CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 11150	**Date: December 10, 2021**
	Change Request 12552

SUBJECT: January 2022 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 January 2022 OPPS update. The January 2022 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 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later), and makes changes to sections 60.4 and 60.4.1 - 60.4.3 (General Coding and Billing Instructions and Explanations) , to list the device category codes for present or previous pass-through payment and related terms and definitions. It also makes changes to section 231.11 to list the location for reporting revenue charges on the hospital cost report form.

The January 2022 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming January 2022 I/OCE CR.

EFFECTIVE DATE: January 1, 2022
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 3, 2022

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
R	4. Table of Contents
R	4/60.4/General Coding and Billing Instructions and Explanations
N	4/60.4.1/Explanations of Terms
N	4/60.4.2/Complete List of Device Pass-through Category Codes
N	4/60.4.3/Explanations of Certain Terms/Definitions Related to Device Pass-Through Category Codes
R	4/231.11/Billing for Allogeneic Stem Cell Transplants

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: 11150	Date: December 10, 2021	Change Request: 12552

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EFFECTIVE DATE: January 1, 2022
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IMPLEMENTATION DATE: January 3, 2022

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the January 2022 OPPS update. The January 2022 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, sections 60.4, 60.4.1 - 60.4.3, and section 231.11.

The January 2022 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming January 2022 I/OCE CR.

B. Policy: 1. New Covid-19 CPT Vaccines and Administration Codes

American Medical Association (AMA) has been issuing unique Current Procedural Terminology (CPT) Category I codes which are developed based on collaboration with the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) for each coronavirus vaccine as well as administration codes unique to each such vaccine and dose. These codes are effective upon receiving Emergency Use Authorization (EUA) or approval from the Food and Drug Administration (FDA).

On September 3, 2021, the AMA released eight new CPT Category I codes for reporting SARS-CoV-2 vaccines and their administration. CPT Codes 91305, 0051A, 0052A and 0053A are for reporting Pfizer-BioNTech COVID-19 vaccine and its administration for the tris-sucrose formulation. CPT Codes 0004A and 0054A are for reporting administration of Pfizer-BioNTech COVID-19 booster doses for both available formulations. CPT Codes 91306 and 0064A are for reporting the Moderna COVID-19 booster dose and its administration, respectively.

On September 22, 2021, FDA amended the EUA for the Pfizer-BioNTech COVID-19 Vaccine (CPT 91300) to allow for use of a single booster dose, to be administered at least six months after completion of the primary series for certain populations. Therefore, effective September 22, 2021, CPT 0004A used to report administration for the single booster dose was assigned to status indicator “S” (Procedure or Service, Not Discounted When Multiple, separate APC assignment), APC 9398 (Covid-19 Vaccine Admin Dose 2 of 2, Single Dose Product or Additional Dose).

On October 6, 2021, AMA released new CPT Category I codes 91307, 0071A, and 0072A for reporting Pfizer-BioNTech COVID-19 vaccine and its administration for the tris-sucrose formulation for children 5 through 11 years of age.

Recently, the AMA released the new CPT Category I code 0034A for reporting the administration of the Janssen COVID-19 vaccine booster for patients who had previously received the Janssen single-dose primary vaccine.

On October 20, 2021, FDA amended the EUA for COVID-19 vaccines to allow for the use of a single booster dose, including:

- The use of a single booster dose of the Moderna COVID-19 Vaccine (CPT 91306) that may be administered at least 6 months after completion of the primary series to certain populations.
- The use of a single booster dose of the Janssen COVID-19 Vaccine (CPT 91303) may be administered at least 2 months after completion of the single-dose primary regimen to individuals 18 years of age and older.

Therefore, effective October 20, 2021, CPT codes 0034A and 0064A were assigned to status indicator "S" (Procedure or Service, Not Discounted When Multiple, separate APC assignment), APC 9398 (Covid-19 Vaccine Admin Dose 2 of 2, Single Dose Product or Additional Dose) and 91306 was assigned to status indicator "L" (Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance).

On October 29, 2021, FDA authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. Therefore, effective October 29, 2021, CPT code 0071A was assigned to status indicator "S", APC 9397 (Covid-19 Vaccine Admin Dose 1 of 2). CPT code 0072A was assigned to status indicator "S", APC 9398 and CPT code 91307 was assigned to status indicator "L".

Table 1, 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 January 2022 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year (CY) 2022 OPPS/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

2. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective January 1, 2022

The AMA CPT Editorial Panel established 21 new PLA codes, specifically, CPT codes 0285U through 0305U, effective January 1, 2022.

Table 2, attachment A, lists the long descriptors and status indicators for the codes. CPT codes 0285U through 0305U have been added to the January 2022 I/OCE with an effective date of January 1, 2022. These codes, along with their short descriptors, status indicators, and payment rates (where applicable) are also listed in the January 2022 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 2022 OPPS/ASC final rule for the latest definitions.

3. Device Pass-Through Category Codes

Effective January 1, 2022, the complete list of device pass-through category codes and the explanations of certain terms/definitions related to these device category codes can be found in section 60.4 (General Coding and Billing Instructions and Explanations) of Chapter 4 of the Medicare Claims Processing Manual. Previously, the information was placed on this CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Complet-list-DeviceCats-OPPS.pdf. We are transferring the information and placing in the Internet-Only Manual (IOM) to ensure appropriate updates are made accordingly.

4. a. New Device Pass-Through Categories

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPPS, categories of devices be eligible for transitional pass-through payments for at least two (2), but not more than three (3) years. Section 1833(t)(6)(B)(ii)(IV) of the Act requires that we create additional categories for transitional pass-through

payment of new medical devices not described by existing or previously existing categories of devices.

We are establishing two new device pass-through categories effective January 1, 2021, specifically, HCPCS code C1833 (Cardiac monitor sys) and HCPCS code C1832 (Auto cell process). We are also updating the device offset CPT code information for the device category described by HCPCS codes C1833, C1832, and C1831. Table 3, attachment A, provides a listing of new coding information concerning the new device categories for transitional pass-through payment. Device offset amounts for these CPT codes will be available in the January 2022 I/OCE update.

b. Device Offset from Payment for HCPCS codes C1832 and C1833, and An Update for HCPCS Code C1831

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices an amount that reflects the device portion of the APC payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. The device offset from payment represents a deduction from pass-through payments for the applicable pass-through device.

(1) Device Offset for HCPCS Code C1833

We have determined the device offset amounts for APC 5223 (Level 3 Pacemaker and Similar Procedures), APC 5222 (Level 2 Pacemaker and Similar Procedures), APC 5741 (Level 1 Electronic Analysis of Devices), and APC 5221 (Level1 Pacemaker and Similar Procedures) that are associated with the costs of the device category described by HCPCS code C1833 (Cardiac monitor). The device in the category described by HCPCS code C1833 should always be billed with one of the following Current Procedural Terminology (CPT) codes:

- CPT code 0525T - Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor), which is assigned to APC 5223 for Calendar Year (CY) 2022;
- CPT code 0526T - Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only, which is assigned to APC 5222 for CY 2022;
- CPT code 0527T - Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only, which is assigned to APC 5222 for CY 2022;

(2) Device Offset for HCPCS Code C1832

We have determined the device offset amounts for APC 5053 (Level 3 Skin Procedures), APC 5054 (Level 4 Skin Procedures), and APC 5055 (Level 5 Skin Procedures) that are associated with the cost of the device category described by HCPCS code C1832 (Auto cell process). The device in the category described by HCPCS code C1832 should always be billed with one of the following Current Procedural Terminology (CPT) codes:

- CPT code 15110 (Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children), which is assigned to APC 5054 for Calendar Year (CY) 2022;
- CPT code 15115 (Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children), which is assigned to APC 5054 for CY 2022; The device in the category described by HCPCS code C1832 may be billed with one of the following Current Procedural Terminology (CPT) codes but must also be accompanied by one of the preceding codes:

- CPT code 15100 (Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)), which is assigned to APC 5054 for CY 2022;
- CPT code 15120 (Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)), which is assigned to APC 5055 for CY 2022;

(3) Device Update for HCPCS Code C1831

We have determined that hospitals can no longer bill C1831 when performing 22558 and 22586 as these procedures have been added to the Inpatient Only List effective January 1, 2022.

Also, refer to https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/passthrough_payment.html for the most current device pass-through information.

c. Transitional Pass-Through Payments for Designated Devices

Certain designated new devices are assigned to APCs and identified by the I/OCE as eligible for payment based on the reasonable cost of the new device reduced by the amount included in the APC for the procedure that reflects the packaged payment for device(s) used in the procedure. The I/OCE will determine the proper payment amount for these APCs as well as the coinsurance and any applicable deductible. All related payment calculations will be returned on the same APC line and identified as a designated new device. We refer readers to Addendum P of the CY 2021 final rule with comment period for the most current OPPS HCPCS Offset file. Addendum P is available via the Internet on the CMS website.

d. Alternative Pathway for Devices That Have a FDA Breakthrough Designation

For devices that have received FDA marketing authorization and a Breakthrough Device designation from the FDA, CMS provided an alternative pathway to qualify for device pass-through payment status, under which devices would not be evaluated in terms of the current substantial clinical improvement criterion for the purposes of determining device pass-through payment status. The devices would still need to meet the other criteria for pass-through status. This applies to devices that receive pass-through payment status effective on or after January 1, 2020.

5. Billing for Allogeneic Stem Cell Transplants

Section 108 of the Further Consolidated Appropriations Act, 2020 (Pub. L. 116–94) affects the cost reporting and payment of inpatient acquisition costs of allogeneic hematopoietic stem cells, beginning in fiscal year (FY) 2021. The outpatient payment methodology for allogeneic hematopoietic stem cell acquisition costs remains unchanged. However, updates to the IOM Pub.100-04, chapter 4, are required to remove language referencing the previous inpatient payment process. Additionally, we are updating the language to provide instructions for outpatient cost reporting.

6. Changes to the Inpatient-Only (IPO) List for CY 2022

The Medicare IPO list includes procedures that are typically only provided in the inpatient setting and therefore are not paid under the OPPS. For CY 2022, 293 of the 298 services removed from the IPO list in CY 2021 are returning to the IPO list. The five services remaining off the IPO list for CY 2022 are CPT code 22630 (Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar); CPT code 23472 (Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (for example, total shoulder))); CPT code 27702 (Arthroplasty, ankle; with implant (total ankle)) and their corresponding anesthesia codes: CPT code 00630 (Anesthesia for procedures in lumbar region; not otherwise specified), CPT code 00670 (Anesthesia for extensive spine and spinal cord procedures (e.g., spinal instrumentation or

vascular procedures)); CPT code 01638 (Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement); and CPT 01486 (Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement). We are also adding CPT code 0643T (Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach) as an inpatient only procedure. The changes to the IPO list for CY 2022 are included in Table 4, attachment A.

