or closr, init
T81320D	2024-10-01	Disrupt/dehisc of GI tract anastomos, repair, or closr, subs
T81320S	2024-10-01	Disrupt/dehisc of GI tract anastomos, repair, or closr, sqla
T81321A	2024-10-01	Disrupt/dehisc closr int op (surg) wnd abd w/ msl/fasc, init
T81321D	2024-10-01	Disrupt/dehisc closr int op (surg) wnd abd w/ msl/fasc, subs
T81321S	2024-10-01	Disrupt/dehisc closr int op (surg) wnd abd w/ msl/fasc, sqla
T81328A	2024-10-01	Disrupt/dehisc of closure of oth int op (surg) wound, init
T81328D	2024-10-01	Disrupt/dehisc of closure of oth int op (surg) wound, subs
T81328S	2024-10-01	Disrupt/dehisc of closr of oth int op (surg) wound, sequela
T81329A	2024-10-01	Deep Disrupt/dehisc of operation wound, unspecified, init
T81329D	2024-10-01	Deep Disrupt/dehisc of operation wound, unspecified, subs

Added ICD-10-CM Diagnosis Codes

Diagnosis	Eff Date	Description
T81329S	2024-10-01	Deep Disrupt/dehisc of operation wound, unspecified, sequela
Z151	2024-10-01	Genetic susceptibility to epi and neurodevelopmental disord
Z152	2024-10-01	Genetic susceptibility to obesity
Z1721	2024-10-01	Progesterone receptor positive status
Z1722	2024-10-01	Progesterone receptor negative status
Z1731	2024-10-01	Human epidermal growth factor receptor 2 positive status
Z1732	2024-10-01	Human epidermal growth factor receptor 2 negative status
Z17410	2024-10-01	Hormone recept pos w hmn epdrml grth fctr recept 2 pos stat
Z17411	2024-10-01	Hormone recept pos w hmn epdrml grth fctr recept 2 neg stat
Z17420	2024-10-01	Hormone recept neg w hmn epdrml grth fctr recept 2 pos stat
Z17421	2024-10-01	Hormone recept neg w hmn epdrml grth fctr recept 2 neg stat
Z51A	2024-10-01	Encounter for sepsis aftercare
Z5971	2024-10-01	Insufficient health insurance coverage
Z5972	2024-10-01	Insufficient welfare support
Z67A1	2024-10-01	Duffy null
Z67A2	2024-10-01	Duffy a positive
Z67A3	2024-10-01	Duffy b positive
Z67A4	2024-10-01	Duffy a and b positive
Z6855	2024-10-01	Body mass index ped, 120% 95% for age to < 140% 95% for age
Z6856	2024-10-01	Body mass index ped, > or equal to 140% of the 95% for age
Z8372	2024-10-01	Family history of familial adenomatous polyposis
Z860100	2024-10-01	Personal history of colon polyps, unspecified
Z860101	2024-10-01	Personal history of adenomatous and serrated colon polyps
Z860102	2024-10-01	Personal history of hyperplastic colon polyps
Z860109	2024-10-01	Personal history of other colon polyps
Z9226	2024-10-01	Personal history of immune checkpoint inhibitor therapy

Deleted ICD-10-CM Diagnosis Codes

The following ICD-10-CM Diagnosis code(s) were deleted.

Deleted ICD-10-CM Diagnosis Codes

Diagnosis	Eff Date	Description
C8339	2024-10-01	Diffuse large B-cell lymphoma, extrnod and solid organ sites
C860	2024-10-01	Extranodal NK/T-cell lymphoma, nasal type
C861	2024-10-01	Hepatosplenic T-cell lymphoma
C862	2024-10-01	Enteropathy-type (intestinal) T-cell lymphoma
C863	2024-10-01	Subcutaneous panniculitis-like T-cell lymphoma
C864	2024-10-01	Blastic NK-cell lymphoma
C865	2024-10-01	Angioimmunoblastic T-cell lymphoma
C866	2024-10-01	Primary cutaneous CD30-positive T-cell proliferations
C880	2024-10-01	Waldenstrom macroglobulinemia
C882	2024-10-01	Heavy chain disease
C883	2024-10-01	Immunoproliferative small intestinal disease
C884	2024-10-01	Extnod mrgnl zn B-cell lymph of mucosa-assoc lymphoid tiss
C888	2024-10-01	Other malignant immunoproliferative diseases
C889	2024-10-01	Malignant immunoproliferative disease, unspecified
E340	2024-10-01	Carcinoid syndrome
E668	2024-10-01	Other obesity
F5001	2024-10-01	Anorexia nervosa, restricting type
F5002	2024-10-01	Anorexia nervosa, binge eating/purging type
F502	2024-10-01	Bulimia nervosa
F5081	2024-10-01	Binge eating disorder
G908	2024-10-01	Other disorders of autonomic nervous system
K603	2024-10-01	Anal fistula
K604	2024-10-01	Rectal fistula
K605	2024-10-01	Anorectal fistula
L298	2024-10-01	Other pruritus
L661	2024-10-01	Lichen planopilaris
L668	2024-10-01	Other cicatricial alopecia
M5136	2024-10-01	Other intervertebral disc degeneration, lumbar region
M5137	2024-10-01	Other intervertebral disc degeneration, lumbosacral region
M659	2024-10-01	Synovitis and tenosynovitis, unspecified
Q238	2024-10-01	Other congenital malformations of aortic and mitral valves
T8132XA	2024-10-01	Disruption of internal operation (surgical) wound, NEC, init
T8132XD	2024-10-01	Disruption of internal operation (surgical) wound, NEC, subs
T8132XS	2024-10-01	Disrupt of internal operation (surgical) wound, NEC, sequela
Z597	2024-10-01	Insufficient social insurance and welfare support
Z86010	2024-10-01	Personal history of colonic polyps

Modified DX10 Code Descriptions

The following ICD-10 code(s) had a description change.

