

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11303</b>	<b>Date: March 24, 2022</b>
	<b>Change Request 12679</b>

**SUBJECT: April 2022 Update of the Ambulatory Surgical Center (ASC) Payment System**

**I. SUMMARY OF CHANGES:** This recurring update notification provides changes to and billing instructions for various payment policies implemented in the April 2022 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

**EFFECTIVE DATE: April 1, 2022**

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

**IMPLEMENTATION DATE: April 4, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

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

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 11303	Date: March 24, 2022	Change Request: 12679
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**SUBJECT: April 2022 Update of the Ambulatory Surgical Center (ASC) Payment System**

**EFFECTIVE DATE: April 1, 2022**

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

**IMPLEMENTATION DATE: April 4, 2022**

## I. GENERAL INFORMATION

**A. Background:** This recurring update notification provides changes to and billing instructions for various payment policies implemented in the April 2022 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

Included in this transmittal are Calendar Year (CY) 2022 payment rates for separately payable procedures/services, drugs and biologicals, including descriptors for newly created Current Procedural Terminology (CPT) and Level II HCPCS codes. An April 2022 Ambulatory Surgical Center Fee Schedule (ASCFS) File, an April 2022 Ambulatory Surgical Center Payment Indicator (ASC PI) File, and an April 2022 Ambulatory Surgical Center Drug File will be issued in this transmittal. No April 2022 ASC Code Pair file will be issued this quarter.

### B. Policy: 1. Device Offset from Payment for HCPCS Codes C1748

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices in the hospital Outpatient Prospective Payment System (OPPS) an amount that reflects the device portion of the Ambulatory Payment Classifications (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. This policy was implemented in the 2008 revised ASC payment system.

In the January 2021 ASC quarterly update CR (Transmittal 10557, Change Request 12129, dated January 8, 2021) we listed the procedure codes reportable with device category HCPCS code C1748 (Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable)). We note that we specified the device offset amounts for the procedure codes associated with HCPCS code C1748. That is, we stated that CPT codes 43260 through 43265 and CPT codes 43274 through 43278 have an offset amount of \$0.00.

Effective April 1, 2022, we are updating the list of procedure codes associated with HCPCS code C1748. Specifically, the device described by device category HCPCS code C1748 may also be billed with one of the following CPT: 0652T, 0653T, 0654T, 43197, and 43198. The long descriptors for these CPT codes are listed below. These codes also have an offset amount of \$0.00. We note that the codes are assigned to APC 5301 (Level 1 Upper GI Procedures) and APC 5302 (Level 2 Upper GI Procedures).

- CPT code 0652T - Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- CPT code 0653T - Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple
- CPT code 0654T - Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter
- CPT code 43197 - Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

- CPT code 43198 - Esophagoscopy, flexible, transnasal; with biopsy, single or multiple

## **2. New HCPCS Code Describing the In Space Subacromial Tissue Spacer System Procedure**

CMS is establishing a new HCPCS code, C9781, to describe the implantation of a saline-filled balloon for the shoulder to treat irreparably torn rotator cuff tendons. Table 1 lists the short descriptor, long descriptor, and ASC PI for HCPCS code C9781. (see Attachment A: Policy Section Tables).

## **3. Existing CY 2022 HCPCS Code and Dosage Descriptor for Certain and Drugs Receiving Pass-Through Status Starting April 1, 2022**

One (1) drug with existing HCPCS codes for which pricing information and claims data were not previously available will receive drug pass-through status starting April 1, 2022. The HCPCS code, descriptors, and ASC PIs are listed in Table 2. (see Attachment A: Policy Section Tables).

### **a. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Effective April 1, 2022**

Nine (9) new drug, biological, and radiopharmaceutical HCPCS codes have been established effective April 1, 2022. These HCPCS codes are listed in Table 3. (see Attachment A: Policy Section Tables). Old HCPCS codes in table 3 below are deleted March 31, 2022.

### **b. HCPCS Code M1145 Deleted Retroactive to February 28, 2022**

HCPCS code M1145 (Most Favored Nation (MFN) model drug add-on amount, per dose, (do not bill with line items that have the jw modifier)) is deleted retroactive to February 28, 2022. See table 4. Contractors that have already end dated or otherwise removed this code from their system through previously issued technical direction or business requirement do not need to take any additional action on this code. (see Attachment A: Policy Section Tables).