7. Payment Adjustment for Certain Cancer Hospitals Beginning CY 2022

For certain cancer hospitals that receive interim monthly payments associated with the cancer hospital adjustment at 42 Code of Federal Regulation (CFR) 419.43(i), Section 16002(b) of the 21st Century Cures Act requires that, for CY 2018 and subsequent CYs, the target Payment-to-Cost Ratio (PCR) that should be used in the calculation of the interim monthly payments and at final cost report settlement is reduced by 0.01. For CY 2022, the target PCR, after including the reduction required by Section 16002(b), is 0.89.

8. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2022 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

Five (5) 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 January 1, 2022. These drugs and biologicals will receive drug pass-through status starting January 1, 2022. These HCPCS codes are listed in Table 5, attachment A.

b. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of January 1, 2022

Fifteen (15) new drug, biological, and radiopharmaceutical HCPCS codes will be established on January 1, 2022. These HCPCS codes are listed in Table 6, attachment A.

c. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of January 1, 2022

Four (4) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on January 1, 2022. These HCPCS codes are listed in Table 7, attachment A.

d. Vaccines that Will Retroactively Change from Non-Payable Status to Payable Status in the January 2022 I/OCE Update

The status indicator for CPT code 90671 (Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use) effective July 16, 2021, will change retroactively from status indicator= “E1” to status indicator =”L” in the January 2022 I/OCE Update. The status indicator for CPT code 90677 (Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use) effective July 1, 2021, will be changed retroactively from status indicator = “E1” to status indicator = “L” in the January 2022 I/OCE Update. These drugs/biologicals are reported in Table 8, attachment A.

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

For CY 2022, 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 2022, 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 January 1, 2022, payment rates for many drugs and biologicals have changed from the values published in the CY 2022 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from fourth quarter of CY 2020. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the January 2022 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the January 2022 update of the OPPS. However, the updated payment rates effective January 1, 2022, can be found in the January 2022 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

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

Some drugs and biologicals paid 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 affected by adjustments to a 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 the per day cost of $949 for CY 2022.

a. New Skin Substitute Products as of January 1, 2022

There is one (1) new skin substitute HCPCS code that will be active as of January 1, 2022. This code is listed in Table 9, attachment A.

b. Skin Substitute Assignments to High Cost and Low Costs Groups for CY 2022

Table 10, attachment A, lists the skin substitute products and their assignment as either a high cost or a low cost skin substitute product, when applicable.

10. Method to Control for Unnecessary Increases in Utilization of Outpatient Services/G0463 with Modifier PO

In CY 2020, CMS finalized a policy to use our authority under section 1833(t)(2)(F) of the Act to apply an amount equal to the site-specific Physician Fee Schedule (PFS) payment rate for nonexcepted items and services furnished by a nonexcepted off-campus Provider-Based Department (PBD) (the PFS payment rate) for the clinic visit service, as described by HCPCS code G0463, when provided at an off-campus PBD excepted from section 1833(t)(21) of the Act (departments that bill the modifier "PO" on claim lines). We completed the phase-in of the policy in CY 2020.

The PFS-equivalent amount paid to nonexcepted off-campus PBDs is 40 percent of OPPS payment (that is, 60 percent less than the OPPS rate) for CY 2022. Specifically, the total 60-percent payment reduction will

apply in CY 2022. In other words, these departments will be paid 40 percent of the OPPS rate (100 percent of the OPPS rate minus the 60-percent payment reduction that applies in CY 2022) for the clinic visit service in CY 2022.

11. Changes to OPPS Pricer Logic

a. Rural Sole Community Hospitals (SCH) and Essential Access Community Hospitals (EACHs) will continue to receive a 7.1 percent payment increase for most services in CY 2022. The rural SCH and EACH payment adjustment excludes drugs, biologicals, items and services paid at charges reduced to cost, and items paid under the pass-through payment policy in accordance with section 1833(t)(13)(B) of the Act, as added by section 411 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA).

b. New OPPS payment rates and copayment amounts will be effective January 1, 2022. All copayment amounts will be limited to a maximum of 40 percent of the APC payment rate. Copayment amounts for each service cannot exceed the CY 2022 inpatient deductible of $1,556. For most OPPS services, copayments are set at 20 percent of the APC payment rate.

c. For hospital outlier payments under OPPS, there will be no change in the multiple threshold of 1.75 for 2022. This threshold of 1.75 is multiplied by the total line-item APC payment to determine eligibility for outlier payments. This factor also is used to determine the outlier payment, which is 50 percent of estimated cost less 1.75 times the APC payment amount. The payment formula is (cost-(APC paymentx1.75))/2.

d. The fixed-dollar threshold for OPPS outlier payments increases in CY 2022 relative to CY 2021. The estimated cost of a service must be greater than the APC payment amount plus $6,175 in order to qualify for outlier payments.

e. For outliers for Community Mental Health Centers (bill type 76x), there will be no change in the multiple threshold of 3.4 for 2022. This threshold of 3.4 is multiplied by the total line-item APC payment for APC 5853 to determine eligibility for outlier payments. This multiple amount is also used to determine the outlier payment, which is 50 percent of estimated costs less 3.4 times the APC payment amount. The payment formula is (cost-(APC 5853 paymentx3.4))/2.

f. Continuing our established policy for CY 2022, the OPPS Pricer will apply a reduced update ratio of 0.9804 to the payment and copayment for hospitals that fail to meet their hospital outpatient quality data reporting requirements or that fail to meet CMS validation edits. The reduced payment amount will be used to calculate outlier payments.

g. Effective January 1, 2022, CMS is adopting the Fiscal Year (FY) 2022 Inpatient Prospective Payment System (IPPS) post-reclassification wage index values with application of the CY 2022 out-commuting adjustment authorized by Section 505 of the MMA to non- IPPS (non-Inpatient Prospective Payment System) hospitals as implemented through the Pricer logic.

h. Effective January 1, 2022, for claims with APCs, which require implantable devices and have significant device offsets (greater than 30%), a device offset cap will be applied based on the credit amount listed in the "FD" (Credit Received from the Manufacturer for a Replaced Medical Device) value code. The credit amount in value code "FD" which reduces the APC payment for the applicable procedure, will be capped by the device offset amount for that APC. The offset amounts for the above referenced APCs are available on the CMS website.

12. Update the Outpatient Provider Specific File (OPSF)

For January 1, 2022, contractors shall maintain the accuracy of the provider records in the Outpatient Provider Specific File (OPSF) as changes occur in data element values.

a) Updating the OPSF for the Implementing the Cap on Wage Index Decrease policy

In CY 2020, for hospitals not listed on Table 2 of the FY 2020 IPPS final rule or without a CY 2019 OPPS wage provided through the OPPS Pricer, MACs emailed CMS for the hospital's CY 2020 wage index which included the wage index quartile and cap policies if applicable. Change Request 11707 (on the CMS website at https://www.cms.gov/files/document/r10121cp.pdf) created two new PSF fields, the Supplemental Wage Index and the Supplemental Wage Index Flag.

In CY 2021, this process was handled through the use of the Supplemental Wage Index and Supplemental Wage Index Flag fields, which indicated the prior year wage index for use in determining whether a cap on the wage index decrease applied.

In CY 2022, we will be applying the cap on wage index decrease policy through the use of the Special Wage Index and Special Payment Indicator fields. The OPPS Pricer will not be using the Supplemental Wage Index and Supplemental Wage Index Flag field in the CY 2022 OPPS. Therefore, MACs shall ensure that no OPPS providers have a "1" in the Supplemental Wage Index Flag field and that wage index value in the Supplemental Wage index field is blank.

In addition, MACs shall ensure that no OPPS providers have a "1" or "2" in the Special Payment Indicator field and no wage index value in the Special Wage Index field with an effective date of January 1, 2022. Unless otherwise instructed by CMS, MACs must seek approval from the CMS Central Office to use a "1" or "2" in the Special Payment Indicator field and a wage index value in the Special Wage Index field.

To correctly assign a provider's CY 2022 wage index for the case where a cap on wage index decreases would apply, the MAC shall do the following for the case that applies:

i. IPPS hospitals that are also paid under the OPPS

For these hospitals, as described in detail in the instructions in MAC Implementation File 5 at https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipps-final-rule-home-page the 2022 special wage index should be obtained from the "MAC Table 2 PSF Guide" associated with the FY 2022 IPPS final rule (or Correction Notice, if applicable).

For providers that have a "1" or "2" in the Special Payment Indicator field (Column T), MACs shall do the following:

- Enter the value from the Special Wage Index field (Column V) for CY 2022 (through the steps outlined in MAC Implementation File 5) into the Special Wage Index Field.
- Enter the value from the Special Payment Indicator field (Column T) into the Special Payment Indicator field.
- Establish the record with an effective date of January 1, 2022.

ii. Non-IPPS hospitals, CMHCs, and other OPPS providers

We have made the CY 2022 OPPS wage index assignments for non-IPPS hospitals, CMHCs, and other OPPS providers available on the CMS website at www.cms.gov/HospitalOutpatientPPS/ under "*Annual Policy Files*."

In this case, MACs, shall do the following:

- The CY 2022 Wage index from the Excel file available online shall be entered into the Special Wage Index field.
- Enter a "1" in the Special Payment Indicator field.
- Establish the record with an effective date of January 1, 2022.

iii. CY 2022 Special Wage Index Assignment for Cap on Wage Index decreases

Email the CMS Central Office at OutpatientPPS@cms.hhs.gov requesting the calculation of the hospital's CY 2022 wage index for assignment. Make sure to include in your email the following: FIPS county code, the Actual Geographic Location CBSA, the Wage Index Location CBSA, the Payment CBSA, Special Payment Indicator field and the effective date in the PSF.

b) Updating the OPSF for Expiration of Transitional Outpatient Payments (TOPs)

Cancer and children's hospitals are held harmless under section 1833(t)(7)(D)(ii) of the Social Security Act and continue to receive hold harmless TOPs permanently. For CY 202, cancer hospitals will continue to receive an additional payment adjustment.

c) Updating the OPSF for the Hospital Outpatient Quality Reporting (HOQR) Program Requirements

Effective for OPPS services furnished on or after January 1, 2009, subsection (d) hospitals that have failed to submit timely hospital outpatient quality data as required in Section 1833(t)(17)(A) of the Act will receive payment under the OPPS that reflects a 2 percentage point deduction from the annual OPPS update for failure to meet the HOQR program requirements. This reduction will not apply to hospitals not required to submit quality data or hospitals that are not paid under the OPPS.