Modified DX10 Code Descriptions

Diagnosis	Eff Date	Description Current	Description Previous
A7741	2024-10-01	Ehrlichiosis chaffeensis [E. chaffeensis]	Ehrlichiosis chafeensis [E. chafeensis]
F9821	2024-10-01	Rumination disorder of infancy and childhood	Rumination disorder of infancy
G9342	2024-10-01	Megalencephalic leukoencephalopathy with subcortical cysts	Megaloencephalic leukoencephalopathy with subcortical cysts
H442A3	2024-10-01	Degeneratv myopia with choroidal neovascularization, bi	Degeneratv myopia with choroidal neovascularization, bi eye
H442B3	2024-10-01	Degenerative myopia with macular hole, bilateral	Degenerative myopia with macular hole, bilateral eye
H442C3	2024-10-01	Degenerative myopia with retinal detachment, bilateral	Degenerative myopia with retinal detachment, bilateral eye
H442D3	2024-10-01	Degenerative myopia with foveoschisis, bilateral	Degenerative myopia with foveoschisis, bilateral eye
H442E3	2024-10-01	Degenerative myopia with other maculopathy, bilateral	Degenerative myopia with other maculopathy, bilateral eye
I2693	2024-10-01	Sing subsegmental throm pulm embism w/o acute cor pulmonale	Single subsegmental pulmon embism w/o acute cor pulmonale
I2694	2024-10-01	Mult subsegmental throm pulm emboli w/o acute cor pulmonale	Mult subsegmental pulmon emboli without acute cor pulmonale
K589	2024-10-01	Irritable bowel syndrome, unspecified	Irritable bowel syndrome without diarrhea
Q1381	2024-10-01	Rieger anomaly	Rieger's anomaly
Z6854	2024-10-01	Body mass index ped, 95% for age to < 120% of 95% for age	Body mass index pediatric, > or equal to 95% for age

Adult Only Diagnosis Additions

The following ICD-10 code(s) were added to the list of adult only diagnoses.

Adult Only Diagnosis Additions

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

Diagnosis	Eff Date	Description	R*
F5083	2024-10-01	Pica in adults	N
F5084	2024-10-01	Rumination disorder in adults	N

Mental Health Additions

The following ICD-10 code(s) were added to the Mental Health Diagnosis list (edit 29).

Mental Health Additions

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

Diagnosis	Eff Date	Description	R*
F50010	2024-10-01	Anorexia nervosa, restricting type, mild	N
F50011	2024-10-01	Anorexia nervosa, restricting type, moderate	N
F50012	2024-10-01	Anorexia nervosa, restricting type, severe	N
F50013	2024-10-01	Anorexia nervosa, restricting type, extreme	N
F50014	2024-10-01	Anorexia nervosa, restricting type, in remission	N
F50020	2024-10-01	Anorexia nervosa, binge eating/purging type, mild	N
F50021	2024-10-01	Anorexia nervosa, binge eating/purging type, moderate	N
F50022	2024-10-01	Anorexia nervosa, binge eating/purging type, severe	N
F50023	2024-10-01	Anorexia nervosa, binge eating/purging type, extreme	N
F50024	2024-10-01	Anorexia nervosa, binge eating/purging type, in remission	N
F5021	2024-10-01	Bulimia nervosa, mild	N
F5022	2024-10-01	Bulimia nervosa, moderate	N
F5023	2024-10-01	Bulimia nervosa, severe	N
F5024	2024-10-01	Bulimia nervosa, extreme	N
F5025	2024-10-01	Bulimia nervosa, in remission	N
F50810	2024-10-01	Binge eating disorder, mild	N
F50811	2024-10-01	Binge eating disorder, moderate	N
F50812	2024-10-01	Binge eating disorder, severe	N
F50813	2024-10-01	Binge eating disorder, extreme	N
F50814	2024-10-01	Binge eating disorder, in remission	N
F5083	2024-10-01	Pica in adults	N
F5084	2024-10-01	Rumination disorder in adults	N

Mental Health Removals

The following ICD-10 code(s) were removed from the Mental Health Diagnosis list.

Mental Health Removals

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

Diagnosis	Eff Date	Description	R*
F5001	2024-10-01	Anorexia nervosa, restricting type	D
F5002	2024-10-01	Anorexia nervosa, binge eating/purging type	D
F502	2024-10-01	Bulimia nervosa	D
F5081	2024-10-01	Binge eating disorder	D
Z597	2024-10-01	Insufficient social insurance and welfare support	D

Code First Diagnosis Additions

The following ICD-10 code(s) were added to the Code First Diagnosis list applicable for Mental Health claims processing (edit 109).

Code First Diagnosis Additions

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

Diagnosis	Eff Date	Description	R*
T45AX2A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs,slf-hrm,init	N
T45AX2D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs,slf-hrm,subs	N
T45AX2S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs,slf-hrm,sqla	N
T45AX3A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, asslt, init	N
T45AX3D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, asslt, subs	N
T45AX3S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, asslt, sqla	N
T45AX4A	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, undet, init	N
T45AX4D	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, undet, subs	N
T45AX4S	2024-10-01	Poison by immune chkpt inhibtr/immunostim drugs, undet, sqla	N

Unacceptable Principal Diagnosis Additions

The following ICD-10 code(s) were added to the Unacceptable Principal Diagnosis list (edit 113).

