



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

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Related Change Request (CR) Number: 11960

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Implementation Date: October 5, 2020

Note: We revised this article to reflect an updated CR 11960 that made a number of changes including:

1. Added a new COVID-19 CPT code, 86413, to Table 1
2. Added new Section 2: "New Category I CPT code 99072 for Reporting of Additional Practice Expenses Incurred During a Public Health Emergency (PHE), Including Supplies and Additional Clinical Staff Time."
3. Added new Table 2, with the new 99072 CPT code.
4. Re-numbered all sections after Section 2 and all the tables following Table 2.
5. Added a new Sub-section e. to Section 8: "Drugs, Biologicals, and Radiopharmaceuticals."
6. Added New Table 12 to describe these changes. All sub-sections following new Sub-section e. were re-numbered.
7. Updated Sub-section g. and Table 14 to reflect the change to the long descriptor for HCPCS, C9066.
8. Updated Tables 8 and 13 to reflect the correct long descriptor for C9066.

The CR release date, transmittal number and link to the transmittal was also changed. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters® Article is for physicians, hospitals, and other providers submitting claims to Medicare Administrative Contractors (MACs), including Home Health & Hospice MACs for services to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article informs you about the changes to and billing instructions for various payment policies implemented in the October 2020 Outpatient Prospective Payment System (OPPS) update. The October 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 11960. The October 2020 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming October 2020 I/OCE CR. Make sure that your billing staffs are aware of these changes.

BACKGROUND

Here is a summary of the main topics covered by CR11960:

- Covid-19 Laboratory Tests and Services and Other Laboratory Tests Coding Update**
 Since February 2020, the Centers for Medicare & Medicaid Services (CMS) has recognized several Covid-19 laboratory tests and related services. The codes are listed in Table 1 with their OPPS status indicators. The codes, along with their short descriptors and status indicators are also listed in the October 2020 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicator definitions, refer to OPPS Addendum D1 of the CY 2020 OPPS/Ambulatory Surgical Center (ASC) final rule.

Table 1. – Covid-19 Laboratory Tests and Service and Other Laboratory Tests Codes

HCPCS Code	Long Descriptor	Add Date	OPPS SI	OPPS APC
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	02/04/2020	A	N/A
U0002	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	N/A
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	03/01/2020	Q1	5731
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source	03/01/2020	B	N/A
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source	03/01/2020	B	N/A
87635	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	N/A
86328	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/10/2020	A	N/A

HCP Code	Long Descriptor	Add Date	OPPS SI	OPPS APC
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	08/10/2020	A	N/A
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	08/10/2020	A	N/A
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	09/08/2020	A	N/A
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	04/10/2020	A	N/A
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	06/25/2020	A	N/A
U0003	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, making use of high throughput technologies as described by CMS-2020-01-R	04/14/2020	A	N/A
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	04/14/2020	A	N/A
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	05/20/2020	A	N/A

HCPCS Code	Long Descriptor	Add Date	OPPS SI	OPPS APC
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	06/25/2020	A	N/A
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	06/25/2020	A	N/A
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	08/10/2020	A	N/A
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	08/10/2020	A	N/A
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [ha], procollagen iii amino terminal peptide [piiinp], tissue inhibitor of metalloproteinase 1 [timp-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	04/01/2020	Q4	N/A

2. New Category I CPT code 99072 for Reporting of Additional Practice Expenses Incurred During a Public Health Emergency (PHE), Including Supplies and Additional Clinical Staff Time

Effective September 8, 2020, the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel established a new Category I CPT code, 99072, to report additional practice expenses incurred during a Public Health Emergency (PHE), including supplies and additional clinical staff time. The code is listed in Table 2, along with its OPPS status indicator. The code, along with its long descriptor and status indicator is also listed in the October 2020 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicator definitions, refer to OPPS Addendum D1 of the CY 2020 OPPS/Ambulatory Surgical Center (ASC) final rule.

Table 2. – New Category I CPT code 99072 for Reporting of Additional Practice Expenses Incurred During a Public Health Emergency (PHE), Including Supplies and Additional Clinical Staff Time

HCPCS Code	Long Descriptor	Add Date	OPPS SI	OPPS APC
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	09/08/2020	B	N/A

3. New HCPCS Code C9761, Describing Vacuum Aspiration of the Kidney, Collecting System and Urethra

For the October 2020 Update, CMS is establishing a new code to describe the technology associated with vacuum aspiration of residual kidney stone debris after lithotripsy. CMS is establishing HCPCS code C9761 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra if applicable) to describe procedures utilizing calculus aspiration. **Table 3** lists the long descriptor, status indicator, and APC assignment for the HCPCS code. For information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year (CY) 2020 OPPS/ASC (Ambulatory Surgical Center) final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate is also listed in the October 2020 Update of the OPPS Addendum B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS>.