For January 1, 2022, contractors shall maintain the accuracy of the provider records in the OPSF by updating the Hospital Quality Indicator field. CMS will release a Technical Direction Letter that lists Subsection (d) hospitals that are subject to and fail to meet the HOQR program requirements. Once this list is released, A/B Medicare Administrative Contractors (MACs) will update the OPSF by removing the '1', (that is, ensure that the Hospital Quality Indicator field is blank) for all hospitals identified on the list and will ensure that the OPSF Hospital Quality Indicator field contains '1' for all hospitals that are not on the list. CMS notes that if these hospitals are later determined to have met the HOQR program requirements, A/B MACs shall update the OPSF. For greater detail regarding updating the OPSF for the HOQR program requirements, see Transmittal 368, CR 6072, issued on August 15, 2008.

d) Updating the OPSF for Cost to Charge Ratios (CCR)

As stated in publication 100-04, Medicare Claims Processing Manual, chapter 4, section 50.1, contractors must maintain the accuracy of the data and update the OPSF as changes occur in data element values, including changes to provider cost–to-charge ratios and, when applicable, device department cost-to-charge ratios. The file of OPPS hospital upper limit CCRs and the file of Statewide CCRs are located on the CMS website at www.cms.gov/HospitalOutpatientPPS/ under "*Annual Policy Files*."

e) Updating the "County Code" Field

Prior to CY 2018, in order to include the outmigration in a hospital's wage index, we provided a separate table that assigned wage indexes for hospitals that received the outmigration adjustment. For the CY 2022 OPPS, the OPPS Pricer will continue to assign the out migration adjustment using the "County Code" field in the OPSF. Therefore, MACs shall ensure that every hospital has listed in the "County Code" field the Federal Information Processing Standards (FIPS) county code where the hospital is located to maintain the accuracy of the OPSF data fields.

f) Updating the "Wage Index Location Core-Based Statistical Areas (CBSA)" Field

We note that under historical and current OPPS wage index policy, hospitals that have wage index reclassifications for wage adjustment purposes under the IPPS would also have those wage index

reclassifications applied under the OPPS on a calendar year basis. Therefore, MACs shall ensure that wage index reclassifications applied under the FY 2022 IPPS are also reflected in the OPSF on a CY 2022 OPPS basis.

g) Updating the "Payment Core-Based Statistical Areas (CBSA)" Field

In the prior layout of the OPSF, there were only two CBSA related fields: the "Actual Geographic Location CBSA" and the "Wage Index Location CBSA." These fields are used to wage adjust OPPS payment through the Pricer if there is not an assigned Special Wage Index (as has been used historically to assign the wage index for hospitals receiving the outmigration adjustment).

In Transmittal 3750, dated April 19, 2017, for Change Request 9926, we created an additional field for the "Payment CBSA," similar to the IPPS, to allow for consistency between the data in the two systems and identify when hospitals receive dual reclassifications. In the case of dual reclassifications, similar to the IPPS, the "Payment CBSA" field will be used to note the Urban to Rural Reclassification Under Section 1886(d)(8)(E) of the Act (§ 412.103). This "Payment CBSA" field is not used for wage adjustment purposes, but to identify when the 412.103 reclassification applies, because rural status is considered for rural sole community hospital adjustment eligibility. We further note that whereas the IPPS Pricer allows the Payment CBSA, even when applied as the sole CBSA field (without a Wage Index CBSA), to be used for wage adjusting payment, that field is not used for wage adjustment the OPPS.

iv. Wage Index Policies in the CY 2022 OPPS

In the FY 2022 IPPS and CY 2022 OPPS we made the following changes to the wage index: increased the wage index values for hospitals with a wage index value below the 25th percentile wage index value of 0.8437 across all hospitals, and applied a 5 percent cap for CY 2022 on any wage index values that decreased relative to CY 2021 (if the provider received the similar 5 percent cap on decreases in its CY 2021 wage index).

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	
12552.1	Medicare contractors shall install the January 2022 OPPS Pricer.	X		X		X				
12552.2	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	changes that were received prior to implementation of January 2022 OPPS Pricer.									
12552.3	As specified in chapter 4, section 50.1, of the Claims Processing Manual, Medicare contractors shall maintain the accuracy of the data and update the OPSF file as changes occur in data element values. For CY 2022, this includes all changes to the OPSF identified in Section 12 of this Change Request.	X		X						
12552.4	Medicare contractors shall be aware of the revisions to sections 60.4 and 231.11, and addition of new sections 60.4.1 - 60.4.3.	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12552.5	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	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

Medicare Claims Processing Manual
Chapter 4 - Part B Hospital
(Including Inpatient Hospital Part B and OPPS)

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(Rev. 11150; Issued: 12-10-21)

60.4 - General Coding and Billing Instructions and Explanations

(Rev. 11150; Issued: 12-10-21; Effective: 01-01-22; Implementation: 01-03-22)

60.4.1 - Explanations of Terms

(Rev. 11150; Issued: 12-10-21; Effective: 01-01-22; Implementation: 01-03-22)

Reporting Multiple Units of Pass-Through Device Categories

Hospitals must bill for multiple units of items that qualify for transitional pass-through payments when such items are used with a single procedure by entering the number of units used on the bill.

Reporting of Multiple Device Categories

For items with multiple component devices that fall in more than one category (e.g., kits or systems other than those explicitly identified in the long descriptors), hospitals should code the appropriate category separately for each component. For example, the "Rotablator Rotational Angioplasty System (with catheter and advancer)" consists of both a catheter and an advancer/sheath. Hospitals should report category C1724 for the catheter and C1894 for the advancer/sheath.

Also, for items packaged as kits that contain a catheter and an introducer, hospitals should report both appropriate categories. For example, the "Clinicath 16G Peripherally Inserted Central Catheter (PICC) Dual-Lumen PolyFlow Polyurethane" contains a catheter and an introducer. To appropriately bill for this item, hospitals should report category C1751 for the catheter and C1894 for the introducer. (Please note that the device categories C1724, C1894 and C1751 are no longer eligible for pass-through payments, but are used here for illustrative purposes for reporting multiple categories. However, hospitals should continue to report devices on claims in this manner even after the category is no longer eligible for pass-through payment.)

Reprocessed Devices

Hospitals may bill for transitional pass-through payments only for those devices that are "single use." Reprocessed devices may be considered "single use" if they are reprocessed in compliance with enforcement guidance of the Food and Drug Administration (FDA) relating to the reprocessing of devices applicable at the time the service is delivered. The FDA phased in new enforcement guidance relating to reprocessing during 2001 and 2002. For further information, see FDA's guidance document entitled "Enforcement Priorities for Single-Use Devices Reprocessed by Third Parties and Hospitals," published August 14, 2000, or any later FDA guidance or enforcement documents currently in effect.

60.4.2 - Complete List of Device Pass-through Category Codes
(Rev. 11150; Issued: 12-10-21; Effective: 01-01-22; Implementation: 01-03-22)

List of Device Category Codes for Present or Previous Pass-Through Payment and Related Definitions

The table below shows the complete list of the device category HCPCS codes used presently or previously for pass-through payment, along with their expiration dates, and definitions. This list does not include all device codes reportable under the OPPS; there are additional HCPCS codes for devices that werenot eligible for pass-through payment. See section 61, Chapter 4 of the IOM, pub. 100-4, currently available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c04.pdf, for detailed information onrequirements for reporting device codes and satisfying device edits in the OPPS.

Section 402(a) of the Benefits Improvement and Protection Act of 2000 (BIPA), which was enacted on December 21, 2000, required the creation of categories for pass-through devices under the hospital OPPS. As a result of BIPA, new category codes were created for pass-throughdevices that became effective April 1, 2001.

As indicated in section 1833(t)(6) of the Social Security Act, payments for pass-through devicesare limited to at least two years but no more than three years. Starting on January 1, 2017, we changed our policy to allow for quarterly expiration of pass-through payment status for devices,beginning with pass-through devices approved in CY 2017 and subsequent calendar years, to afford a pass-through payment period that is as close to a full 3 years as possible for all pass- through payment devices. Note that payment for pass-through devices is based on the charge onthe individua l bill, converted to cost by application of a hospital-specific cost-to-charge ratio, and subject (in some instances) to a reduction that offsets the cost of similar devices already included in the APC payment rate for the associated procedure.

When the category codes became effective April 1, 2001, many of the item-specific C-codes that were cross-walked in Transmittal A-01-41 and Transmittal A-01-97 to the new category codes were approved for pass-through status before April 1, 2001. In determining the expiration dates for those initial pass-through device category codes listed below, we determined when specific devices that are described by the categories were paid as pass-through devices through their item-specific C-codes prior to the creation of the categories, pursuant to the statute, section 1833(t)(6)(iii)(I). These dates are listed in the column below entitled "Date First Populated." Thus, many of the category codes that were made effective April 1, 2001 expired on December 31, 2002. Despite the expiration of pass-through payment status for device category codes, hospitals are still required to report the device category C-codes on claims when such devices are used in conjunction with procedures billed and paid under the OPPS.

In the CY 2015 final rule, we finalized a policy and implemented claims processing edits that require any of the device codes used in the previous device-to-procedure edits to be present on the claim whenever a procedure code assigned to any of the APCs listed in TableH1 (the formerly device dependent APCs) is reported on the claim (79 FR 66795).

List of Device Category HCPCS Codes and Definitions Used for Present and Previous Pass-Through Payment ***

	HCPCS Codes	Category Long Descriptor	Date First Populated	Pass-Through Expiration Date***
1.	C1883*	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	8/1/00	12/31/02
2.	C1765*	Adhesion barrier	10/01/00 – 3/31/01; 7/1/01	12/31/03
3.	C1713*	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	8/1/00	12/31/02
4.	L8690	Auditory osseointegrated device, includes all internal and external components	1/1/07	12/31/08
5.	**C1832**	**Autograft suspension, including cell processing and application, and all system components**	**1/1/22**	
6.	C1715	Brachytherapy needle	8/1/00	12/31/02
7.	C1716#	Brachytherapy source, non-stranded, Gold-198, per source	10/1/00	12/31/02
8.	C1717#	Brachytherapy source, non-stranded, high dose rate Iridium-192, per source	1/1/01	12/31/02
9.	C1718#	Brachytherapy source, Iodine 125, per source	8/1/00	12/31/02
10.	C1719#	Brachytherapy source, non-stranded, non-high dose rate Iridium-192, per source	10/1/00	12/31/02
11.	C1720#	Brachytherapy source, Palladium 103, per source	8/1/00	12/31/02
12.	C2616#	Brachytherapy source, non-stranded, Yttrium-90, per source	1/1/01	12/31/02
13.	C2632	Brachytherapy solution, iodine – 125, per mCi	1/1/03	12/31/04
14.	C1721	Cardioverter-defibrillator, dual chamber (implantable)	8/1/00	12/31/02
15.	C1882*	Cardioverter-defibrillator, other than single or dual chamber (implantable)	8/1/00	12/31/02
16.	C1722	Cardioverter-defibrillator, single chamber (implantable)	8/1/00	12/31/02
17.	C1888*	Catheter, ablation, non-cardiac, endovascular (implantable)	7/1/02	12/31/04
18.	C1726*	Catheter, balloon dilatation, non-vascular	8/1/00	12/31/02
19.	C1727*	Catheter, balloon tissue dissector, non-vascular (insertable)	8/1/00	12/31/02
20.	C1728	Catheter, brachytherapy seed administration	1/1/01	12/31/02
21.	C1729*	Catheter, drainage	10/1/00	12/31/02
22.	C1730*	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	8/1/00	12/31/02
23.	C1731*	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	8/1/00	12/31/02
24.	C1732*	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	8/1/00	12/31/02
25.	C1733*	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	8/1/00	12/31/02
26.	C2630*	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	10/1/00	12/31/02