Unacceptable Principal Diagnosis Additions

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

Diagnosis	Eff Date	Description	R*
I2603	2024-10-01	Cement embolism of pulmonary artery with acute cor pulmonale	N
I2695	2024-10-01	Cement embolism of pulm artery without acute cor pulmonale	N
J348200	2024-10-01	Internal nasal valve collapse, unspecified	N
J348201	2024-10-01	Internal nasal valve collapse, static	N
J348202	2024-10-01	Internal nasal valve collapse, dynamic	N
J348210	2024-10-01	External nasal valve collapse, unspecified	N
J348211	2024-10-01	External nasal valve collapse, static	N
J348212	2024-10-01	External nasal valve collapse, dynamic	N
J34829	2024-10-01	Nasal valve collapse, unspecified	N
Z151	2024-10-01	Genetic susceptibility to epi and neurodevelopmental disord	N
Z152	2024-10-01	Genetic susceptibility to obesity	N
Z1721	2024-10-01	Progesterone receptor positive status	N
Z1722	2024-10-01	Progesterone receptor negative status	N
Z1731	2024-10-01	Human epidermal growth factor receptor 2 positive status	N
Z1732	2024-10-01	Human epidermal growth factor receptor 2 negative status	N
Z17410	2024-10-01	Hormone recept pos w hmn epdrml grth fctr recept 2 pos stat	N
Z17411	2024-10-01	Hormone recept pos w hmn epdrml grth fctr recept 2 neg stat	N
Z17420	2024-10-01	Hormone recept neg w hmn epdrml grth fctr recept 2 pos stat	N
Z17421	2024-10-01	Hormone recept neg w hmn epdrml grth fctr recept 2 neg stat	N
Z5971	2024-10-01	Insufficient health insurance coverage	N
Z5972	2024-10-01	Insufficient welfare support	N
Z67A1	2024-10-01	Duffy null	N
Z67A2	2024-10-01	Duffy a positive	N
Z67A3	2024-10-01	Duffy b positive	N
Z67A4	2024-10-01	Duffy a and b positive	N
Z6855	2024-10-01	Body mass index ped, 120% 95% for age to < 140% 95% for age	N
Z6856	2024-10-01	Body mass index ped, > or equal to 140% of the 95% for age	N
Z8372	2024-10-01	Family history of familial adenomatous polyposis	N
Z860100	2024-10-01	Personal history of colon polyps, unspecified	N
Z860101	2024-10-01	Personal history of adenomatous and serrated colon polyps	N
Z860102	2024-10-01	Personal history of hyperplastic colon polyps	N
Z860109	2024-10-01	Personal history of other colon polyps	N
Z9226	2024-10-01	Personal history of immune checkpoint inhibitor therapy	N

Unacceptable Principal Diagnosis Removals

The following ICD-10 code(s) were removed from the Unacceptable Principal Diagnosis list (edit 113).

Unacceptable Principal Diagnosis Removals

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

Diagnosis	Eff Date	Description	R*
F01511	2024-10-01	Vascular dementia, unspecified severity, with agitation	R
F01518	2024-10-01	Vascular dementia, unsp severity, with other beh disturb	R
F0152	2024-10-01	Vascular dementia, unsp severity, with psychotic disturb	R
F0153	2024-10-01	Vascular dementia, unspecified severity, with mood disturb	R
F0154	2024-10-01	Vascular dementia, unspecified severity, with anxiety	R
F01A0	2024-10-01	Vascular dementia, mild, without beh/psych/mood/anx	R
F01A11	2024-10-01	Vascular dementia, mild, with agitation	R
F01A18	2024-10-01	Vascular dementia, mild, with other behavioral disturbance	R
F01A2	2024-10-01	Vascular dementia, mild, with psychotic disturbance	R
F01A3	2024-10-01	Vascular dementia, mild, with mood disturbance	R
F01A4	2024-10-01	Vascular dementia, mild, with anxiety	R
F01B0	2024-10-01	Vascular dementia, moderate, without beh/psych/mood/anx	R
F01B11	2024-10-01	Vascular dementia, moderate, with agitation	R
F01B18	2024-10-01	Vascular dementia, moderate, with other behavioral disturb	R
F01B2	2024-10-01	Vascular dementia, moderate, with psychotic disturbance	R
F01B3	2024-10-01	Vascular dementia, moderate, with mood disturbance	R
F01B4	2024-10-01	Vascular dementia, moderate, with anxiety	R
F01C0	2024-10-01	Vascular dementia, severe, without beh/psych/mood/anx	R
F01C11	2024-10-01	Vascular dementia, severe, with agitation	R
F01C18	2024-10-01	Vascular dementia, severe, with other behavioral disturbance	R
F01C2	2024-10-01	Vascular dementia, severe, with psychotic disturbance	R
F01C3	2024-10-01	Vascular dementia, severe, with mood disturbance	R
F01C4	2024-10-01	Vascular dementia, severe, with anxiety	R
O7582	2024-10-01	Onset labor 37-39 weeks, w del by (planned) cesarean section	R
Z597	2024-10-01	Insufficient social insurance and welfare support	D
Z86010	2024-10-01	Personal history of colonic polyps	D

Unacceptable Principal Diagnosis (OPPS) Exclusion Additions

The following ICD-10 code(s) were added as OPPS exclusions from the Unacceptable Principal Diagnosis list (edit 113 exclusions).

