CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10666	**Date: March 8, 2021**
	Change Request 12175

SUBJECT: April 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS)

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the April 2021 OPPS update. The April 2021 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 50.7.

The April 2021 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming April 2021 I/OCE CR.

EFFECTIVE DATE: April 1, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 5, 2021

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: 10666	Date: March 8, 2021	Change Request: 12175

SUBJECT: April 2021 Update of the Hospital Outpatient Prospective Payment System (OPPS)

EFFECTIVE DATE: April 1, 2021
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I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the April 2021 OPPS update. The April 2021 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 50.7.

The April 2021 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming April 2021 I/OCE CR.

B. Policy:

1. Revised APC Assignments for Pfizer-BioNTech and Moderna Covid-19 CPT Administration Codes

In section I.B.4. (New Covid-19 CPT Vaccines and Administration Codes) of the January 2021 OPPS Update of the Hospital Outpatient Prospective Payment System (Transmittal 10541, Change Request 12120 dated December 31, 2020), we listed the new CPT codes associated with the Pfizer and Moderna Covid-19 vaccines and their administration. Because it was too late for us to establish new APCs for the January 2021 IOCE update, we assigned Covid-19 vaccine administration CPT codes 0001A and 0011A to APC 1492 (New Technology - Level 1B ($11-$20)) with a payment rate of $15.50 and CPT codes 0002A and 0012A to APC 1493 (New Technology - Level 1C ($21-$30)) with a payment rate of $25.50.

To pay appropriately for the Covid-19 vaccine administration codes, for the April 2021 I/OCE update, we are updating the APC assignments for the administration codes. Specifically, we are reassigning CPT codes 0001A and 0011A from APC 1492 to APC 9397 and codes 0002A and 0012A from APC 1493 to APC 9398. We note that in the April I/OCE, CPT code 0001A is assigned to APC 9397 and CPT code 0002A is assigned to APC 9398 effective April 1, 2021. CPT code 0011A is assigned to APC 9397 and CPT code 0012A is assigned to APC 9398 effective April 1, 2021. Table 1, attachment A, lists the APC titles for the two new COVID-19 vaccine administration APCs.

The Covid-19 vaccine and administration CPT codes, along with their short descriptors, status indicators, APCs, and payment rates (where applicable) are listed in the April 2021 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the CY 2021 OPPS/ASC final rule for the latest definitions.

For more information on the payment and effective dates for the COVID-19 vaccines and their administration during the Public Health Emergency (PHE), refer to the following CMS website:

https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies.

2. Janssen/Johnson & Johnson Covid-19 Vaccine and Vaccine Administration Code

On January 19, 2021, the AMA released two new CPT codes associated with the Janssen/Johnson & Johnson vaccine. One CPT code, 91303 refers to the specific vaccine product while another CPT code, 0031A, describes the service to administer the vaccine. The codes, specifically, CPT codes 91303 and 0031A, will be available for use once the vaccine receives Emergency Use Authorization (EUA) or approval from the Food and Drug Administration. Table 2, attachment A, lists the long descriptors for the codes. These codes, along with their short descriptors, status indicators, and payment rates (where applicable) are also listed in the April 2021 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the CY 2021 OPPS/ASC final rule for the latest definitions.

3. New Monoclonal Antibody Therapy Product and Administration Codes

In section I.B.3. (Monoclonal Antibody Therapy Product and Administration Codes) of the January 2021 OPPS Update of the Hospital Outpatient Prospective Payment System (Transmittal 10541, Change Request 12120 dated December 31, 2020), CMS listed new HCPCS codes M0239 and Q0239 that were established effective November 9, 2020 for bamlanivimab, and new HCPCS codes M0243 and Q0243 that were established effective November 21, 2020 for casirivimab and imdevimab to track and pay appropriately for monoclonal antibodies used to treat COVID-19. The codes were added to the January 2021 I/OCE with their effective dates set to the dates they were authorized by the FDA.

On February 9, 2021, FDA issued an EUA for two monoclonal antibodies, specifically, bamlanivimab and etesevimab, that are administered together, for the treatment of mild to moderate coronavirus disease 2019 (COVID-19).