27.	*C1886*	*Catheter, extravascular tissue ablation, any modality (insertable)*	*01/01/12*	*12/31/13*
28.	*C1887**	*Catheter, guiding (may include infusion/perfusion capability)*	*8/1/00*	*12/31/02*
29.	*C1750*	*Catheter, hemodialysis/peritoneal, long-term*	*8/1/00*	*12/31/02*
30.	*C1752*	*Catheter, hemodialysis/peritoneal, short-term*	*8/1/00*	*12/31/02*
31.	*C1751*	*Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)*	*8/1/00*	*12/31/02*
32.	*C1759*	*Catheter, intracardiac echocardiography*	*8/1/00*	*12/31/02*
33.	*C1754*	*Catheter, intradiscal*	*10/1/00*	*12/31/02*
34.	*C1755*	*Catheter, intraspinal*	*8/1/00*	*12/31/02*
35.	*C1753*	*Catheter, intravascular ultrasound*	*8/1/00*	*12/31/02*
36.	*C2628*	*Catheter, occlusion*	*10/1/00*	*12/31/02*
37.	*C1756*	*Catheter, pacing, transesophageal*	*10/1/00*	*12/31/02*
38.	***C1982***	***Catheter, pressure-generating, one-way valve, intermittently occlusive***	***1/1/20***	
39.	*C2627*	*Catheter, suprapubic/cystoscopic*	*10/1/00*	*12/31/02*
40.	*C1757*	*Catheter, thrombectomy/embolectomy*	*8/1/00*	*12/31/02*
41.	*C2623*	*Catheter, transluminal angioplasty, drug-coated, non-laser*	*4/1/15*	*12/31/17*
42.	*C1885**	*Catheter, transluminal angioplasty, laser*	*10/1/00*	*12/31/02*
43.	*C1725**	*Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)*	*8/1/00*	*12/31/02*
44.	*C1714*	*Catheter, transluminal atherectomy, directional*	*8/1/00*	*12/31/02*
45.	*C1724*	*Catheter, transluminal atherectomy, rotational*	*8/1/00*	*12/31/02*
46.	***C1761***	***Catheter, transluminal intravascular lithotripsy, coronary***	***7/1/21***	
47.	*C1760**	*Closure device, vascular (implantable/insertable)*	*8/1/00*	*12/31/02*
48.	*L8614*	*Cochlear implant system*	*8/1/00*	*12/31/02*
49.	*C1762**	*Connective tissue, human (includes fascia lata)*	*8/1/00*	*12/31/02*
50.	*C1763**	*Connective tissue, non-human (includes synthetic)*	*10/1/00*	*12/31/02*
51.	*C1881*	*Dialysis access system (implantable)*	*8/1/00*	*12/31/02*
52.	*C1884**	*Embolization protective system*	*1/01/03*	*12/31/04*
53.	*C1749*	*Endoscope, retrograde imaging/illumination colonoscope device (implantable)*	*10/01/10*	*12/31/12*
54.	***C1748***	***Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable)***	***7/1/20***	
55.	*C1764*	*Event recorder, cardiac (implantable)*	*8/1/00*	*12/31/02*
56.	***C1824***	***Generator, cardiac contractility modulation (implantable)***	***1/1/20***	
57.	*C1822*	*Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system*	*1/1/16*	*12/31/17*
58.	*C1767***	*Generator, neurostimulator (implantable), non-rechargeable*	*8/1/00*	*12/31/02*
59.	*C1820*	*Generator, neurostimulator (implantable), with rechargeable battery and charging system*	*1/1/06*	*12/31/07*
60.	***C1825***	***Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)***	***1/1/21***	
61.	***C1823***	***Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads***	***1/1/19***	

62.	*C1768*	*Graft, vascular*	*1/1/01*	*12/31/02*
63.	*C1769*	*Guide wire*	*8/1/00*	*12/31/02*
64.	***C1052***	***Hemostatic agent, gastrointestinal, topical***	***1/1/21***	
65.	*C1770*	*Imaging coil, magnetic resonance (insertable)*	*1/1/01*	*12/31/02*
66.	*C2624*	*Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components*	*1/1/15*	*12/31/16*
67.	*C1891*	*Infusion pump, non-programmable, permanent (implantable)*	*8/1/00*	*12/31/02*
68.	*C2626**	*Infusion pump, non-programmable, temporary (implantable)*	*1/1/01*	*12/31/02*
69.	*C1772*	*Infusion pump, programmable (implantable)*	*10/1/00*	*12/31/02*
70.	*C1818**	*Integrated keratoprosthesis*	*7/1/03*	*12/31/05*
71.	*C1821*	*Interspinous process distraction device (implantable)*	*1/1/07*	*12/31/08*
72.	***C1062***	***Intravertebral body fracture augmentation with implant (e.g., metal, polymer)***	***1/1/21***	
73.	*C1893*	*Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away*	*10/1/00*	*12/31/02*
74.	*C1892**	*Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away*	*1/1/01*	*12/31/02*
75.	*C1766*	*Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away*	*1/1/01*	*12/31/02*
76.	*C1894*	*Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser*	*8/1/00*	*12/31/02*
77.	*C2629*	*Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser*	*1/1/01*	*12/31/02*
78.	***C1839***	***Iris prosthesis***	***1/1/20***	
79.	*C1776**	*Joint device (implantable)*	*10/1/00*	*12/31/02*
80.	*C1895*	*Lead, cardioverter-defibrillator, endocardial dual coil (implantable)*	*8/1/00*	*12/31/02*
81.	*C1777*	*Lead, cardioverter-defibrillator, endocardial single coil (implantable)*	*8/1/00*	*12/31/02*
82.	*C1896*	*Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)*	*8/1/00*	*12/31/02*
83.	*C1900**	*Lead, left ventricular coronary venous system*	*7/1/02*	*12/31/04*
84.	*C1778*	*Lead, neurostimulator (implantable)*	*8/1/00*	*12/31/02*
85.	*C1897*	*Lead, neurostimulator test kit (implantable)*	*8/1/00*	*12/31/02*
86.	*C1898*	*Lead, pacemaker, other than transvenous VDD single pass*	*8/1/00*	*12/31/02*
87.	*C1779**	*Lead, pacemaker, transvenous VDD single pass*	*8/1/00*	*12/31/02*
88.	*C1899*	*Lead, pacemaker/cardioverter-defibrillator combination (implantable)*	*1/1/01*	*12/31/02*
89.	*C1780**	*Lens, intraocular (new technology)*	*8/1/00*	*12/31/02*
90.	*C1840*	*Lens, intraocular (telescopic)*	*10/01/11*	*12/31/13*
91.	*C2613*	*Lung biopsy plug with delivery system*	*7/1/15*	*12/31/17*
92.	*C1878**	*Material for vocal cord medialization, synthetic (implantable)*	*10/1/00*	*12/31/02*
93.	*C1781**	*Mesh (implantable)*	*8/1/00*	*12/31/02*
94.	***C1833***	***Monitor, cardiac, including intracardiac lead and all system components (implantable)***	***1/1/22***	
95.	*C1782**	*Morcellator*	*8/1/00*	*12/31/02*
96.	*C1784**	*Ocular device, intraoperative, detached retina*	*1/1/01*	*12/31/02*
97.	*C1783*	*Ocular implant, aqueous drainage assist device*	*7/1/02*	*12/31/04*

98.	***C1734***	***Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)***	***1/1/20***	
99.	*C2619*	*Pacemaker, dual chamber, non rate-responsive (implantable)*	*8/1/00*	*12/31/02*
100.	*C1785*	*Pacemaker, dual chamber, rate-responsive (implantable)*	*8/1/00*	*12/31/02*
101.	*C2621**	*Pacemaker, other than single or dual chamber (implantable)*	*1/1/01*	*12/31/02*
102.	*C2620*	*Pacemaker, single chamber, non rate-responsive (implantable)*	*8/1/00*	*12/31/02*
103.	*C1786*	*Pacemaker, single chamber, rate-responsive (implantable)*	*8/1/00*	*12/31/02*
104.	*C1787**	*Patient programmer, neurostimulator*	*8/1/00*	*12/31/02*
105.	***C1831***	***Personalized, anterior and lateral interbody cage (implantable)***	***10/1/21***	
106.	*C1788*	*Port, indwelling (implantable)*	*8/1/00*	*12/31/02*
107.	*C1830*	*Powered bone marrow biopsy needle*	*10/01/11*	*12/31/13*
108.	*C2618*	*Probe, cryoablation*	*4/1/01*	*12/31/03*
109.	***C2596***	***Probe, image-guided, robotic, waterjet ablation***	***1/1/20***	
110.	*C2614*	*Probe, percutaneous lumbar discectomy*	*1/1/03*	*12/31/04*
111.	*C1789*	*Prosthesis, breast (implantable)*	*10/1/00*	*12/31/02*
112.	*C1813*	*Prosthesis, penile, inflatable*	*8/1/00*	*12/31/02*
113.	*C2622*	*Prosthesis, penile, non-inflatable*	*10/1/01*	*12/31/02*
114.	*C1815*	*Prosthesis, urinary sphincter (implantable)*	*10/1/00*	*12/31/02*
115.	*C1816*	*Receiver and/or transmitter, neurostimulator (implantable)*	*8/1/00*	*12/31/02*
116.	*C1771**	*Repair device, urinary, incontinence, with sling graft*	*10/1/00*	*12/31/02*
117.	*C2631**	*Repair device, urinary, incontinence, without sling graft*	*8/1/00*	*12/31/02*
118.	*C1841*	*Retinal prosthesis, includes all internal and external components*	*10/1/13*	*12/31/15*
119.	*C1814**	*Retinal tamponade device, silicone oil*	*4/1/03*	*12/31/05*
120.	*C1773**	*Retrieval device, insertable*	*1/1/01*	*12/31/02*
121.	*C2615**	*Sealant, pulmonary, liquid (implantable)*	*1/1/01*	*12/31/02*
122.	*C1817**	*Septal defect implant system, intracardiac*	*8/1/00*	*12/31/02*
123.	*C1874**	*Stent, coated/covered, with delivery system*	*8/1/00*	*12/31/02*
124.	*C1875**	*Stent, coated/covered, without delivery system*	*8/1/00*	*12/31/02*
125.	*C1876**	*Stent, non-coated/non-covered, with delivery system*	*8/1/00*	*12/31/02*
126.	*C1877*	*Stent, non-coated/non-covered, without delivery system*	*8/1/00*	*12/31/02*
127.	*C2625**	*Stent, non-coronary, temporary, with delivery system*	*10/1/00*	*12/31/02*
128.	*C2617**	*Stent, non-coronary, temporary, without delivery system*	*10/1/00*	*12/31/02*
129.	*C1819*	*Tissue localization excision device*	*1/1/04*	*12/31/05*
130.	*C1879**	*Tissue marker (implantable)*	*8/1/00*	*12/31/02*
131.	*C1880*	*Vena cava filter*	*1/1/01*	*12/31/02*

BOLD *codes are still actively receiving pass-through payment.*
Italicized codes have received preliminary approval for pass-through payment.