Unacceptable Principal Diagnosis (OPPS) Exclusion Additions

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

Diagnosis	Eff Date	Description	R*
J348200	2024-10-01	Internal nasal valve collapse, unspecified	N
J348201	2024-10-01	Internal nasal valve collapse, static	N
J348202	2024-10-01	Internal nasal valve collapse, dynamic	N
J348210	2024-10-01	External nasal valve collapse, unspecified	N
J348211	2024-10-01	External nasal valve collapse, static	N
J348212	2024-10-01	External nasal valve collapse, dynamic	N
J34829	2024-10-01	Nasal valve collapse, unspecified	N
Z151	2024-10-01	Genetic susceptibility to epi and neurodevelopmental disord	N
Z152	2024-10-01	Genetic susceptibility to obesity	N
Z1731	2024-10-01	Human epidermal growth factor receptor 2 positive status	N
Z1732	2024-10-01	Human epidermal growth factor receptor 2 negative status	N
Z17410	2024-10-01	Hormone recept pos w hmn epdrml grth fctr recept 2 pos stat	N
Z17411	2024-10-01	Hormone recept pos w hmn epdrml grth fctr recept 2 neg stat	N
Z17420	2024-10-01	Hormone recept neg w hmn epdrml grth fctr recept 2 pos stat	N
Z17421	2024-10-01	Hormone recept neg w hmn epdrml grth fctr recept 2 neg stat	N
Z67A1	2024-10-01	Duffy null	N
Z67A2	2024-10-01	Duffy a positive	N
Z67A3	2024-10-01	Duffy b positive	N
Z67A4	2024-10-01	Duffy a and b positive	N
Z9226	2024-10-01	Personal history of immune checkpoint inhibitor therapy	N

Unacceptable Principal Diagnosis (OPPS) Exclusion Removals

The following ICD-10 code(s) were removed as OPPS exclusions from the Unacceptable Principal Diagnosis list (edit 113 exclusions).

Unacceptable Principal Diagnosis (OPPS) Exclusion Removals

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

Diagnosis	Eff Date	Description	R*
Z597	2024-10-01	Insufficient social insurance and welfare support	D
Z86010	2024-10-01	Personal history of colonic polyps	D

APC Changes**Added APCs**

The following APC(s) were added.

Added APCs

APC	Eff Date	Description	Status Indicator	Payment
00761	2024-07-01	lnj, focinvez, 1mg	K	\$0.00
00761	2024-10-01	lnj, focinvez, 1mg	G	\$0.00
00765	2024-07-01	lnj, donanemab-azbt, 2 mg	K	\$0.00
00767	2024-10-01	lnj, nogapendekin pmln 1 mcg	G	\$0.00
00768	2024-10-01	lnj, tarlatamab-dlle, 1 mg	G	\$0.00
00772	2024-10-01	lnj, pegulicianine, 1 mg	G	\$0.00
00773	2024-10-01	lnj, beqvez, per tx dose	G	\$0.00
00778	2024-10-01	lnj, vasopressin (baxter)	K	\$0.00
00782	2024-07-01	lnj, pemrydi rtu, 10 mg	K	\$84.69
00782	2024-10-01	lnj, pemrydi rtu, 10 mg	G	\$84.69
00784	2024-10-01	lnj, tyenne, 1 mg	G	\$0.00
00785	2024-07-01	lnj, cyclophosphamd, sandoz	K	\$0.00
00786	2024-10-01	lnj, tofidence, 1 mg	G	\$0.00
02049	2024-10-01	Suprt dev, a-v fistula, imp	H	\$0.00

Deleted APCs

The following APC(s) were deleted.

Deleted APCs

APC	Eff Date	Description
00758	2024-10-01	Inj pemetrexed (bluepoint)
02033	2024-10-01	Cath, trans intra litho/coro
02034	2024-10-01	Personalized interbody cage
09417	2024-10-01	Inj, melphalan flufenami 1mg

Modified APC Descriptions

The following APC(s) had a description change.

Modified APC Descriptions

APC	Eff Date	Description Current	Description Previous
00757	2024-10-01	Docetaxel (avyxa), 1 mg	Docetaxel (ingenus), 1 mg
09026	2024-10-01	inj, bortezomib, dr. reddys	inj, bortezomib, dr. reddy's

Modified APC Status Indicators

The following APC(s) had status indicator changes.