To ensure access to these monoclonal antibody treatments during the COVID-19 public health emergency (PHE), Medicare covers and pays for the infusion of monoclonal antibody therapy in accordance with Section 3713 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). That is, as a result of the circumstances of the PHE, Medicare covers and pays for the infusion of monoclonal antibody therapy in the manner in which it will pay for COVID-19 vaccines and other statutory vaccines such as influenza.

CMS established new HCPCS codes M0245 and Q0245 effective February 9, 2021, for bamlanivimab and etesevimab. The codes have been added to the April 2021 I/OCE with their effective dates set to the same date as the FDA authorization. Table 3, attachment A, lists the long descriptors for the codes. These codes, along with their short descriptors, status indicators, and payment rates (where applicable) are also listed in the April 2021 OPPS Addendum B that is posted on the CMS website.

Similar to other vaccines, Medicare will not make a separate payment to the provider for a monoclonal antibody product when that product is given to the provider for free by the government. We anticipate much of the initial volume will be supplied to providers free of charge. Medicare established HCPCS code Q0245 for bamlanivimab and etesevimab, administered together. If HOPDs purchase bamlanivimab and etesevimab, they should report HCPCS code Q0245 to receive separate payment for the monoclonal antibody treatment.

Medicare will pay the provider for the administration of monoclonal antibodies regardless of whether the product is given to the provider for free. To receive separate payment for the infusion of bamlanivimab and etesevimab, HOPDs should report HCPCS code M0245.

For more information on the Medicare Monoclonal Antibody COVID-19 Infusion Program during the Public Health Emergency, refer to the following CMS websites:

https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion

https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion#Payment

4. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective April 1, 2021

The AMA CPT Editorial Panel established six new PLA codes, specifically, CPT codes 0242U through 0247U, effective April 1, 2021. Table 4, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the April 2021 I/OCE with an effective date of April 1. In addition, the codes, along with their short descriptors, status indicators, and payment rates (where applicable) are listed in the April 2021 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the CY 2021 OPPS/ASC final rule for the latest definitions.

5. New HCPCS Code Describing the Application of Intraoperative Near-Infrared Fluorescence Imaging Using Indocyanine Green on the Extrahepatic Ducts

Effective April 1, 2021, CMS is establishing a new HCPCS code C9776 to describe the application of intraoperative near-infrared fluorescence imaging using indocyanine green on the extrahepatic ducts. The administration of the intravenous indocyanine green for the visualization of major extrahepatic biliary ducts (example, cystic duct, common bile duct, and common hepatic duct) is associated with laparoscopy cholecystectomy. Table 5, attachment A lists the official long descriptor, and status indicator. This code, along with its short descriptor and status indicator, is also listed in the April 2021 Update of the OPPS Addendum B. For information on OPPS status indicator “N”, please refer to OPPS Addendum D1 of the CY2021 OPPS/ASC final rule for the latest definition.

6. New HCPCS Code Describing Esophageal Mucosal Integrity Testing by Electrical Impedance

CMS is establishing HCPCS code C9777, effective April 1, 2021, to describe the technology associated with esophageal mucosal integrity testing by electrical impedance. Table 6, attachment A, lists the long descriptor, and status indicator for HCPCS code C9777. For more information on OPPS status indicator “N”, refer to OPPS Addendum D1 of the Calendar Year 2021 OPPS/ASC final rule for the latest definition. This code, along with the short descriptor and status indicator is also listed in the April 2021 Update of the OPPS Addendum B.

7. Change to the Long Descriptor for HCPCS Code Descriptor for C9761

Effective October 1, 2020, the long descriptor for HCPCS code C9761 has changed to (Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable). Table 7, attachment A, lists the old and new long descriptor, status indicator, and APC assignment for the HCPCS code.