Table 3. – New HCPCS code C9761, Describing Vacuum Aspiration of the Kidney, Collecting System and Urethra Effective October 1, 2020

HCPCS Code	Long Descriptor	OPPS SI	OPPS APC
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra if applicable.	J1	5375

4. New HCPCS Code Describing Endoscopic Ultrasound-guided Direct Measurement of Hepatic Portosystemic Pressure Gradient

CMS is establishing a new HCPCS code C9768 to describe endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient. **Table 4** lists the long descriptor, status indicator, and APC assignment for HCPCS code C9768. For information on OPSS status indicators, refer to OPSS Addendum D1 of the CY 2020 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate is also listed in the October 2020 Update of the OPSS Addendum B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS>.

Table 4. – New HCPCS Code for Endoscopic Ultrasound-guided Direct Measurement of Hepatic Portosystemic Pressure Gradient Effective October 1, 2020

HCPCS Code	Long Descriptor	OPSS SI	OPSS APC
C9768	Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)	N	N/A

5. New HCPCS Code, C9769, Describing Cystourethroscopy with Insertion of a Temporary Prostatic Implant or Stent with Anchor and Incisional Struts

For the October 2020 update, CMS is establishing a new code to describe the technology associated with temporary prostatic implants with anchors and incisional struts. CMS is establishing HCPCS code C9769 to describe cystourethroscopy with the insertion of a temporary prostatic implant or stent with anchor and incisional struts. **Table 5** lists the long descriptor, status indicator, and APC assignment for HCPCS code C9769.

Table 5. – New HCPCS Code, C9769, Describing Cystourethroscopy with Insertion of a Temporary Prostatic Implant or Stent with Anchor and Incisional Struts Effective October 1, 2020

HCPCS Code	Long Descriptor	OPSS SI	OPSS APC
C9769	Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts	J1	5375

6. New CPT Administrative Codes for Multianalyte Assays with Algorithmic Analyses (MAAA), Effective October 1, 2020

For the October update, the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel established two new MAAA codes effective October 1, 2020. **Table 6** lists the long descriptors and status indicators for the codes.

Table 6. – New CPT MAAA Codes Effective October 1, 2020

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0015M	Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy	Q4	N/A
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	Q4	N/A

CPT codes 0015M and 0016M have been added to the October 2020 I/OCE with an effective date of October 1, 2020. These codes, along with their short descriptors, status indicators, and payment rates (where applicable) are also listed in the October 2020 OPSS Addendum B that is posted on the CMS website.

7. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective October 1, 2020

The AMA CPT Editorial Panel established 20 new PLA codes, specifically, CPT codes 0203U through 0222U, effective October 1, 2020. [Table 7](#) lists the long descriptors and status indicators for the codes.

Table 7. – PLA Coding Changes Effective October 1, 2020

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	Q4	N/A
0204U	Oncology (thyroid), mRNA, gene expression analysis of 593 genes for sequence variants and rearrangements, including BRAF, RAS, RET, PAX8 and NTRK, utilizing fine needle aspirate, reported as detected/not detected	A	N/A

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular degeneration risk associated with zinc supplements	A	N/A
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	Q4	N/A
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure)	N	N/A
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	A	N/A
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	A	N/A
0210U	Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR)	Q4	N/A
0211U	Oncology (pan-tumor), DNA and RNA by next generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	E1	N/A
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	A	N/A

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	A	N/A
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	A	N/A
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	A	N/A
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	A	N/A
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	A	N/A
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	A	N/A
0219U	Infectious agent (human immunodeficiency virus), targeted viral next generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility	A	N/A
0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	Q4	N/A

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	A	N/A
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	A	N/A

CPT codes 0203U through 0222U have been added to the October 2020 I/OCE with an effective date of October 1, 2020. These codes, along with their short descriptors, status indicators, and payment rates (where applicable) are also listed in the October 2020 OPSS Addendum B that is posted on the CMS website.

8. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2020 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

Eight 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 October 1, 2020. These drugs and biologicals will receive drug pass-through status starting October 1, 2020. These HCPCS codes are listed in [Table 8](#).

Table 8. – New CY 2020 HCPCS Codes Effective October 1, 2020 for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

CY 2020 HCPCS Code	CY 2020 Long Descriptor	CY 2020 SI	CY 2020 APC
C9060	Fluoroestradiol F18, diagnostic, 1 mCi	G	9370
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	G	9378
C9064	Mitomycin pyelocalyceal instillation, 1 mg	G	9374
C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg	G	9379
C9066	Injection, sacituzumab govitecan-hziy, 2.5 mg	G	9376
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi	G	9323
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	G	9351
J9227	Injection, isatuximab-irfc, 10 mg	G	9377

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals That Will Start to Receive Pass-Through Status

There are three (3) existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will start to receive pass-through status beginning on October 1, 2020. These HCPCS codes are listed in [Table 9](#).