** Refer to the definition below for further information on this device category code.*

*** Effective 1/1/06 C1767 descriptor was changed for succeeding claims. See CR 4250, Jan. 3, 2006 for details.*

**** Although the pass-through payment status for device category codes has expired, these codesare still active and hospitals are still required to report the device category C-codes (except the brachytherapy source codes, which are separately paid under the OPPS) on claims when such devices are used in conjunction with procedures billed and paid under the OPPS.*

 # The brachytherapy descriptors were changed to the ones shown above, effective 7/1/07. These 6 brachytherapy source codes were paid as pass-through devices from 2000 through 2002, as noted. Beginning in 2004, all brachytherapy sources have been paid separately as non-pass-through items from the procedure with which they are billed, and additional brachytherapy source HCPCS codes have been added for payment. To see the most current comprehensive list of brachytherapy source codes, see the latest OPPS/ASC final rule.

60.4.3. - Explanations of Certain Terms/Definitions Related to Device Pass-Through Category Codes

(Rev. 11150; Issued: 12-10-21; Effective: 01-01-22; Implementation: 01-03-22)

3D mapping catheter (C1732) *- Refers to a catheter used for mapping the electrophysiologic properties of the heart. Signals are identified by a specialized catheter and changed into a 3-dimensional map of a specific region of the heart.*

Adaptor for a pacing lead (C1883) *- Interposed between an existing pacemaker lead and a new generator. The end of the adaptor lead has the appropriate connector pin that will enable utilization of the existing pacemaker lead with a new generator that has a different receptacle. These are required when a generator is replaced or when two leads are connected to the same port in the connector block.*

Adhesion barrier (C1765) *- A bioresorbable substance placed on and around the neural structures, which inhibits cell migration (fibroblasts) and minimizes scar tissue formation. It is principally used in spine surgeries, such as laminectomies and diskectomies.*

Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) *- Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery).*

Balloon dilatation catheter, non-vascular (C1726) *- Catheter used to dilate strictures or stenoses through the insertion of an uninflated balloon affixed to the end of a flexible catheter, followed by the inflation of the balloon at the specified site (e.g., common bile duct, ureter, small or large intestine). [For the reporting of vascular balloon dilatation catheters, see category "Transluminal angioplasty catheter" (C1725 and C1885).]*

Balloon tissue dissector catheter (C1727) *- Balloon tipped catheter used to separate tissue planes, used in procedures such as hernia repairs.*

Catheter, ablation, non-cardiac, endovascular (implantable) (C1888) *– A radiofrequency or laser catheter designed to occlude or obliterate blood vessels (e.g., veins).*

Cardioverter-defibrillator, other than single or dual chamber (C1882) *- Includes cardiac resynchronization devices.*

Coated stent (C1874, C1875) *- Refers to a stent bonded with drugs (e.g., heparin), layered with biocompatible substances (e.g., phosphorylcholine), or with silicone or a silicone derivative (e.g., PTFE, polyurethane).*

Connective tissue, human (C1762) *- These tissues include a natural, cellular collagen or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue. They are intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary*

incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological anatomy. Note this excludes those items that are used to replace skin. For reporting mesh when used to treat urinary incontinence, see the category "Mesh." For reporting urinary incontinence repair device when used to treat urinary incontinence, see the category "Urinary incontinence repair device."

Connective tissue, non-human (includes synthetic) (C1763) *- These tissues include a natural, acellular collagen matrix typically obtained from porcine or bovine small intestinal submucosa, or pericardium. This bio-material is intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological or musculoskeletal anatomy. [This excludes those items that are used to replace skin.] [For reporting mesh when used to treat urinary incontinence, see the category "Mesh."] [For reporting urinary incontinence repair device when used to treat urinary incontinence, see the category "Urinary incontinence repair device."]*

Cool-tip electrophysiology catheter (C2630) *- Ablation catheter that contains a cooling mechanism and has temperature sensing capability.*

Covered stent (C1874, C1875) *- Refers to a stent layered with silicone or a silicone derivative (e.g., PTFE, polyurethane).*

Drainage catheter (C1729) *- Intended to be used for percutaneous drainage of fluids. (NOTE: This category does NOT include Foley catheters or suprapubic catheters. Refer to category C2627 to report suprapubic catheters.)*

Electrophysiology catheter (C1730, C1731, C1732, C1733, C2630) *- Assists in providing anatomic and physiologic information about the cardiac electrical conduction system. Electrophysiology catheters are categorized into two main groups:*
(1) diagnostic catheters that are used for mapping, pacing, and/or recording only, and
(2) ablation (therapeutic) catheters that also have diagnostic capability.
The electrophysiology ablation catheters are distinct from non-cardiac ablation catheters.

Electrophysiology catheters designated as "cool-tip" refer to catheters with tips cooled by infused and/or circulating saline. Catheters designated as "other than cool-tip" refer to the termister tip catheter with temperature probe that measures temperature at the tissue catheter interface.

Embolization protective system (C1884) *– A system designed and marketed for use to trap, pulverize, and remove atheromatous or thrombotic debris from the vascular system during an angioplasty, atherectomy, or stenting procedure.*

Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable) (C1784) *- Single-use (i.e.,disposable) endoscope with imaging, illumination, and working channels. This single-use (i.e., disposable) endoscope can be used for procedures that take place in the Upper Gastrointestinal (GI) tract.*
Extension for a pacing lead (C1883) *- Provides additional length to an existing pacing lead but does not have the capability of an adaptor.*

Extension for a neurostimulator lead (C1883) *- Conducts electrical pulses from the power source (generator or neurostimulator) to the lead. The terms neurostimulator and generator are used interchangeably.*

Guiding catheter (C1887) *- Intended for the introduction of interventional/diagnostic devices into the coronary or peripheral vascular systems. It can be used to inject contrast material, function as a conduit through which other devices pass, and/or provide a mechanism for measuring arterial pressure, and maintain a pathway created by the guide wire during the performance of a procedure.*

Infusion pump, non-programmable, temporary (implantable) (C2626) *- Short-term pain management system that is a component of a permanent implantable system used for chronic pain management.*

Integrated keratoprosthesis (C1818) *– The device is composed of a flexible, one-piece biocompatible polymer. It is used to replace diseased corneas in conditions and patient states where traditional corneal transplantation is not indicated or possible. Implantation of the procedure is done in a two-stage surgical approach.*

Intraocular lens (new technology) (C1780) *- Refers to the intraocular lenses approved by CMS as "new technology IOL." A list of these lenses is published periodically in the Federal Register. The latest publication can be found on page 25740 of the Federal Register notice dated May 3, 2000.*
Intraoperative ocular device for detached retina (C1784) - A perfluorocarbon substance instilled during a vitreoretinal procedure to treat detached retina.

Joint device (C1776) *- An artificial joint that is implanted in a patient. Typically, a joint device functions as a substitute to its natural counterpart and is not used (as are anchors) to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone.*

Left ventricular coronary venous system lead (C1900) *- Designed for left heart placement in a cardiac vein via the coronary sinus and is intended to treat the symptoms associated with heart failure. This code should be reported with CPT codes 33224 or 33225.*

Liquid pulmonary sealant (C2615) *- An absorbable, synthetic solution that forms a seal utilizing a photochemical polymerization process. It is used to seal visceral pleural air leaks incurred during pulmonary resection.*

Material for vocal cord medialization, synthetic (C1878) *- Synthetic material that is composed of a non-absorbable substance such as silicone and can be injected or implanted to result in vocal cord medialization.*

Mesh (C1781) *- A mesh implant or synthetic patch composed of absorbable or non-absorbable material that is used to repair hernias, support weakened or attenuated tissue, cover tissue defects, etc. [For reporting connective tissue (human or non-human) when used to treat urinary incontinence, see the category "Connective tissue, human" or "Connective tissue, non-human."] [For reporting urinary incontinence repair device when used to treat urinary incontinence, see the category "Urinary incontinence repair device."]*

Morcellator (C1782) *- Used for cutting, coring, and extracting tissue in laparoscopic procedures. These are distinct from biopsy devices because morcellators are used for the laparoscopic removal of tissue.*

Pacemaker, other than single or dual chamber (C2621) *- Includes cardiac resynchronization devices as well as other pacemakers that are neither single or dual chamber.*

Patient programmer (C1787) *- Programmer that allows the patient to operate their neurostimulator, for example, programming the amplitude and rate of stimulation of a neurostimulator system. Only a non-console patient programmer is eligible for transitional pass- through payments.*

Peel-away introducer/sheath (C1892) *- A non-absorbable sheath or introducer that separates into two pieces. This device is used primarily when removal of the sheath is required after a catheter or lead is in the desired position.*

Retinal tamponade device, silicone oil (C1814) *– A device used as a permanent/prolonged retinal tamponade in the treatment of complex retinal detachments. This is used as a post-operative retinal tamponade following vitreoretinal surgery.*

Retrieval device, insertable (C1773) *- A device designed to retrieve other devices or portions thereof (e.g., fractured catheters, leads) lodged within the vascular system. This can also be used to retrieve fractured medical devices or to exchange introducers/sheaths.*

Septal defect implant system (C1817) *- An intracardiac metallic implant used for closure of various septal defects within the heart. The septal defect implant system includes a delivery catheter. The category code for the septal defect implant system (C1817) includes the delivery catheter; therefore, the delivery catheter should not be reported separately.*

Stents with delivery system (C1874, C1876, C2625) *- Stents packaged with delivery systems generally include the following components: stent mounted or unmounted on a balloon angioplasty catheter, introducer, and sheath. These components should not be reported separately.*

Temporary non-coronary stent (C2617, C2625) *- Usually composed of a substance, such as plastic or other non-absorbable material, designed to permit removal. Typically, this type of stent is placed for a period of less than one year.*

Tissue marker (C1879) *- A material that is placed in subcutaneous or parenchymal tissue (may also include bone) for radiopaque identification of an anatomic site. These markers are distinct from topical skin markers, which are positioned on the surface of the skin to serve as anatomical landmarks.*

Transluminal angioplasty catheter (C1725, C1885) *- Designed to dilate stenotic blood vessels (arteries and veins). For vascular use, the terms "balloon dilatation catheter" and "translumina l angioplasty catheter" are frequently used interchangeably. [For the reporting of non-vascular balloon dilatation catheters, see the category "Balloon dilatation catheter" (C1726).]*

Transvenous VDD single pass pacemaker lead (C1779) *- A transvenous pacemaker lead that paces and senses in the ventricle and senses in the atrium.*

Urinary incontinence repair device (C1771, C2631) *- Used to attach or insert a sling graft for the purpose of strengthening the pelvic floor. It consists of the device components used to deliver (suprapubically or transvaginally) and/or fixate (via permanent sutures or bone anchors) the sling graft. The device may or may not be packaged with a sling graft. Report the appropriate category for a device with or without a sling graft. NOTE: For reporting connective tissue (human or non- human) when used to treat urinary incontinence, see the category "Connective tissue, human" (C1762) or "Connective tissue, non-human" (C1763). For reporting mesh when used to treat urinary incontinence, see the category "Mesh" (C1781).*

Vascular closure device (implantable /insertable) (C1760) *- Used to achieve hemostasis at arterial puncture sites following invasive or interventional procedures using biologic substances (e.g., collagen) or suture through the tissue tract.*

Vector mapping catheter (C1732) *- Refers to an electrophysiology catheter with an "in-plane" orthogonal array of electrodes. This catheter is used to locate the source of a focal arrhythmia.*

231.11 - Billing for Allogeneic Stem Cell Transplants

(Rev. 11150; Issued: 12-10-21; Effective: 01-01-22; Implementation: 01-03-22)

1. Definition of Acquisition Charges for Allogeneic Stem Cell Transplants

Acquisition charges for allogeneic stem cell transplants include, but are not limited to, charges for the costs of the following services:

1. National Marrow Donor Program fees, if applicable, for stem cells from an unrelated donor;

2. Tissue typing of donor and recipient;

3. Donor evaluation;

4. Physician pre-procedure donor evaluation services;

5. Costs associated with harvesting procedure (e.g., general routine and special care services, procedure/operating room and other ancillary services, apheresis services, etc.);

6. Post-operative/post-procedure evaluation of donor; and

7. Preparation and processing of stem cells.

Payment for these acquisition services is included in the OPPS C-APC payment for the allogeneic stem cell transplant when the transplant occurs in the hospital outpatient setting. The Medicare contractor does not make separate payment for these acquisition services, because hospitals may bill and receive payment only for services provided to the Medicare beneficiary who is the recipient of the stem cell transplant and whose illness is being treated with the stem cell transplant. Recurring update notifications describing changes to and billing instructions for various payment policies implemented in the OPPS are issued annually.