Modified APC Status Indicators

APC	Eff Date	Description	Status Indicator Current	Status Indicator Previous
00737	2024-10-01	Inj, cipaglucoisidase, 5 mg	G	K
00757	2024-10-01	Docetaxel (avyxa), 1 mg	G	K
09205	2024-10-01	Inj lon tesirin-lpyl 0.075mg	K	G
09280	2024-10-01	Inj, retifanlimab-dlwr, 1 mg	G	K
09394	2024-10-01	Inj. inebilizumab-cdon, 1 mg	K	G
09422	2024-10-01	Idecabtagene vicleucel car	K	G
09427	2024-10-01	Injection, oritavancin 10 mg	K	G
09431	2024-10-01	Inj, dostarlimab-gxly, 10 mg	K	G
09432	2024-10-01	Inj, amivantamab-vmjw	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
0020M	2024-07-01	Onc cns alys 30000 dna loci	A	00000			
0476U	2024-10-01	Rx metab psyc 14gen&cyp2d6	A	00000			
0477U	2024-10-01	Rx metab psy 14&cyp2d6 gn-rx	A	00000			
0478U	2024-10-01	Onc nslc dna&rna dpcr 9 gen	A	00000			
0479U	2024-10-01	Tau phosphorylated ptau217	Q4	00000			
0480U	2024-10-01	Nfct ds csf metag ngs alys	Q4	00000			
0481U	2024-10-01	Idh1 idh2&tert promoter ngs	A	00000			
0482U	2024-10-01	Ob pe biochem asy sfit1&pigf	Q4	00000			
0483U	2024-10-01	Nfct ds ng gyra s91f pt mut	Q4	00000			
0484U	2024-10-01	Nfct ds mgen 23s rna pt mut	Q4	00000			
0485U	2024-10-01	Onc sol tum cfdna&rna ngs gm	A	00000			
0486U	2024-10-01	Onc pan sol tum ngs cfctdna	A	00000			
0487U	2024-10-01	Onc sol tum cfdna tgsap 84	A	00000			
0488U	2024-10-01	Ob fetal ag nipt cfdna alys	E1	00000	9		
0489U	2024-10-01	Ob sgnipt cfdna seq alys 1+	E1	00000	9		
0490U	2024-10-01	Onc cutan/uveal mlnma cd146	Q4	00000			
0491U	2024-10-01	Onc sol tum etc slet er prtn	Q4	00000			
0492U	2024-10-01	Onc sol tum etc slctn pd-1l	Q4	00000			
0493U	2024-10-01	Trnspl med quan dd-cfdna ngs	A	00000			
0494U	2024-10-01	Rbc ag ffl rhd gene alys ngs	A	00000			
0495U	2024-10-01	Onc prst8 alys creg plsm prt	Q4	00000			
0496U	2024-10-01	Onc clrct cfdna 8/7 genes	A	00000			
0497U	2024-10-01	Onc prst8 mrna rt-pcr 6 gene	A	00000			
0498U	2024-10-01	Onc clrct ngs mut detc 43gen	A	00000			
0499U	2024-10-01	Onc clrct&lng dna ngs 8gene	A	00000			
0500U	2024-10-01	Autoinflam ds vexas synd dna	A	00000			
0501U	2024-10-01	Onc clrc bld quan meas cfdna	E1	00000	9		
0502U	2024-10-01	Hpv e6/e7 mrk hi-rsk typ crv	Q4	00000			
0503U	2024-10-01	Neuro alz ds bamy1&tau prtn	Q4	00000			
0504U	2024-10-01	Nfct ds uti id 17 path orgs	Q4	00000			
0505U	2024-10-01	Nfct ds vag infctj id 32orgs	Q4	00000			
0506U	2024-10-01	Gi barretts esophgl cell 89	A	00000			
0507U	2024-10-01	Onc ovr dna whole gen w/5hmc	A	00000			
0508U	2024-10-01	Trnsplj med dd-cfdna 40 snps	A	00000			
0509U	2024-10-01	Trnsplj med dd-cfdna<12 snps	A	00000			
0510U	2024-10-01	Onc pncrtc ca alg alys 16gen	Q4	00000			
0511U	2024-10-01	Onc sol tum 3dmicroenvir 36+	Q4	00000			
0512U	2024-10-01	Onc prst8 alys dtgz img msi	Q4	00000			
0513U	2024-10-01	Onc prst8 alg alys msi&hrd	Q4	00000			
0514U	2024-10-01	Gi ibd ia quan deter adl lvl	Q4	00000			
0515U	2024-10-01	Gi ibd ia quan deter ifx lvl	Q4	00000			
0516U	2024-10-01	Rx metab rxgenomic gnotyp 40	A	00000			
0517U	2024-10-01	Ther rx mntr 80+ psyactiv rx	Q4	00000			
0518U	2024-10-01	Ther rx mntr 90+ pn&mtl hlth	Q4	00000			
0519U	2024-10-01	Ther rx mntr meds p/d/a 110+	Q4	00000			
0520U	2024-10-01	Ther rx mntr 200+ rx/sbsts	Q4	00000			
90624	2024-07-01	Menb-4c&menacwy vacc im	E1	00000	9		
90684	2024-04-01	Pcv21 vaccine im	L	00000	67	2024-06-17	
90695	2024-10-01	H5n8 vacc drv cll cul adj im	E1	00000	9		
A9610	2024-10-01	Xe129 xenon, diagnostic	N	00000			
C8000	2024-10-01	Suprt dev, a-v fistula, imp	H	02049	55		
C9169	2024-10-01	Inj, nogapendekin pmln 1 mcg	G	00767	55		
C9170	2024-10-01	Inj, tarlatamab-dlle, 1 mg	G	00768	55		
C9171	2024-10-01	Inj, pegulicianine, 1 mg	G	00772	55		
C9172	2024-10-01	Inj, beqvez, per tx dose	G	00773	55		
J0138	2024-10-01	Injection, acetaminoph 10 mg	N	00000			
J0175	2024-07-01	Inj, donanemab-azbt, 2 mg	K	00765	67	2024-07-02	
J1171	2024-10-01	Inj, hydromorphone, 0.1 mg	N	00000			
J1749	2024-10-01	Inj, iloprost, 0.1 mcg	E2	00000	13		
J2002	2024-10-01	Inj, lidocaine in d5w, 1 mg	N	00000			
J2003	2024-10-01	Inj, lidocaine hcl, 1 mg	N	00000			
J2004	2024-10-01	Inj, lidocaine w epinephrine	N	00000			
J2252	2024-10-01	Inj midazolam in 0.8% nacl	N	00000			
J2253	2024-10-01	Inj midazolam (seizalam)	N	00000			
J2601	2024-10-01	Inj, vasopressin (baxter)	K	00778			
J8522	2024-10-01	Capecitabine, oral, 50 mg	N	00000			
J8541	2024-10-01	Oral, hemady, 0.25 mg	N	00000			
J9329	2024-10-01	Inj, tislelizumab-jsgr	E2	00000	13		
Q0519	2024-07-01	Supply fee hiv prep inj 30	B	00000	62,68	2024-09-15	