8. Status Indicator Corrections for HCPCS codes G2061 - G2063 and CPT codes 98970 - 98972 Effective January 1, 2021

In the January 2021 I/OCE, HCPCS codes G2061, G2062, and G2063 were incorrectly listed as active codes with status indicator “A” to indicate that they should be paid under a fee schedule or payment system other than OPPS. These codes have been deleted effective December 31, 2020, and therefore we changed their status indicator to “D” in the April 2021 I/OCE, retroactively to indicate that they are discontinued codes. These codes were replaced with CPT codes 98970, 98971, and 98972, respectively. CPT codes 98970, 98971, and 98972 were incorrectly assigned to status indicator “B” in the January 2021 I/OCE to indicate that other more appropriate code should be reported but because these codes replaced HCPCS codes G2061, G2062, and G2063, we assigned them to status indicator “A” effective January 1, 2021, in the April 2021 I/OCE. Table 8, attachment A, lists the long descriptors and status indicators for these codes.

For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2021 OPPS/ASC final rule for the latest definition. These codes, along with the short descriptor and status

indicators are also listed in the April 2021 Update of the OPPS Addendum B.

9. Status Indicator Corrections for HCPCS codes G2010, G2012, and G2211 Effective January 1, 2021

In the January 2021 I/OCE, HCPCS codes G2010 and G2012 were incorrectly assigned to status indicator "A" to indicate that they should be paid under a fee schedule or payment system other than OPPS. However, because these codes were replaced with HCPCS codes G2250 and G2251 for certain non-physician practitioners, including rehabilitation therapists, effective January 1, 2021, we assigned them to status indicator "B" under OPPS to indicate that other more appropriate codes should be reported in the April 2021 I/OCE. Table 9, attachment A, lists the long descriptors and status indicators for these codes.

In the January 2021 I/OCE, HCPCS code G2211 was incorrectly assigned to status indicator "N" to indicate that it should be packaged under OPPS. We intended to assign this code to status indicator "B" to indicate that it should not be payable under OPPS because this code is an add-on code to existing Evaluation and Management code(s) that are assigned to status indicator "B". Therefore, in the April 2021 I/OCE update, we assigned this code to status indicator "B" effective January 1, 2021. Table 9, attachment A, lists the long descriptor and status indicator for the code.

For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2021 OPPS/ASC final rule for the latest definition. These codes, along with the short descriptor and status indicators are also listed in the April 2021 Update of the OPPS Addendum B.

10. Advanced Diagnostic Laboratory Tests (ADLT) Under the Clinical Lab Fee Schedule (CLFS)

Under the OPPS, tests that receive ADLT status under section 1834A(d)(5)(A) of the Act are assigned to status indicator "A" (Not paid under OPPS. Paid by MACs under a fee schedule or payment system other than OPPS). In the October 2019 Update to the OPPS (Change Request 11451, Transmittal 4411, dated October 4, 2019), we indicated that the DecisionDx-Melanoma test was approved for ADLT status on May 17, 2019, however, because there was no specific code to describe the test, we revised the status indicator for CPT code 81599 from "E1" (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type).) to "A" so that this laboratory test would be paid separately under the CLFS when reported with identifier ZB1D4.

For the 2021 update, the CPT Editorial Panel established CPT code 81529 (Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis) to describe the DecisionDx-Melanoma test effective January 1, 2021. Because the DecisionDx-Melanoma test is now described by CPT code 81529, we are revising the status indicator for CPT code 81599 back to "E1." We are including this change in the April 2021 I/OCE Release with an effective date of January 1, 2021. We also note that CPT code 81529 is assigned to OPPS status indicator "A" effective January 1, 2021.

For the latest list of ALDT approved tests under the CLFS, refer to this CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/List-of-Approved-ADLTs.pdf.

11. Therapeutic Intra-Vascular Ultrasound System (TIVUS™) for Pulmonary Artery Denervation in Patients With Pulmonary Arterial Hypertension

In the CY 2021 OPPS/ASC final rule that was published in the Federal Register on December 29, 2020, we stated that CPT code 0632T (*Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance*), which was effective January 1, 2021, would be assigned to OPPS status indicator "E1" to indicate that the code is not payable by Medicare because the clinical trial associated with the code has not met Medicare's standards for coverage (85 FR 85975). We note that CPT code 0632T describes the surgical

procedure associated with the TIVUS System.