Acquisition charges for stem cell transplants apply only to allogeneic transplants, for which stem cells are obtained from a donor (other than the recipient himself or herself). Acquisition charges do not apply to autologous transplants (transplanted stem cells are obtained from the recipient himself or herself), because autologous transplants involve services provided to the beneficiary only (and not to a donor), for which the hospital may bill and receive payment (see Pub. 100-04, chapter 3, §90.3.1 and §231.10 of this chapter for information regarding billing for autologous stem cell transplants).

2. Billing for Acquisition Services

The hospital bills and shows acquisition charges for allogeneic stem cell transplants based on the status of the patient (i.e., inpatient or outpatient) when the transplant is furnished. See Pub. 100-04, chapter 3, §90.3.1 for instructions regarding billing for acquisition services for allogeneic stem cell transplants that are performed in the inpatient setting.

Effective January 1, 2017, when the allogeneic stem cell transplant occurs in the outpatient setting, the hospital identifies stem cell acquisition charges for allogeneic bone marrow/stem cell transplants separately in FL 42 of Form CMS-1450 (or electronic equivalent) by using revenue code 0815 (Other Organ Acquisition). Revenue code 0815 charges should include all services required to acquire stem cells from a donor, as defined above, and should be reported on the same claim as the transplant procedure in order to be appropriately packaged for payment purposes. *Revenue code 0815 charges for allogeneic stem cell acquisition costs are reported on Worksheet D Part V, column 2, line 77, cost center 0077 of the hospital Medicare cost report (Form CMS-2552-10).*

The transplant hospital keeps an itemized statement that identifies the services furnished, the charges, the person receiving the service (donor/recipient), and whether this is a potential transplant donor or recipient. These charges will be reflected in the transplant hospital's stem cell/bone marrow acquisition cost center. For allogeneic stem cell acquisition services in cases that do not result in transplant, due to death of the intended recipient or other causes, hospitals include the costs associated with the acquisition services on the Medicare cost report.

In the case of an allogeneic transplant in the hospital outpatient setting, the hospital reports the transplant itself with the appropriate CPT code, and a charge under revenue center code 0362 or another appropriate cost center. Selection of the cost center is up to the hospital.

Attachment A − Tables for the Policy Section

Table 1. ─ Covid-19 Vaccine Product and Administration CPT Codes

CPT Code	Type	Labeler	Long Descriptor
91300	Vaccine/ Product Code	Pfizer-BioNTech	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-BioNTech	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-BioNTech	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
0003A	Administration/ Immunization Code	Pfizer-BioNTech	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/0.3 mL dosage, diluent reconstituted; third dose
0004A	Administration/ Immunization Code	Pfizer-BioNTech	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster 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

CPT Code	Type	Labeler	Long Descriptor
			disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose
0013A	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/0.5 mL dosage; third 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

CPT Code	Type	Labeler	Long Descriptor
			protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5mL dosage; single dose
0034A	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; booster dose
91304	Vaccine/ Product Code	Novavax	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
0041A	Administration/ Immunization Code	Novavax	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose
0042A	Administration/ Immunization Code	Novavax	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose
91305	Vaccine/ Product Code	Pfizer-BioNTech	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL

CPT Code	Type	Labeler	Long Descriptor
			dosage, trissucrose formulation, for intramuscular use
0051A	Administration/ Immunization Code	Pfizer-BioNTech	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose
0052A	Administration/ Immunization Code	Pfizer-BioNTech	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose
0053A	Administration/ Immunization Code	Pfizer-BioNTech	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose
0054A	Administration/ Immunization Code	Pfizer-BioNTech	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose
91306	Vaccine/ Product Code	Moderna	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use
0064A	Administration/	Moderna	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP,

CPT Code	Type	Labeler	Long Descriptor
	Immunization Code		spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose
91307	Vaccine/ Product Code	Pfizer-BioNTech	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
0071A	Administration/ Immunization Code	Pfizer-BioNTech	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
0072A	Administration/ Immunization Code	Pfizer-BioNTech	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, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose

Table 2. ─ PLA Coding Changes Effective January 1, 2022

CPT Code	Long Descriptor	OPPS SI
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	A
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	A
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	A
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	A

CPT Code	Long Descriptor	OPPS SI
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	A
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	A
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	A
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	A
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	A
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	E1
0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score	Q4
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	A
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	A
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	A
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	A
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	A
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	Q4
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enrichment	Q4
0303U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic	Q4
0304U	Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic	Q4
0305U	Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index	Q4

Table 3. — New Device Pass-Through Codes Effective January 1, 2022

HCPCS Code	Long Descriptor	SI	APC	Device Offset Codes
C1832	Autograft suspension, including cell processing and application	H	2035	• CPT code 15110 • CPT code 15115 • CPT code 15100 • CPT code 15120
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	H	2036	• CPT code 0525T • CPT code 0526T • CPT code 0527T