Added HCPCS Codes

HCPCS	Eff Date	Description	Status Indicator	APC	Edit	Appr Date	Term Date
Q0520	2024-07-01	Supply fee hiv prep inj 60	B	00000	62,68	2024-09-15	
Q4334	2024-10-01	Amnioplast 1, per sq cm	N	00000			
Q4335	2024-10-01	Amnioplast 2, per sq cm	N	00000			
Q4336	2024-10-01	Artecent c, per sq cm	N	00000			
Q4337	2024-10-01	Artecent trident, per sq cm	N	00000			
Q4338	2024-10-01	Artacent velos, per sq cm	N	00000			
Q4339	2024-10-01	Artacent vericlen, per sq cm	N	00000			
Q4340	2024-10-01	Simpligraft, per sq cm	N	00000			
Q4341	2024-10-01	Simplimax, per sq cm	N	00000			
Q4342	2024-10-01	Theramend, per sq cm	N	00000			
Q4343	2024-10-01	Dermacyte ac matr per sq cm	N	00000			
Q4344	2024-10-01	Tri membrane wrap, per sq cm	N	00000			
Q4345	2024-10-01	Matrix hd allogrft per sq cm	N	00000			
Q5135	2024-10-01	Inj, tyenne, 1 mg	G	00784			
Q5136	2024-10-01	Inj. denosumab-bbdz, 1 mg	E2	00000	13		

Deleted HCPCS CPT Codes

The following HCPCS code(s) were deleted.

Deleted HCPCS CPT Codes

HCPCS	Eff Date	Description
0078U	2024-10-01	Pain mgt opi use gnotyp pnl
0167U	2024-10-01	Chorne gonadotropin heg ia
0396U	2024-10-01	Ob preimpltj tst 300000 dna
C9150	2024-10-01	Xe129 xenon, diagnostic
J1170	2024-10-01	Hydromorphone injection
J2001	2024-10-01	Lidocaine injection
J8520	2024-10-01	Capecitabine, oral, 150 mg
J8521	2024-10-01	Capecitabine, oral, 500 mg
J9258	2024-10-01	Paclitaxel (teva)

Modified HCPCS Code Descriptions

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

Modified HCPCS Code Descriptions

HCPCS	Eff Date	Description Current	Description Previous
0248U	2024-10-01	Onc sphrd cll cul 12 rx pnl	Onc brn sphrd cll 12 rx pnl
0403U	2024-10-01	Onc prst8 mma 18 gen 1st ur	Onc prst8 mma 18 gen dre ur
0412U	2024-10-01	Beta amyloid aB42/40 imprcip	Beta amyloid ab42/40 imprcip
90661	2024-10-01	Cciiv3 vac abx fr 0.5 ml im	Cciiv3 vac no prsv 0.5 ml im
J2251	2024-10-01	Inj midazolam in 0.9% nacl	Inj midazolam (wg crit care)
J9172	2024-07-01	Docetaxel (avyxa), 1 mg	Docetaxel (ingenus), 1 mg
Q0516	2024-07-01	Supply fee hiv prep oral 30	Supply fee hiv prep 30-days
Q0517	2024-07-01	Supply fee hiv prep oral 60	Supply fee hiv prep 60-days
Q0518	2024-07-01	Supply fee hiv prep oral 90	Supply fee hiv prep 90-days

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
0604T	2024-10-01	Rem oct rta dev setup&educaj	00000	05012	E1	V	9	
0605T	2024-10-01	Rem oct rta techl sprt min 8	00000	05741	E1	Q1	9	
0606T	2024-10-01	Rem oct rta phys/qhp ea 30d			E1	M	9	72
0737T	2024-07-01	Xenograft impltj artclr surf	05115	00000	J1	E1		9
90683	2024-05-31	Rsv vacc mrna lipid nano im			M	E1	72,67	9
90683	2024-07-01	Rsv vacc mrna lipid nano im			M	E1	72	9
93010	2024-10-01	Electrocardiogram report			M	B	72	62
93042	2024-10-01	Rhythm ecg report			M	B	72	62
C1761	2024-07-01	Cath, trans intra litho/coro	00000	02033	N	H	55	55
C1831	2024-10-01	Personalized interbody cage	00000	02034	N	H	55	55
G0519	2024-07-01	New pt-cg dyad dem low cmplx			M	A	72	
G0520	2024-07-01	New pt-cg dyad dem mod cmplx			M	A	72	
G0521	2024-07-01	New pt-cg dyad dem hig cmplx			M	A	72	
G0522	2024-07-01	Mgt nw pt dementia low cmplx			M	A	72	
G0523	2024-07-01	Mgt nw pt dem mod-high cmplx			M	A	72	
G0524	2024-07-01	Est pt-cg dyad dem low cmplx			M	A	72	
G0525	2024-07-01	Est pt-cg dyad dem mod cmplx			M	A	72	
G0526	2024-07-01	Est pt-cg dyad dem hig cmplx			M	A	72	
G0527	2024-07-01	Mgt est pt dmentia low cmplx			M	A	72	
G0528	2024-07-01	Mgt est pt dem mod-hi cmplx			M	A	72	
G0529	2024-07-01	In home respite care, 4 hr u			M	A	72	
G0530	2024-07-01	Adult daycare center, 8 hr u			M	A	72	
G0531	2024-07-01	Fclty-based respite, 24 hr u			M	A	72	
J1203	2024-10-01	Inj, cipaglucoisidase, 5 mg			G	K		
J1434	2024-07-01	Inj, focinvez, 1mg	00761	00000	K	E2		13
J1434	2024-10-01	Inj, focinvez, 1mg	00761	00000	G	E2		13
J1823	2024-10-01	Inj. inebilizumab-cdon, 1 mg			K	G		
J2406	2024-10-01	Injection, oritavancin 10 mg			K	G		
J9061	2024-10-01	Inj, amivantamab-vmjw			K	G		
J9074	2024-07-01	Inj, cyclophosphamd, sandoz	00785	00000	K	E2		13
J9172	2024-07-01	Docetaxel (avyxa), 1 mg	00000	00757	E2	K	13	
J9172	2024-10-01	Docetaxel (avyxa), 1 mg			G	K		
J9247	2024-01-01	Inj, melphalan flufenami 1mg	00000	09417	E1	G	9	
J9247	2024-07-01	Inj, melphalan flufenami 1mg	00000	09417	E1	K	9	
J9272	2024-10-01	Inj, dostarlimab-gxly, 10 mg			K	G		
J9322	2024-07-01	Inj pemetrexed (bluepoint)	00000	00758	E2	K	13	
J9324	2024-07-01	Inj, pemrydi rtu, 10 mg	00782	00000	K	E2		13
J9324	2024-10-01	Inj, pemrydi rtu, 10 mg	00782	00000	G	E2		13
J9345	2024-10-01	Inj, retifanlimab-dlwr, 1 mg			G	K		
J9359	2024-10-01	Inj lon tesirin-lpyl 0.075mg			K	G		
Q2055	2024-10-01	Idecabtagene vicleucel car			K	G		
Q5133	2024-10-01	Inj, tofidence, 1 mg	00786	00000	G	E2		13
Q5137	2024-07-01	Inj, wezlana, sub cu, 1 mg			E2	N	13	
Q5138	2024-07-01	Inj, wezlana, iv, 1 mg			E2	N	13	