Table 9. – Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals receiving pass-through status Effective October 1, 2020

CY 2020 HCPCS Code	CY 2020 Long Descriptor	July 2020 SI	October 2020 SI	CY 2020 APC
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	K	G	9382
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	K	G	9349
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	E2	G	9381

c. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on September 30, 2020

There are 11 HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on June 30, 2020. These codes are listed in [Table 10](#).

Table 10. – HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective September 30, 2020

CY 2020 HCPCS Code	CY 2020 Long Descriptor	July 2020 SI	October 2020 SI	October 2020 APC
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	G	N	N/A
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	G	N	N/A
J1301	Injection, edaravone, 1 mg	G	K	9493
J2350	Injection, ocrelizumab, 1 mg	G	K	9494
J9023	Injection, avelumab, 10 mg	G	K	9491
J9173	Injection, durvalumab, 10 mg	G	K	9492

CY 2020 HCPCS Code	CY 2020 Long Descriptor	July 2020 SI	October 2020 SI	October 2020 APC
Q4195	Puraply, per square centimeter	G	N	N/A
Q4196	Puraply am, per square centimeter	G	N	N/A
Q9950	Injection, sulfur hexafluoride lipid microsphere, per ml	G	N	N/A
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	G	N	N/A
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	G	N	N/A

d. Drugs and Biologicals that Will Change from Non-Payable Status to Separately Payable Status

The status indicator for HCPCS code Q5121 (Injection, infliximab-axxq, biosimilar, (avsola), 10 mg) for the period of July 6, 2020 through September 30, 2020 will be changed retroactively from status indicator = "E2" to status indicator = "K." This drug/biological is reported in [Table 11](#).

Table 11. – CY 2020 HCPCS and CPT Code Retroactive Changes for Certain Drugs, Biologicals, and Radiopharmaceuticals

HCPCS Code	Long Descriptor	Old SI	New SI	APC	Effective Date
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	E2	K	9381	07/06/2020

e. Drugs and Biologicals that will Change from Separately Payable Status to Non-Payable Status on October 1, 2020

The status indicator for HCPCS code J2325 (Nesiritide injection) will change from status indicator = "K" to status indicator = "E1". The status indicator for HCPCS code J2797 (Inj., rolapitant, 0.5 mg) will change from status indicator = "G" to status indicator = "E1." Both changes will occur on October 1, 2020. These drugs/biologicals are reported in [Table 12](#).

Table 12. – CY 2020 HCPCS and CPT Code Changes in Status Indicator for Certain Drugs, Biologicals, and Radiopharmaceuticals

HCPCS Code	Long Descriptor	Old SI	New SI	Effective Date
J2325	Injection, nesiritide, 0.1 mg	K	E1	10/01/2020
J2797	Injection, rolapitant, 0.5 mg	G	E1	10/01/2020

f. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of October 1, 2020

18 new drug, biological, and radiopharmaceutical HCPCS codes will be established on October 1, 2020. These HCPCS codes are listed in [Table 13](#).

Table 13. – Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of October 1, 2020

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
C9060	N/A	Fluoroestradiol F18, diagnostic, 1 mCi	G	9370
C9062	N/A	Injection, daratumumab 10 mg and hyaluronidase-fihj	G	9378
C9064	N/A	Mitomycin pyelocalyceal instillation, 1 mg	G	9374
C9065	N/A	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg	G	9379
C9066	N/A	Injection, sacituzumab govitecan-hziy, per 2.5 mg	G	9376
C9067	N/A	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi	G	9323
J1437	N/A	Injection, ferric derisomaltose, 10 mg	E2	N/A
J1632	C9055	Injection, brexanolone, 1 mg	G	9333
J1738	C9059	Injection, meloxicam, 1 mg	G	9371
J3032	C9063	Injection, eptinezumab-jjmr, 1 mg	G	9357
J3241	C9061	Injection, teprotumumab-trbw, 10 mg	G	9355
J7351	N/A	Injection, bimatoprost, intracameral implant, 1 microgram	G	9351
J9227	N/A	Injection, isatuximab-irfc, 10 mg	G	9377

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
J9304	N/A	Injection, pemetrexed (PEMFEXY), 10 mg	E2	N/A
Q4249	N/A	Amnipliy, for topical use only, per square centimeter	N	N/A
Q4250	N/A	AmnioAMP- MP, per square centimeter	N	N/A
Q4254	N/A	Novafix dl, per square centimeter	N	N/A
Q4255	N/A	Reguard, for topical use only, per square centimeter	N	N/A

g. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Revised Long Descriptors as of October 1, 2020

The long descriptors for HCPCS code J9305 (Injection, pemetrexed, 10 mg) and HCPCS code C9066 (Injection, sacituzumab govitecan-hziy, 2.5 mg) will be revised on October 1, 2020. These long descriptor changes are reported in Table 14.