The clinical study associated with the TIVUS System was approved by CMS for Medicare coverage on November 19, 2020, as a Category B IDE study. Based on the IDE approval, we are reassigning CPT code 0632T from status indicator "E1" to status indicator "J1" (Hospital Part B Services Paid Through a Comprehensive APC) and assigning it to APC 5194 (Level 4 Endovascular Procedures), effective April 1, 2021. The payment rate for CPT code 0632T can be found in Addendum B of the April 2021 OPPS Update that is posted on the CMS website.

For the latest list of OPPS status indicators, refer to OPPS Addendum D1 of the CY 2021 OPPS/ASC final rule for the latest definitions.

12. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2021 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

Three (3) 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, 2021. These drugs and biologicals will receive drug pass-through status starting April 1, 2021. These HCPCS codes are listed in Table 10, attachment A.

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on March 31, 2021

There are 10 HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on March 31, 2021. These codes are listed in Table 11, attachment A. Therefore, effective April 1, 2021, the status indicator for these codes is changing from "G" to "K". For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2021 OPPS/ASC final rule for the latest definition. These codes, along with the short descriptor and status indicators are also listed in the April 2021 Update of the OPPS Addendum B.

c. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2021

Seven (7) new drug, biological, and radiopharmaceutical HCPCS codes will be established on April 1, 2021. These HCPCS codes are listed in Table 12, attachment A.

d. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of April 1, 2021

Two (2) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on April 1, 2021. These HCPCS codes are listed in Table 13, attachment A.

e. Drugs and Biologicals that Will Retroactively Change from Non-Payable Status to Separately Payable Status from January 1, 2021 to March 31, 2021

The status indicator for HCPCS code Q5122 (Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg) for the period of January 1, 2021 through March 31, 2021 will be changed retroactively from status indicator = "E2" to status indicator = "K" in the April I/OCE. This drug/biological is reported in Table 14, attachment A.

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

For CY 2021, 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 2021, 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 April 1, 2021, payment rates for many drugs and biologicals have changed from the values published in the CY 2021 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from third quarter of CY 2020. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the April 2021 Fiscal Intermediary Shared System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the April 2021 update of the OPPS. However, the updated payment rates effective April 1, 2021 can be found in the April 2021 update of the OPPS Addendum A and Addendum B on the CMS website at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS

g. 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.

13. 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.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12175.1	Medicare contractors shall install the April 2021 OPPS Pricer.	X		X		X				
12175.2	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the April 2021 Pricer.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12175.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X		X		

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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

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

VI. FUNDING

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

ATTACHMENTS: 1

Attachment A − Tables for the Policy Section

Table 1.─ COVID-19 Vaccine Administration APCs

APC	APC Title
9397	Covid-19 Vaccine Administration Dose 1 of 2
9398	Covid-19 Vaccine Administration Dose 2 of 2 or Single Dose Product

Table 2. ─ New Covid-19 CPT Vaccines Product and Administration Codes

CPT Code	Type	Labeler	Long Descriptor
91300	Vaccine/ Product Code	Pfizer	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use
0001A	Administration/ Immunization Code	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose
0002A	Administration/ Immunization Code	Pfizer	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose
91301	Vaccine/ Product Code	Moderna	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use
0011A	Administration/ Immunization Code	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose
0012A	Administration/ Immunization Code	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein,

			preservative free, 100 mcg/0.5mL dosage; second dose
91302	Vaccine/ Product Code	AstraZeneca/ University of Oxford	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use
0021A	Administration/ Immunization Code	AstraZeneca/ University of Oxford	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; first dose
0022A	Administration/ Immunization Code	AstraZeneca/ University of Oxford	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; second dose
91303	Vaccine/ Product Code	Janssen/Johnson&Johnson	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, for intramuscular use
0031A	Administration/ Immunization Code	Janssen/Johnson&Johnson	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage, single dose

Table 3. – Monoclonal Antibody Therapy Products and Administration Codes

CPT Code	Type	Long Descriptor
M0239	Administration/ Infusion Code	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring
Q0239	Product Code	Injection, bamlanivimab-xxxx, 700 mg
M0243	Administration/ Infusion Code	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
Q0243	Product Code	Injection, casirivimab and imdevimab, 2400 mg
M0245	Administration/ Infusion Code	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
Q0245	Product Code	Injection, bamlanivimab and etesevimab, 2100 mg