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

HCPCS	Eff Date	Description	Date	Edit	R*
90683	2024-04-01	Rsv vacc mrna lipid nano im	2024-05-31	67	A
90684	2024-04-01	Pcv21 vaccine im	2024-06-17	67	N
J0175	2024-07-01	Inj, donanemab-azbt, 2 mg	2024-07-02	67	N
J9247	2024-01-01	Inj, melphalan flufenami 1mg	2021-10-01	69	A
Q0519	2024-07-01	Supply fee hiv prep inj 30	2024-09-15	68	N
Q0520	2024-07-01	Supply fee hiv prep inj 60	2024-09-15	68	N

Mid Quarter Edits Modified

The following HCPCS code(s) had a modification to its Mid-Quarter edit or effective date.

Mid Quarter Edits Modified

HCPCS	Eff Date	Description	Mid Quarter Date Edit	Date Approved Previous	Date Approved Current	Date Terminated Previous	Date Terminated Current
90683	2024-04-01	Rsv vacc mrna lipid nano im	67		2024-05-31		
J9247	2024-01-01	Inj, melphalan flufenami 1mg	69		2021-10-01		2024-02-23

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*
0737T	2024-07-01	Xenograft impltj artclr surf	A

FQHC Chronic Care Additions

The following HCPCS were added to the FQHC Chronic Care list.

FQHC Chronic Care Additions

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

HCPCS	Eff Date	Description	R*
G9037	2024-07-01	Intrpro req fr rec phys/qhcp	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*
0020M	2024-07-01	Onc cns alys 30000 dna loci	N
0476U	2024-10-01	Rx metab psyc 14gen&cyp2d6	N
0477U	2024-10-01	Rx metab psy 14&cyp2d6 gn-rx	N
0478U	2024-10-01	Onc nslc dna&rna dper 9 gen	N
0479U	2024-10-01	Tau phosphorylated ptau217	N
0480U	2024-10-01	Nfct ds csf metag ngs alys	N
0481U	2024-10-01	Idh1 idh2&tert promoter ngs	N
0482U	2024-10-01	Ob pe biochem asy sfitl&pigf	N
0483U	2024-10-01	Nfct ds ng gyra s91f pt mut	N
0484U	2024-10-01	Nfct ds mgen 23s rrna pt mut	N
0485U	2024-10-01	Onc sol tum cfdna&rna ngs gm	N
0486U	2024-10-01	Onc pan sol tum ngs cftdna	N
0487U	2024-10-01	Onc sol tum cfdna tgsap 84	N
0488U	2024-10-01	Ob fetal ag nipt cfdna alys	N
0489U	2024-10-01	Ob sgnipt cfdna seq alys 1+	N
0490U	2024-10-01	Onc cutan/uveal mlnma cd146	N
0491U	2024-10-01	Onc sol tum ctc slct er prtn	N
0492U	2024-10-01	Onc sol tum ctc slctn pd-11	N
0493U	2024-10-01	Trnspl med quan dd-cfdna ngs	N
0494U	2024-10-01	Rbc ag fl rhd gene alys ngs	N
0495U	2024-10-01	Onc prst8 alys crcg plsm prt	N
0496U	2024-10-01	Onc clct cfdna 8/7 genes	N
0497U	2024-10-01	Onc prst8 mrna rt-per 6 gene	N
0498U	2024-10-01	Onc clct ngs mut detc 43gen	N
0499U	2024-10-01	Onc clct&lng dna ngs 8gene	N
0500U	2024-10-01	Autoinflam ds vexas synd dna	N
0501U	2024-10-01	Onc clrc bld quan meas cfdna	N
0502U	2024-10-01	Hpv e6/e7 mrk hi-rsk typ crv	N
0503U	2024-10-01	Neuro alz ds bamyl&tau prtn	N
0504U	2024-10-01	Nfct ds uti id 17 path orgs	N
0505U	2024-10-01	Nfct ds vag infctj id 32orgs	N
0506U	2024-10-01	Gi barretts esophgl cell 89	N
0507U	2024-10-01	Onc ovr dna whole gen w/5hmc	N
0508U	2024-10-01	Trnsplj med dd-cfdna 40 snps	N
0509U	2024-10-01	Trnsplj med dd-cfdna<12 snps	N
0510U	2024-10-01	Onc pncrtc ca alg alys 16gen	N
0511U	2024-10-01	Onc sol tum 3dmicroenvir 36+	N
0512U	2024-10-01	Onc prst8 alys dgtz img msi	N
0513U	2024-10-01	Onc prst8 alg alys msi&hrd	N
0514U	2024-10-01	Gi ibd ia quan deter adl lvl	N
0515U	2024-10-01	Gi ibd ia quan deter ifx lvl	N
0516U	2024-10-01	Rx metab rxgenomic gnotyp 40	N
0517U	2024-10-01	Ther rx mntr 80+ psyactiv rx	N
0518U	2024-10-01	Ther rx mntr 90+ pn&mtl hlth	N
0519U	2024-10-01	Ther rx mntr meds p/d/a 110+	N
0520U	2024-10-01	Ther rx mntr 200+ rx/sbsts	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

