



April 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS)

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Related Change Request (CR) Number: 11691

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Related CR Transmittal Number: R10013CP

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PROVIDER TYPE AFFECTED

This MLN Matters Article is for institutional providers billing Medicare Administrative Contractors (MACs) for hospital outpatient services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11691 describes changes to and billing instructions for various payment policies implemented in the April 2020 Hospital Outpatient Prospective Payment System (OPPS) update. Please make sure your billing staffs are aware of these updates.

BACKGROUND

The April 2020 Integrated Outpatient Code Editor (I/OCE) will reflect the HCPCS, Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in CR 11691. The CR identifies areas of key changes to billing instructions for various payment policies implemented in the January 2020 OPPS update. Those changes are as follows:

1. **Current Procedural Terminology (CPT) Proprietary Laboratory Analyses (PLA) Coding Changes, Effective April 1, 2020**

This update makes several changes to PLA codes. Specifically, CPT code 00-6U was deleted; the descriptors for CPT codes 0154U and 0155U were revised, and nine new PLA codes were established. These include CPT codes 0163U through 0171U. Table 1 presents the relevant codes and information.

Table 1 – PLA Coding Changes, Effective April 1, 2020

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0006U	Detection interacting medications, substances, supplements and foods, 120 or more analytes, definitive chromatography with mass spectrometry, urine, description and severity of each interaction identified, per date of service	D	N/A
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	A	N/A
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status	A	N/A
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	E1	N/A
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results	Q4	N/A
0165U	Peanut allergen-specific IgE and quantitative assessment of 64 epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and interpretation	Q4	N/A
0166U	Liver disease, 10 biochemical assays (α 2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation	Q4	N/A
0167U	Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood	Q4	N/A
0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma without fetal fraction cutoff, algorithm reported as a risk score for each trisomy	Q4	N/A

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	A	N/A
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	A	N/A
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	A	N/A

Note: For more information on OPPS status indicators “A,” “D,” “E1,” and “Q4,” refer to the OPPS Addendum D1 of the [Calendar Year 2020 OPPS/ASC final rule](#). CPT codes 0163U through 0171U have been added to the April 2020 I/OCE with an effective date of April 1, 2020, and are listed with their short descriptors and status indicators in the April 1, 2020, OPPS Addendum B.

2. New Medicare National Coverage Determination (NCD) for Acupuncture and Dry Needling Services

Effective January 21, 2020, Medicare covers acupuncture and dry needling for beneficiaries with chronic low back pain. Information on this new NCD is available on the Centers for Medicare & Medicaid Services (CMS) website at <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=295>.

Based on this recent coverage determination, CMS revised the OPPS status indicator and APC assignment for the CPT codes describing acupuncture and dry needling services from “E1” (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type) to “S” (Paid under OPPS, separate APC payment) and “N” (Paid under OPPS; payment is packaged into payment for other services. Thus, there is no separate APC payment).

Table 2 lists the long descriptors and status indicators for these codes.

Table 2 – Acupuncture and Dry Needling CPT Codes Newly Covered by Medicare

CPT Code	Long Descriptor	OPPS SI	OPPS APC	Effective Date
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	S	5731	01/21/20
20561	Needle insertion(s) without injection(s); 3 or more muscles	S	5731	01/21/20
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	S	5731	01/21/20

CPT Code	Long Descriptor	OPPS SI	OPPS APC	Effective Date
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	N	N/A	01/21/20
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	S	5731	01/21/20
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	N	N/A	01/21/20

Note: For more information on OPPS status indicators “E1,” “N,” and “S,” refer to OPPS Addendum D of the CY 2020 OPPS/ASC final rule. These codes, with their short descriptors and status indicators, are listed in the April 1, 2020, OPPS Addendum B.

3. New Corona Virus Lab Tests HCPCS Codes U0001, U0002, and 87635

Medicare covers medically necessary and reasonable clinical diagnostic laboratory tests when ordered by a physician or non-physician practitioner who is treating the patient. HCPCS codes U0001, U0002, and 87635, which are listed in table 3, will be added to the national HCPCS file. The codes have been assigned to status indicator “A” (Not paid under OPPS. Paid by MACs under a fee schedule or payment system other than OPPS). Table 3 lists the HCPCS codes, descriptors, effective dates, and status indicator for the codes.

Table 3. – New Corona Virus Lab Tests HCPCS Codes U0001, U0002, and 87635

HCPCS Code	Short Descriptor	Long Descriptor	Effective Date	OPPS SI
U0001	2019 –nCoV diagnostic P	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	02/04/2020	A
U0002	COVID-19 lab test non-CDC	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	02/04/2020	A
87635	Sars-cov-2 covid- 19 amp prb	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	03/13/2020	A

4. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2020 HCPCS Codes. And Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals

Four new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available, starting on April 1, 2020. Table 4 lists these codes.