Table 4. – PLA Coding Changes Effective April 1, 2021

CPT Code	Long Descriptor	OPPS SI
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	A
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Q4
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	A
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	A
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	A
0247U	Obstetrics (preterm birth), insulin-like growth factor–binding protein 4 (IBP4), sex hormone–binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	Q4

Table 5. – New HCPCS Code Describing the Application of Intraoperative Near-Infrared Fluorescence Imaging Using Indocyanine Green on the Extrahepatic Ducts. Effective April 1, 2021

HCPCS Code	Short Descriptor	Long Descriptor	OPPS SI	OPPS APC
C9776	Fluo bile duct imaging w/icg	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile	N	N/A

		duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure)		

Table 6.– New Esophageal Mucosal Integrity Testing by Electrical Impedance HCPCS Code Effective April 1, 2021

HCPCS Code	Short Descriptor	Long Descriptor	OPPS SI	OPPS APC
C9777	Esophag mucosal integ add-on	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)	N	N/A

Table 7. – Change to the Long Descriptor for HCPCS code C9761 Effective October 1, 2020

HCPCS Code	Old Long Descriptor	New 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	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable.	J1	5375

Table 8. – Status Indicator Corrections for HCPCS codes G2061-G2063 and CPT codes 98970 -98972 Effective January 1, 2021

HCPCS Code	Long Descriptor	Status Indicator	APC
G2061	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	D	N/A
G2062	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	D	N/A
G2063	Qualified nonphysician healthcare professional online assessment and	D	N/A

	management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes		
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	A	N/A
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	A	N/A
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	A	N/A

Table 9. – Status Indicator Corrections for HCPCS codes G2010, G2012, and G2211 Effective January 1, 2021

HCPCS Code	Long Descriptor	Status Indicator	APC
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	B	N/A
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m	B	N/A

	service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion		
G2211	(Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established))	B	N/A

Table 10. ─ New CY 2021 HCPCS Codes Effective April 1, 2021 for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

CY 2021 HCPCS Code	CY 2021 Long Descriptor	CY 2021 SI	CY 2021 APC
C9074	Injection, lumasiran, 0.5 mg	G	9407
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	G	9395
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	G	9406

Table 11. ─ HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective March 31, 2021

CY 2021 HCPCS Code	CY 2021 Long Descriptor	January 2021 SI	April 2021 SI	April 2021 APC
C9462	Injection, delafloxacin, 1 mg	G	K	9462
J0185	Injection, aprepitant, 1 mg	G	K	9463
J0517	Injection, benralizumab, 1 mg	G	K	9466
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	G	K	9469

CY 2021 HCPCS Code	CY 2021 Long Descriptor	January 2021 SI	April 2021 SI	April 2021 APC
J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	G	K	9468
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	G	K	9174
J9311	Injection, rituximab 10 mg and hyaluronidase	G	K	9467
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	K	9035
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	K	9194
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	G	K	9036

Table 12. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2021

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
A9592	C9068	Copper cu-64, dotatate, diagnostic, 1 millicurie	G	9383
J1427	C9071	Injection, viltolarsen, 10 mg	G	9386
J1554	C9072	Injection, immune globulin (asceniv), 500 mg	G	9392
J7402	C9122	Mometasone furoate sinus implant, (sinuva), 10 micrograms	G	9346
J9037	C9069	Injection, belantamab mafodontin-blmf, 0.5 mg	G	9384
J9349	C9070	Injection, tafasitamab-cxix, 2 mg	G	9385
Q2053	C9073	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	9391

Table 13. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of April 1, 2021

HCPCS Code	Long Descriptor	SI	APC
J7333	Hyaluronan or derivative, visco-3, for intra-articular injection, per dose	N	N/A
J7401	Mometasone furoate sinus implant, 10 micrograms	N	N/A

Table 14. — Drugs and Biologicals that Will Retroactively Change from Non-Payable Status to Separately Payable Status from January 1, 2021 to March 31, 2021

HCPCS Code	Long Descriptor	Old SI	New SI	APC	Effective Date
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	E2	K	9406	01/01/2021-03/31/2021