Table 4. – Services Being Added Back to the IPO List for CY 2022

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	Add to the IPO list	N/A	C
00474	Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)	Add to the IPO list	N/A	C
00604	Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position	Add to the IPO list	N/A	C
00904	Anesthesia for; radical perineal procedure	Add to the IPO list	N/A	C
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
01140	Anesthesia for interpelviabdominal (hindquarter) amputation	Add to the IPO list	N/A	C
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	Add to the IPO list	N/A	C
01212	Anesthesia for open procedures involving hip joint; hip disarticulation	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
01232	Anesthesia for open procedures involving upper two-thirds of femur; amputation	Add to the IPO list	N/A	C
01234	Anesthesia for open procedures involving upper two-thirds of femur; radical resection	Add to the IPO list	N/A	C
01274	Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy	Add to the IPO list	N/A	C
01404	Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee	Add to the IPO list	N/A	C
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
01634	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation	Add to the IPO list	N/A	C
01636	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation	Add to the IPO list	N/A	C
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
01756	Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures	Add to the IPO list	N/A	C
0202T	Posterior vertebral joint(s) arthroplasty (for example, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Add to the IPO list	N/A	C
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	Add to the IPO list	N/A	C
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Add to the IPO list	N/A	C
20661	Application of halo, including removal; cranial	Add to the IPO list	N/A	C
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	Add to the IPO list	N/A	C
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	Add to the IPO list	N/A	C
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	Add to the IPO list	N/A	C
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	Add to the IPO list	N/A	C
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	Add to the IPO list	N/A	C
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	Add to the IPO list	N/A	C
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	Add to the IPO list	N/A	C
20838	Replantation, foot, complete amputation	Add to the IPO list	N/A	C
20955	Bone graft with microvascular anastomosis; fibula	Add to the IPO list	N/A	C
20956	Bone graft with microvascular anastomosis; iliac crest	Add to the IPO list	N/A	C
20957	Bone graft with microvascular anastomosis; metatarsal	Add to the IPO list	N/A	C
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	Add to the IPO list	N/A	C
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	Add to the IPO list	N/A	C
21045	Excision of malignant tumor of mandible; radical resection	Add to the IPO list	N/A	C
21141	Reconstruction midface, lefort i; single piece, segment movement in any direction (for example, for long face syndrome), without bone graft	Add to the IPO list	N/A	C
21142	Reconstruction midface, lefort i; 2 pieces, segment movement in any direction, without bone graft	Add to the IPO list	N/A	C
21143	Reconstruction midface, lefort i; 3 or more pieces, segment movement in any direction, without bone graft	Add to the IPO list	N/A	C
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Add to the IPO list	N/A	C
21146	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Add to the IPO list	N/A	C
21147	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Add to the IPO list	N/A	C
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Add to the IPO list	N/A	C
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Add to the IPO list	N/A	C
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Add to the IPO list	N/A	C
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (for example, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Add to the IPO list	N/A	C
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (for example, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Add to the IPO list	N/A	C
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Add to the IPO list	N/A	C
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (for example, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Add to the IPO list	N/A	C
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (for example, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Add to the IPO list	N/A	C
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (for example, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Add to the IPO list	N/A	C
21188	Reconstruction midface, osteotomies (other than lefort type) and bone grafts (includes obtaining autografts)	Add to the IPO list	N/A	C
21194	Reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; with bone graft (includes obtaining graft)	Add to the IPO list	N/A	C
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Add to the IPO list	N/A	C
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (for example, for hemifacial microsomia)	Add to the IPO list	N/A	C
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Add to the IPO list	N/A	C
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Add to the IPO list	N/A	C
21343	Open treatment of depressed frontal sinus fracture	Add to the IPO list	N/A	C
21344	Open treatment of complicated (for example, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	Add to the IPO list	N/A	C
21347	Open treatment of nasomaxillary complex fracture (lefort ii type); requiring multiple open approaches	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
21348	Open treatment of nasomaxillary complex fracture (lefort ii type); with bone grafting (includes obtaining graft)	Add to the IPO list	N/A	C
21366	Open treatment of complicated (for example, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	Add to the IPO list	N/A	C
21422	Open treatment of palatal or maxillary fracture (lefort i type);	Add to the IPO list	N/A	C
21423	Open treatment of palatal or maxillary fracture (lefort i type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	Add to the IPO list	N/A	C
21431	Closed treatment of craniofacial separation (lefort iii type) using interdental wire fixation of denture or splint	Add to the IPO list	N/A	C
21432	Open treatment of craniofacial separation (lefort iii type); with wiring and/or internal fixation	Add to the IPO list	N/A	C
21433	Open treatment of craniofacial separation (lefort iii type); complicated (for example, comminuted or involving cranial nerve foramina), multiple surgical approaches	Add to the IPO list	N/A	C
21435	Open treatment of craniofacial separation (lefort iii type); complicated, utilizing internal and/or external fixation techniques (for example, head cap, halo device, and/or intermaxillary fixation)	Add to the IPO list	N/A	C
21436	Open treatment of craniofacial separation (lefort iii type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	Add to the IPO list	N/A	C
21510	Incision, deep, with opening of bone cortex (for example, for osteomyelitis or bone abscess), thorax	Add to the IPO list	N/A	C
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	Add to the IPO list	N/A	C
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	Add to the IPO list	N/A	C
21615	Excision first and/or cervical rib;	Add to the IPO list	N/A	C
21616	Excision first and/or cervical rib; with sympathectomy	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
21620	Ostectomy of sternum, partial	Add to the IPO list	N/A	C
21627	Sternal debridement	Add to the IPO list	N/A	C
21630	Radical resection of sternum;	Add to the IPO list	N/A	C
21632	Radical resection of sternum; with mediastinal lymphadenectomy	Add to the IPO list	N/A	C
21705	Division of scalenus anticus; with resection of cervical rib	Add to the IPO list	N/A	C
21740	Reconstructive repair of pectus excavatum or carinatum; open	Add to the IPO list	N/A	C
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	Add to the IPO list	N/A	C
21825	Open treatment of sternum fracture with or without skeletal fixation	Add to the IPO list	N/A	C
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	Add to the IPO list	N/A	C
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	Add to the IPO list	N/A	C
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Add to the IPO list	N/A	C
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Add to the IPO list	N/A	C
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Add to the IPO list	N/A	C
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); thoracic	Add to the IPO list	N/A	C
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); lumbar	Add to the IPO list	N/A	C
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (for example, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Add to the IPO list	N/A	C
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Add to the IPO list	N/A	C
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Add to the IPO list	N/A	C
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (list separately in addition to primary procedure)	Add to the IPO list	N/A	C
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Add to the IPO list	N/A	C
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Add to the IPO list	N/A	C
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Add to the IPO list	N/A	C
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	Add to the IPO list	N/A	C
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	Add to the IPO list	N/A	C
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	Add to the IPO list	N/A	C
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	Add to the IPO list	N/A	C
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Add to the IPO list	N/A	C
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Add to the IPO list	N/A	C
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2 (atlas-axis), with or without excision of odontoid process	Add to the IPO list	N/A	C
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Add to the IPO list	N/A	C
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Add to the IPO list	N/A	C
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, l5-s1 interspace	Add to the IPO list	N/A	C
22590	Arthrodesis, posterior technique, craniocervical (occiput-c2)	Add to the IPO list	N/A	C
22595	Arthrodesis, posterior technique, atlas-axis (c1-c2)	Add to the IPO list	N/A	C
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below c2 segment	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Add to the IPO list	N/A	C
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Add to the IPO list	N/A	C
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Add to the IPO list	N/A	C
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Add to the IPO list	N/A	C
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Add to the IPO list	N/A	C
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Add to the IPO list	N/A	C
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Add to the IPO list	N/A	C
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Add to the IPO list	N/A	C
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Add to the IPO list	N/A	C
22830	Exploration of spinal fusion	Add to the IPO list	N/A	C
22841	Internal spinal fixation by wiring of spinous processes (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22843	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22844	Posterior segmental instrumentation (for example, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
22846	Anterior instrumentation; 4 to 7 vertebral segments (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22847	Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure)	Add to the IPO list	N/A	C
22849	Reinsertion of spinal fixation device	Add to the IPO list	N/A	C
22850	Removal of posterior nonsegmental instrumentation (for example, harrington rod)	Add to the IPO list	N/A	C
22852	Removal of posterior segmental instrumentation	Add to the IPO list	N/A	C
22855	Removal of anterior instrumentation	Add to the IPO list	N/A	C
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Add to the IPO list	N/A	C
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Add to the IPO list	N/A	C
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Add to the IPO list	N/A	C
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Add to the IPO list	N/A	C
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Add to the IPO list	N/A	C
23200	Radical resection of tumor; clavicle	Add to the IPO list	N/A	C
23210	Radical resection of tumor; scapula	Add to the IPO list	N/A	C
23220	Radical resection of tumor, proximal humerus	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (for example, total shoulder)	Add to the IPO list	N/A	C
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Add to the IPO list	N/A	C
23900	Interthoracoscapular amputation (forequarter)	Add to the IPO list	N/A	C
23920	Disarticulation of shoulder;	Add to the IPO list	N/A	C
24900	Amputation, arm through humerus; with primary closure	Add to the IPO list	N/A	C
24920	Amputation, arm through humerus; open, circular (guillotine)	Add to the IPO list	N/A	C
24930	Amputation, arm through humerus; re-amputation	Add to the IPO list	N/A	C
24931	Amputation, arm through humerus; with implant	Add to the IPO list	N/A	C
24940	Cineplasty, upper extremity, complete procedure	Add to the IPO list	N/A	C
25900	Amputation, forearm, through radius and ulna;	Add to the IPO list	N/A	C
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	Add to the IPO list	N/A	C
25915	Krukenberg procedure	Add to the IPO list	N/A	C
25920	Disarticulation through wrist;	Add to the IPO list	N/A	C
25924	Disarticulation through wrist; re-amputation	Add to the IPO list	N/A	C
25927	Transmetacarpal amputation;	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	Add to the IPO list	N/A	C
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	Add to the IPO list	N/A	C
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	Add to the IPO list	N/A	C
26556	Transfer, free toe joint, with microvascular anastomosis	Add to the IPO list	N/A	C
26992	Incision, bone cortex, pelvis and/or hip joint (for example, osteomyelitis or bone abscess)	Add to the IPO list	N/A	C
27005	Tenotomy, hip flexor(s), open (separate procedure)	Add to the IPO list	N/A	C
27025	Fasciotomy, hip or thigh, any type	Add to the IPO list	N/A	C
27030	Arthrotomy, hip, with drainage (for example, infection)	Add to the IPO list	N/A	C
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	Add to the IPO list	N/A	C
27054	Arthrotomy with synovectomy, hip joint	Add to the IPO list	N/A	C
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (for example, osteomyelitis or bone abscess); superficial	Add to the IPO list	N/A	C
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (for example, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	Add to the IPO list	N/A	C
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Add to the IPO list	N/A	C
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27077	Radical resection of tumor; innominate bone, total	Add to the IPO list	N/A	C
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Add to the IPO list	N/A	C
27090	Removal of hip prosthesis; (separate procedure)	Add to the IPO list	N/A	C
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Add to the IPO list	N/A	C
27120	Acetabuloplasty; (for example, whitman, colonna, haygroves, or cup type)	Add to the IPO list	N/A	C
27122	Acetabuloplasty; resection, femoral head (for example, girdlestone procedure)	Add to the IPO list	N/A	C
27125	Hemiarthroplasty, hip, partial (for example, femoral stem prosthesis, bipolar arthroplasty)	Add to the IPO list	N/A	C
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Add to the IPO list	N/A	C
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Add to the IPO list	N/A	C
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Add to the IPO list	N/A	C
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Add to the IPO list	N/A	C
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Add to the IPO list	N/A	C
27146	Osteotomy, iliac, acetabular or innominate bone;	Add to the IPO list	N/A	C
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Add to the IPO list	N/A	C
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	Add to the IPO list	N/A	C
27158	Osteotomy, pelvis, bilateral (for example, congenital malformation)	Add to the IPO list	N/A	C
27161	Osteotomy, femoral neck (separate procedure)	Add to the IPO list	N/A	C
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Add to the IPO list	N/A	C
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	Add to the IPO list	N/A	C
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	Add to the IPO list	N/A	C
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	Add to the IPO list	N/A	C
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	Add to the IPO list	N/A	C
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	Add to the IPO list	N/A	C
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	Add to the IPO list	N/A	C
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	Add to the IPO list	N/A	C
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	Add to the IPO list	N/A	C
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	Add to the IPO list	N/A	C
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	Add to the IPO list	N/A	C
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes t-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	Add to the IPO list	N/A	C
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	Add to the IPO list	N/A	C
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Add to the IPO list	N/A	C
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	Add to the IPO list	N/A	C
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	Add to the IPO list	N/A	C
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	Add to the IPO list	N/A	C
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	Add to the IPO list	N/A	C
27253	Open treatment of hip dislocation, traumatic, without internal fixation	Add to the IPO list	N/A	C
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	Add to the IPO list	N/A	C
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	Add to the IPO list	N/A	C
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	Add to the IPO list	N/A	C
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	Add to the IPO list	N/A	C
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	Add to the IPO list	N/A	C
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27282	Arthrodesis, symphysis pubis (including obtaining graft)	Add to the IPO list	N/A	C
27284	Arthrodesis, hip joint (including obtaining graft);	Add to the IPO list	N/A	C
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Add to the IPO list	N/A	C
27290	Interpelviabdominal amputation (hindquarter amputation)	Add to the IPO list	N/A	C
27295	Detachment of hip joint	Add to the IPO list	N/A	C
27303	Incision, deep, with opening of bone cortex, femur or knee (for example, osteomyelitis or bone abscess)	Add to the IPO list	N/A	C
27365	Radical resection of tumor, femur or knee	Add to the IPO list	N/A	C
27445	Arthroplasty, knee, hinge prosthesis (for example, walldius type)	Add to the IPO list	N/A	C
27448	Osteotomy, femur, shaft or supracondylar; without fixation	Add to the IPO list	N/A	C
27450	Osteotomy, femur, shaft or supracondylar; with fixation	Add to the IPO list	N/A	C
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (for example, sofield type procedure)	Add to the IPO list	N/A	C
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	Add to the IPO list	N/A	C
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	Add to the IPO list	N/A	C
27465	Osteoplasty, femur; shortening (excluding 64876)	Add to the IPO list	N/A	C
27466	Osteoplasty, femur; lengthening	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	Add to the IPO list	N/A	C
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (for example, compression technique)	Add to the IPO list	N/A	C
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	Add to the IPO list	N/A	C
27486	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	Add to the IPO list	N/A	C
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Add to the IPO list	N/A	C
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Add to the IPO list	N/A	C
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	Add to the IPO list	N/A	C
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	Add to the IPO list	N/A	C
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	Add to the IPO list	N/A	C
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	Add to the IPO list	N/A	C
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	Add to the IPO list	N/A	C
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	Add to the IPO list	N/A	C
27519	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	Add to the IPO list	N/A	C
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	Add to the IPO list	N/A	C
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	Add to the IPO list	N/A	C
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	Add to the IPO list	N/A	C
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	Add to the IPO list	N/A	C
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	Add to the IPO list	N/A	C
27580	Arthrodesis, knee, any technique	Add to the IPO list	N/A	C
27590	Amputation, thigh, through femur, any level;	Add to the IPO list	N/A	C
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	Add to the IPO list	N/A	C
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	Add to the IPO list	N/A	C
27596	Amputation, thigh, through femur, any level; re-amputation	Add to the IPO list	N/A	C
27598	Disarticulation at knee	Add to the IPO list	N/A	C
27645	Radical resection of tumor; tibia	Add to the IPO list	N/A	C
27646	Radical resection of tumor; fibula	Add to the IPO list	N/A	C
27703	Arthroplasty, ankle; revision, total ankle	Add to the IPO list	N/A	C
27712	Osteotomy; multiple, with realignment on intramedullary rod (for example, sofield type procedure)	Add to the IPO list	N/A	C
27715	Osteoplasty, tibia and fibula, lengthening or shortening	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	Add to the IPO list	N/A	C
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	Add to the IPO list	N/A	C
27727	Repair of congenital pseudarthrosis, tibia	Add to the IPO list	N/A	C
27880	Amputation, leg, through tibia and fibula;	Add to the IPO list	N/A	C
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	Add to the IPO list	N/A	C
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	Add to the IPO list	N/A	C
27886	Amputation, leg, through tibia and fibula; re-amputation	Add to the IPO list	N/A	C
27888	Amputation, ankle, through malleoli of tibia and fibula (for example, syme, pirogoff type procedures), with plastic closure and resection of nerves	Add to the IPO list	N/A	C
28800	Amputation, foot; midtarsal (for example, chopart type procedure)	Add to the IPO list	N/A	C
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	Add to the IPO list	N/A	C
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	Add to the IPO list	N/A	C
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	Add to the IPO list	N/A	C
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	Add to the IPO list	N/A	C
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	Add to the IPO list	N/A	C
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	Add to the IPO list	N/A	C
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	Add to the IPO list	N/A	C
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	Add to the IPO list	N/A	C
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	Add to the IPO list	N/A	C
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	Add to the IPO list	N/A	C
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	Add to the IPO list	N/A	C
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	Add to the IPO list	N/A	C
51840	Anterior vesicourethropexy, or urethropexy (eg, marshall-marchetti-krantz, burch); simple	Add to the IPO list	N/A	C
56630	Vulvectomy, radical, partial;	Add to the IPO list	N/A	C
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	Add to the IPO list	N/A	C
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed	Add to the IPO list	N/A	C
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	Add to the IPO list	N/A	C