Table 4 – New CY 2020 HCPCS Codes, Effective April 1, 2020, for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2020 HCPCS Code	CY 2020 Long Descriptor	CY 2020 SI	CY 2020 APC
C9053	Injection, crizanlizumab-tmca, 1 mg	G	9342
C9056	Injection, givosiran, 0.5 mg	G	9343
C9057	Injection, cetirizine hydrochloride, 1 mg	G	9344
C9058	Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg	G	9345

b. Currently Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

In addition to the four new HCPCS drug codes that have been assigned drug-pass-through status effective April 1, 2020, four additional existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting have received pass-through status beginning on April 1, 2020. Table 5 lists these codes.

Table 5 – Currently Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status, Effective April 1, 2020

CY 2020 HCPCS Code	CY 2020 Long Descriptor	January 2020 SI	April 2020 SI	CY 2020 APC
J0179	Injection, brolocizumab-dbl, 1 mg	K	G	9340
Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg	K	G	9341
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	K	G	9337
Q5115	Injection, rituximab-abbs, biosimilar, (truxima), 10 mg	K	G	9336

c. Currently Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on March 31, 2010

Seven HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting will have their pass-through status end on March 31, 2020. Table 6 lists these codes.

Table 6 – HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective March 31, 2020

CY 2020 HCPCS Code	CY 2020 Long Descriptor	January 2020 SI	April 2020 SI	CY 2020 APC
C9488	Injection, conivaptan hydrochloride, 1 mg	G	K	9488
J1428	Injection, eteplirsen, 10 mg	G	K	9484
J1627	Injection, granisetron extended release, 0.1 mg	G	N	N/A
J3358	Ustekinumab, for Intravenous Injection, 1 mg	G	K	9487
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	G	K	1862
J9285	Injection, olaratumab, 10 mg	G	K	9485
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	G	K	1847

d. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)

For CY 2020, payment for non-pass-through drugs, biologicals, and radiopharmaceuticals that were not acquired through the 340B Program is made at a single rate of ASP plus 6 percent (or ASP plus 6 percent of the reference product for biosimilars). Payment for non-pass-through drugs, biologicals and therapeutic radiopharmaceuticals that were acquired under the 340B program is made at the single rate of ASP minus 22.5 percent (or ASP minus 22.5 percent of the biosimilar's ASP if a biosimilar is acquired under the 340B Program), which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug, biological, or therapeutic radiopharmaceutical.

In CY 2020, a single payment of ASP plus 6 percent for pass-through drugs, biologicals, and radiopharmaceuticals is made to provide for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP plus 6 percent of the reference product for biosimilars). Payment for drugs and biologicals based on ASPs will be updated on a quarterly basis as later-quarter ASP submissions become available.

Effective April 1, 2020, payment rates for many drugs and biologicals will change from the values published in the CY 2020 OPSS/ASC final rule with comment period as a result of the new ASP calculation. This calculation is based on sales price submissions from the third quarter of CY 2019. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the April 2020 FISS release. CMS is not publishing the updated payment rates in this CR implementing the April 2020 updates of the OPSS. However, the updated payment rates effective April 1, 2020, are in the April 2020 update of the OPSS Addendum A and B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS>.

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

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

list of drugs and biologicals with corrected payment rates will be accessible on the first date of the quarter at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/OPPS-Restated-Payment-Rates>.

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

f. Drugs and Biologicals that Will Change from Status Indicator = "E2" (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to Status Indicator = "K" (Paid under OPSS; separate APC payment) Effective January 13, 2020

The status indicator for HCPCS code Q5118, (Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg) from status indicator "E2" (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to status indicator = "K" (Paid under OPSS; separate APC payment). This drug is reported in Table 7.

Table 7. — Other CY 2020 HCPCS and CPT Code Changes for Certain Drugs, Biologicals, and Radiopharmaceuticals Effective January 13, 2020

HCPCS Code	Long Descriptor	Old SI	New SI	APC	Effective Date
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	E2	K	9348	01/13/2020

5. OPSS Pricer Logic and Data Changes for the April 2020 Update

There is no OPSS PRICER release for April 2020 since there are no OPSS PRICER logic or data changes in the April 2020 update.

6. Coverage Determinations

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

Note: MACs will adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the April 2020 I/OCE.

ADDITIONAL INFORMATION

The official instruction, CR 11691, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10013cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
April 7, 2020	Initial article released.

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