### **c. Rabies Immune Globulin that Will Retroactively Change from Non-Payable Status to Payable Status Effective January 1, 2021**

For the April 2022 update we are revising the ASC payment indicator from “K5” to “K2” retroactive to January 1, 2021. This vaccine is reported in Table 5. (see Attachment A: Policy Section Tables).

### **d. Hepatitis-B Vaccine that Is Retroactively Is Payable at Reasonable Cost Effective January 11, 2022**

CPT code 90759 is retroactively payable at reasonable cost (ASC PI= F4) effective January 11, 2022 in the ASC payment system. This vaccine HCPCS code, descriptors, ASC PI, and effective date are reported in Table 6. (see Attachment A: Policy Section Tables).

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

For CY 2022, payment for nonpass-through drugs and biologicals continues to be made at a single rate of ASP + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug or biological. In addition, in CY 2022, a single payment of ASP + 6 percent continues to be made for the OPPS pass-through drugs and biologicals to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items. Payments for drugs and

biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective April 1, 2022, can be found in the April 2022 update of ASC Addendum BB on the CMS website at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\\_Addenda\\_Updates.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html)

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

Some drugs and biologicals with payment rates based on the ASP methodology may have their payment rates corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payment rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Restated-Payment-Rates.html>

Suppliers who think they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

#### **g. Billing and Payment for New Drugs, Biologicals, or Radiopharmaceuticals Approved by the Food and Drug Administration (FDA) but Before Assignment of a Product-Specific HCPCS Code**

As in the OPPS, ASCs are allowed to bill for new drugs, biologicals, and therapeutic radiopharmaceuticals that are approved by the FDA on or after January 1, 2004 for which OPPS pass-through status has not been approved and a C-code and APC payment have not been assigned using the “unclassified” drug/biological HCPCS code C9399 (Unclassified drugs or biological). Drugs, biologicals, and therapeutic radiopharmaceuticals that are assigned to HCPCS code C9399 are contractor priced.

Diagnostic radiopharmaceuticals and contrast agents are policy packaged under both the OPPS and ASC payment system unless they have been granted pass-through status. Therefore, new diagnostic radiopharmaceuticals and contrast agents are an exception to the above policy and should not be billed with C9399 prior to the approval of pass-through status but, instead, are packaged in the ASC setting with payment already included in the surgical procedure performed, and are not billed.

### **4. Skin Substitutes**

The payment for skin substitute products that do not qualify for hospital OPPS pass-through status are packaged into the OPPS payment for the associated skin substitute application procedure. This policy is also implemented in the ASC payment system. The skin substitute products are divided into two groups for packaging purposes: 1) high cost skin substitute products and 2) low cost skin substitute products. High cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS code C5271-C5278. All OPPS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT code 15271-15278.

#### **a. New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective April 1, 2022**

There are nine (9) skin substitute HCPCS codes that are newly added to the ASC payment system as of April 1, 2022. These codes are listed in Table 7. (see Attachment A: Policy Section Tables). ASCs are reminded to not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system.

## **b. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of April 1, 2022**

There is one (1) skin substitute HCPCS code that will be reassigned from the low cost skin substitute group to the high cost skin substitute group as of April 1, 2022. The code is listed in Table 8. (see Attachment A: Policy Section Tables).

## **5. ASC Device Pass-Through Code Payments Reminder**

As a reminder, ASC pass-through devices are covered ancillary services, which are paid separately, and are contractor priced based on acquisition cost or invoice. Payable ASC pass-through device codes carry an ASCPI= J7 (OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment contractor-priced). Additional information is contained in both transmittal 1325, which was communicated December 7, 2007, and the Internet Only Manual- Chapter 14 of the Medicare Claims Processing Manual .

## **6. ASC Offset for Payment for Pass-through Devices**

As a reminder, contractors reduce the approved payment amount for specifically identified procedures with an offset amount greater than zero when provided in conjunction with a specific pass-through device. CMS identifies these code pairs as part of the quarterly update to the ASC payment system transmittals. The device offset amount is the device portion included in Addendum FF of the quarterly addenda file. To determine the payment rate for the approved surgical procedure that is billed with an OPPS pass-through device, subtract the device portion from the ASC payment rate.

No related calculation or offset is performed on the device. The ASC code pair file procedure percent reductions impact only the core based statistical area procedure payment rate. Additional information is contained in both transmittal 1325, which was communicated December 7, 2007, and the Internet Only Manual- Chapter 14 of the Medicare Claims Processing Manual.