HCPCS	Eff Date	Description	R*
0078U	2024-10-01	Pain mgt opi use gnotyp pnl	D
0167U	2024-10-01	Chornc gonadotropin hcg ia	D
0396U	2024-10-01	Ob preimpltj tst 300000 dna	D

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*
Q4285	2024-10-01	Nudyn dl or dl mesh pr sq cm	A
Q4286	2024-10-01	Nudyn sl or slw, per sq cm	A
Q4319	2024-10-01	Sanograft, per sq cm	A
Q4320	2024-10-01	Pellograft, per sq cm	A

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*
Q4334	2024-10-01	Amnioplast 1, per sq cm	N
Q4335	2024-10-01	Amnioplast 2, per sq cm	N
Q4336	2024-10-01	Artecent c, per sq cm	N
Q4337	2024-10-01	Artecent trident, per sq cm	N
Q4338	2024-10-01	Artacent velos, per sq cm	N
Q4339	2024-10-01	Artacent vericlen, per sq cm	N
Q4340	2024-10-01	Simpligraft, per sq cm	N
Q4341	2024-10-01	Simplimax, per sq cm	N
Q4342	2024-10-01	Theramend, per sq cm	N
Q4343	2024-10-01	Dermacyte ac matr per sq cm	N
Q4344	2024-10-01	Tri membrane wrap, per sq cm	N
Q4345	2024-10-01	Matrix hd allogrft per sq cm	N

Skin Substitute Low Cost Product Removals

The following HCPCS were removed from the Skin Substitute Low Cost Product list.

Skin Substitute Low Cost Product Removals

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

HCPCS	Eff Date	Description	R*
Q4285	2024-10-01	Nudyn dl or dl mesh pr sq cm	R
Q4286	2024-10-01	Nudyn sl or slw, per sq cm	R
Q4319	2024-10-01	Sanograft, per sq cm	R
Q4320	2024-10-01	Pellograft, per sq cm	R

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*
0795T	2024-07-01	Tcat ins 2chmbr ldl s pm cml	A
0801T	2024-07-01	Tcat rmv&rpl 2chmbr ldl s pm	A

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*
28309	2021-01-01	Incision of metatarsals	A

Device Additions

The following HCPCS were added to the Device list.

Device Additions

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

HCPCS	Eff Date	Description	R*
C8000	2024-10-01	Suprt dev, a-v fistula, imp	N

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*
C8000	2024-10-01	Suprt dev, a-v fistula, imp	N

Pass-Through Device HCPCS Removals

The following HCPCS were removed from the Pass-Through Device HCPCS list.

Pass-Through Device HCPCS Removals

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

HCPCS	Eff Date	Description	R*
C1831	2024-10-01	Personalized interbody cage	R

Pass-Through Device Offset Procedure Additions

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

Pass-Through Device Offset Procedure Additions

Code1	Code2	Eff Date	Amount
C8000	36833	2024-10-01	\$0.00
C8000	36832	2024-10-01	\$0.00
C8000	36819	2024-10-01	\$0.00
C8000	36820	2024-10-01	\$0.00
C8000	36818	2024-10-01	\$0.00
C8000	36821	2024-10-01	\$0.00

Pass-Through Device Offset Procedure Removals

The following HCPCS were removed from the list of pass-through device code pairs subject to a device offset.

Pass-Through Device Offset Procedure Removals

Code1	Code2	Eff Date	Amount
C1831	22630	2024-10-01	\$0.00
C1831	22633	2024-10-01	\$0.00

Pass-Through Device Offset Procedure Modifications

The following HCPCS on the list of pass-through device code pairs subject to a device offset, had a modification to its offset amount.

Pass-Through Device Offset Procedure Modifications

Code1	Code2	Eff Date	Current Amount	Previous Amount
C1605	0795T	2024-07-01	\$5,755.26	\$0.00
C1605	0801T	2024-07-01	\$5,755.26	\$0.00

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
0795T	2024-07-01	\$5,755.26
0801T	2024-07-01	\$5,755.26

Type One Addon Procedure Code Additions

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

**Type One Addon Procedure
Code Additions**

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

Addon	Primary	Eff Date	R*
G2211	99202	2024-10-01	A
G2211	99203	2024-10-01	A
G2211	99204	2024-10-01	A
G2211	99205	2024-10-01	A
G2211	99211	2024-10-01	A
G2211	99212	2024-10-01	A
G2211	99213	2024-10-01	A
G2211	99214	2024-10-01	A
G2211	99215	2024-10-01	A

Part B Billable Inpatient HCPCS Deletions

The following HCPCS were removed from the Part B Hospital Inpatient HCPCS Code list.

Part B Billable Inpatient HCPCS Deletions

HCPCS	Eff Date	Description	R*
J8520	2024-10-01	Capecitabine, oral, 150 mg	D
J8521	2024-10-01	Capecitabine, oral, 500 mg	D