Table 14. – HCPCS Code for Drug, Biological, and Radiopharmaceutical with Revised Long Descriptor as of October 1, 2020

July 2020 HCPCS Code	July 2020 Long Descriptor	October 2020 HCPCS Code	October 2020 Long Descriptor
C9066	Injection, sacituzumab govitecan-hziy, 10 mg	C9066	Injection, sacituzumab govitecan-hziy, 2.5 mg
J9305	Injection, pemetrexed, 10 mg	J9305	Injection, pemetrexed, not otherwise specified, 10 mg

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

For CY 2020, payment for the majority of nonpass-through drugs, biologicals and therapeutic radiopharmaceuticals that were not acquired through the 340B Program is made at a single rate of ASP + 6 percent (or ASP + 6 percent of the reference product for biosimilars). Payment for nonpass-through drugs, biologicals and therapeutic radiopharmaceuticals that were acquired under the 340B program is made at the single rate of ASP – 22.5 percent (or ASP - 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 + 6 percent for pass-through drugs, biologicals and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP + 6 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Effective October 1, 2020, payment rates for many drugs and biologicals have changed from the values published in the CY 2020 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from first quarter of CY 2020. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the October 2020 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the October 2020 update of the OPPS. However, the updated payment rates effective October 1, 2020 are in the October 2020 update of the OPPS Addendum A and Addendum B at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS>.

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

Some drugs and biologicals based on ASP methodology will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payments rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/OPPS-Restated-Payment-Rates.html>. Providers may resubmit claims that were impacted by adjustments to previous quarter's payment files.

9. Skin Substitutes

The payment for skin substitute products that do not qualify for pass-through status will be packaged into the payment for the associated skin substitute application procedure. For payment packaging purposes, the skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has pricing data that demonstrates that the cost of the product is above either the mean unit cost of \$48 or per day cost of \$790 for CY 2020.

a. New Skin Substitute Products as of October 1, 2020

There are four (4) new skin substitute HCPCS codes that will be active as of October 1, 2020. These codes are listed in [Table 15](#).

Table 15. – New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective October 1, 2020

CY 2020 HCPCS Code	CY 2020 Short Descriptor	CY 2020 SI	Low/High Cost Skin Substitute
Q4249	Amniplay, per sq cm	N	Low
Q4250	AmnioAMP-MP per sq cm	N	Low
Q4254	Novafix dl per sq cm	N	Low
Q4255	Reguard, topical use per sq	N	Low

b. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of October 1, 2020

There are three (3) skin substitute HCPCS codes that will be reassigned from the low cost skin substitute group to the high cost skin substitute group as of October 1, 2020. These codes are listed in [Table 16](#).

Table 16. – Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of October 1, 2020

CY 2020 HCPCS Code	CY 2020 Short Descriptor	CY 2020 SI	July 2020 Low/High Cost Skin Substitute Group	October 2020 Low/High Cost Skin Substitute Group
Q4205	Membrane graft or wrap sq cm	N	Low	High
Q4226	Myown harv prep proc sq cm	N	Low	High
Q4234	Xcellerate, per sq cm	N	Low	High

10. Coverage Determinations

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

ADDITIONAL INFORMATION

The official instruction, CR 11960, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10373CP.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
September 25, 2020	<p>We revised this article to reflect an updated CR 11960 that made a number of changes including:</p> <ol style="list-style-type: none"> 1. Added a new COVID-19 CPT code, 86413, to Table 1 2. Added new Section 2: "New Category I CPT code 99072 for Reporting of Additional Practice Expenses Incurred During a Public Health Emergency (PHE), Including Supplies and Additional Clinical Staff Time." 3. Added new Table 2, with the new 99072 CPT code. 4. Re-numbered all sections after Section 2 and all the tables following Table 2. 5. Added a new Sub-section e. to Section 8: "Drugs, Biologicals, and Radiopharmaceuticals." 6. Added New Table 12 to describe these changes. All sub-sections following new Sub-section e. were re-numbered. 7. Updated Sub-section g. and Table 14 to reflect the change to the long descriptor for HCPCS, C9066. 8. Updated Tables 8 and 13 to reflect the correct long descriptor for C9066. <p>The CR release date, transmittal number and link to the transmittal was also changed. All other information remains the same.</p>
August 31, 2020	Initial article released.

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