CY 2022 CPT Code	CY 2022 Long Descriptor	Final Action	CY 2022 OPPS APC	CY 2022 OPPS Status Indicator
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	Add to the IPO list	N/A	C

Table 5. ─ New CY 2022 HCPCS Codes Effective January 1, 2022 for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

CY 2022 HCPCS Code	CY 2022 Long Descriptor	CY 2022 SI	CY 2022 APC
A9595	Piflufolastat f-18, diagnostic, 1 millicurie	G	9430
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	G	9433
C9086	Injection, anifrolumab-fnia, 1 mg	G	9434
C9087	Injection, cyclophosphamide, (auromedics), 10 mg	G	9435
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	G	9437

Table 6. ─ Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of January 1, 2022

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
90759		Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3-dose schedule, for intramuscular use	E1	N/A
A9595		Piflufolastat f-18, diagnostic, 1 millicurie	G	9430
C9085		Injection, avalglucosidase alfa-ngpt, 4 mg	G	9433
C9086		Injection, anifrolumab-fnia, 1 mg	G	9434
C9087		Injection, cyclophosphamide, (auromedics), 10 mg	G	9435
C9088		Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	N	N/A
C9089		Bupivacaine, collagen-matrix implant, 1 mg	N	N/A
J0172		Injection, aducanumab-avwa, 2 mg	K	9438
J1952		Leuprolide injectable, camcevi, 1 mg	E2	N/A
J2506		Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	K	9436
J9021		Injection, asparaginase, recombinant, (rylaze), 0.1 mg	G	9437

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
J9061		Injection, amivantamab-vmjw, 2 mg	G	9432
J9272		Injection, dostarlimab-gxly, 10 mg	G	9431
Q2055	C9081	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	9422
Q4199		Cygnus matrix, per square centimeter	N	N/A

Table 7. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of January 1, 2022

CY 2022 HCPCS Code	Long Descriptor	CY 2021 SI	APC
C9081	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	9422
C9082	Injection, dostarlimab-gxly, 100 mg	G	9423
C9083	Injection, amivantamab-vmjw, 10 mg	G	9424
J2505	Injection, pegfilgrastim, 6 mg	K	9119

Table 8. – Vaccines that Will Retroactively Change from Non-Payable Status to Payable Status in the January 2022 I/OCE Update

HCPCS Code	Long Descriptor	Old SI	New SI	Effective Date
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	E1	L	07/16/21
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use)	E1	L	07/01/21

Table 9. – New Skin Substitute Product Low Cost Group/High Cost Group Assignment Effective January 1, 2022

CY 2022 HCPCS Code	Short Descriptor	CY 2022 SI	Low/High Cost Skin Substitute
Q4199	Cygnus matrix, per sq cm	N	Low

Table 10. – Skin Substitute Assignments to High Cost and Low Cost Groups for CY 2022

CY 2022 HCPCS Code	CY 2022 Short Descriptor	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
C1849	Skin substitute, synthetic	High	High
C9363	Integra meshed bil wound mat	High	High*
Q4100	Skin substitute, nos	Low	Low
Q4101	Apligraf	High	High
Q4102	Oasis wound matrix	Low	Low
Q4103	Oasis burn matrix	High	High*
Q4104	Integra bmwd	High	High
Q4105	Integra drt or omnigraft	High	High
Q4106	Dermagraft	High	High
Q4107	Graftjacket	High	High
Q4108	Integra matrix	High	High*
Q4110	Primatrix	High	High*
Q4111	Gammagraft	Low	Low
Q4115	Alloskin	Low	Low
Q4116	Alloderm	High	High
Q4117	Hyalomatrix	Low	Low

CY 2022 HCPCS Code	CY 2022 Short Descriptor	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4121	Theraskin	High	High*
Q4122	Dermacell, awm, porous sq cm	High	High
Q4123	Alloskin	High	High
Q4124	Oasis tri-layer wound matrix	Low	Low
Q4126	Memoderm/derma/tranz/integup	High	High
Q4127	Talymed	High	High*
Q4128	Flexhd/allopatchhd/matrixhd	High	High
Q4132	Grafix core, grafixpl core	High	High
Q4133	Grafix stravix prime pl sqcm	High	High
Q4134	Hmatrix	Low	Low
Q4135	Mediskin	Low	Low
Q4136	Ezderm	Low	Low
Q4137	Amnioexcel biodexcel, 1 sq cm	High	High
Q4138	Biodfence dryflex, 1cm	High	High
Q4140	Biodfence 1cm	High	High
Q4141	Alloskin ac, 1cm	High	High*
Q4143	Repriza, 1cm	High	High
Q4146	Tensix, 1cm	High	High
Q4147	Architect ecm px fx 1 sq cm	High	High
Q4148	Neox neox rt or clarix cord	High	High
Q4150	Allowrap ds or dry 1 sq cm	High	High

CY 2022 HCPCS Code	CY 2022 Short Descriptor	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4151	Amnioband, guardian 1 sq cm	High	High
Q4152	Dermapure 1 square cm	High	High
Q4153	Dermavest, plurivest sq cm	High	High
Q4154	Biovance 1 square cm	High	High
Q4156	Neox 100 or clarix 100	High	High
Q4157	Revitalon 1 square cm	High	High*
Q4158	Kerecis omega3, per sq cm	High	High*
Q4159	Affinity 1 square cm	High	High
Q4160	Nushield 1 square cm	High	High
Q4161	Bio-connekt per square cm	High	High
Q4163	Woundex, bioskin, per sq cm	High	High
Q4164	Helicoll, per square cm	High	High
Q4165	Keramatrix, kerasorb sq cm	Low	Low
Q4166	Cytal, per square centimeter	Low	Low
Q4167	Truskin, per sq centimeter	Low	High
Q4169	Artacent wound, per sq cm	High	High
Q4170	Cygnus, per sq cm	Low	Low
Q4173	Palingen or palingen xplus	High	High
Q4175	Miroderm	High	High
Q4176	Neopatch or therion, 1 sq cm	High	High
Q4178	Floweramniopatch, per sq cm	High	High

CY 2022 HCPCS Code	CY 2022 Short Descriptor	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4179	Flowerderm, per sq cm	High	High
Q4180	Revita, per sq cm	High	High
Q4181	Amnio wound, per square cm	High	High
Q4182	Transcyte, per sq centimeter	Low	High
Q4183	Surgigraft, 1 sq cm	High	High
Q4184	Cellesta or duo per sq cm	High	High*
Q4186	Epifix 1 sq cm	High	High
Q4187	Epicord 1 sq cm	High	High
Q4188	Amnioarmor 1 sq cm	Low	High
Q4190	Artacent ac 1 sq cm	Low	High
Q4191	Restorigin 1 sq cm	Low	Low
Q4193	Coll-e-derm 1 sq cm	Low	High
Q4194	Novachor 1 sq cm	High	High*
Q4195	Puraply 1 sq cm	High	High
Q4196	Puraply am 1 sq cm	High	High
Q4197	Puraply xt 1 sq cm	High	High
Q4198	Genesis amnio membrane 1 sqcm	Low	High
Q4199	Cygnus matrix, per sq cm	N/A	Low
Q4200	Skin te 1 sq cm	Low	High
Q4201	Matrion 1 sq cm	Low	High

CY 2022 HCPCS Code	CY 2022 Short Descriptor	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4203	Derma-gide, 1 sq cm	High	High*
Q4204	Xwrap 1 sq cm	Low	Low
Q4205	Membrane graft or wrap sq cm	High	High
Q4208	Novafix per sq cm	High	High
Q4209	Surgraft per sq cm	Low	High
Q4210	Axolotl graf dualgraf sq cm	Low	Low
Q4211	Amnion bio or axobio sq cm	Low	High
Q4214	Cellesta cord per sq cm	Low	Low
Q4216	Artacent cord per sq cm	Low	Low
Q4217	Woundfix biowound plus xplus	Low	Low
Q4218	Surgicord per sq cm	Low	Low
Q4219	Surgigraft dual per sq cm	Low	High
Q4220	Bellacell hd, surederm sq cm	Low	Low
Q4221	Amniowrap2 per sq cm	Low	Low
Q4222	Progenamatrix, per sq cm	Low	High
Q4226	Myown harv prep proc sq cm	High	High
Q4227	Amniocore per sq cm	Low	High
Q4229	Cogenex amnio memb per sq cm	Low	Low
Q4232	Corplex, per sq cm	Low	High
Q4234	Xcellerate, per sq cm	High	High

CY 2022 HCPCS Code	CY 2022 Short Descriptor	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4235	Amniorepair or altiply sq cm	Low	Low
Q4237	Cryo-cord, per sq cm	Low	High
Q4238	Derm-maxx, per sq cm	Low	High
Q4239	Amnio-maxx or lite per sq cm	Low	High
Q4247	Amniotext patch, per sq cm	Low	Low
Q4248	Dermacyte amn mem allo sq cm	Low	Low
Q4249	Amniply, per sq cm	Low	High
Q4250	Amnioamp-mp per sq cm	Low	Low
Q4254	Novafix dl per sq cm	Low	Low
Q4255	Reguard, topical use per sq	Low	Low

* These products do not exceed either the proposed MUC or PDC threshold for CY 2022, but are assigned to the high cost group because they were assigned to the high cost group in CY 2021.