Updates to both the ASC code pairs and the ASC addenda are accessible on the CMS website at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment>

## **7. Coverage Determinations**

The fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the ASC payment system 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			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12679.1	Contractors shall download the April 2022 ASC Fee Schedule (FS) from the CMS mainframe.		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY22.FS.APRA.V0304</p> <p>NOTE: The April 2022 ASCFS is a partial update file.</p> <p><b>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</b></p>									
12679.2	<p>Medicare contractors shall download and install the April 2022 ASC DRUG file.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY22.DRUG.APRA.V0318</p> <p><b>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</b></p>		X						VDC	
12679.3	<p>Medicare contractors shall download and install the April 2022 ASC PI file.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY22.PI.APRA.V0311</p> <p><b>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</b></p>		X						VDC	

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12679.4	Contractors and Common Working File (CWF) shall add Type of Service (TOS) F, as appropriate, for HCPCS included in attachment A, tables 1- 3 effective for services April 1, 2022 and later payable in the ASC setting.		X						X	
12679.5	Contractors shall add TOS F, as appropriate, for HCPCS included in attachment A, table 6 effective for services January 11, 2022 and later payable in the ASC setting.		X							VDC
12679.6	Contractors and CWF shall end date, as appropriate, C9084, C9085, C9086 and C9087, included in attachment A, table 3, in their systems, effective March 31, 2022.		X						X	
12679.7	Contractors and CWF shall end date, as appropriate, M1145, included in attachment A, table 4, in their systems, effective February 28, 2022.  NOTE: Contractors that end dated or removed this code through previously issued technical direction or business requirement do not need to take any additional action on this code		X						X	
12679.8	CWF, as appropriate, shall remove the TOS F records as appropriate, C9084, C9085, C9086 and C9087, included in attachment A, table 3, in their systems, effective March 31, 2022.								X	
12679.9	Medicare contractors shall download and install the revised January 2022 ASC DRUG file, if released by CMS.  FILENAME: MU00.@BF12390.ASC.CY22.DRUG.JANB.V0318  NOTE: The revised ASC Drug file is a full replacement file.		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12679.9.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:  1) Have dates of service January 1, 2022- March 31, 2022 and;  2) Were originally processed prior to the installation of the revised January 2022 ASC DRUG File.		X							
12679.10	Medicare contractors shall download and install the revised October 2021 ASC DRUG file, if released by CMS.  FILENAME: MU00.@BF12390.ASC.CY21.DRUG.OCTC.V0318  NOTE: The revised ASC Drug file is a full replacement file.  NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
12679.10.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:  1) Have dates of service October 1, 2021- December		X							



Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	31, 2021 and;  2) Were originally processed prior to the installation of the revised October 2021 ASC DRUG File.									
12679.11	Medicare contractors shall download and install the revised July 2021 ASC DRUG file, if released by CMS.  FILENAME: MU00.@BF12390.ASC.CY21.DRUG.JULD.V0318  NOTE: The revised ASC Drug file is a full replacement file.  <b>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</b>		X						VDC	
12679.11.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:  1) Have dates of service July 1, 2021- September 30, 2021 and;  2) Were originally processed prior to the installation of the revised July 2021 ASC DRUG File.		X							
12679.12	Medicare contractors shall download and install the revised April 2021 ASC DRUG file, if released by CMS.		X						VDC	

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	FILENAME: MU00.@BF12390.ASC.CY21.DRUG.APRD.V0318  NOTE: The revised ASC Drug file is a full replacement file.  <b>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</b>									
12679.12.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:  1) Have dates of service April 1, 2021- June 30, 2021 and;  2) Were originally processed prior to the installation of the revised April 2021 ASC DRUG File.		X							
12679.13	Contractors shall make April 2022 ASCFS fee data for their ASC payment localities available on their websites.		X							
12679.14	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X						VDC	

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12679.15	Contractors and CWF shall add TOS F, as appropriate, for HCPCS included in attachment A, table 5 effective for services January 1, 2021 and later payable in the ASC setting.		X						X	
12679.16	Medicare contractors shall download and install the revised January 2021 ASC DRUG file, if released by CMS.  FILENAME: MU00.@BF12390.ASC.CY21.DRUG.JANF.V0318  NOTE: The revised ASC Drug file is a full replacement file.  <b>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</b>		X							VDC
12679.16.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:  1) Have dates of service January 1, 2021- March 31, 2021 and;  2) Were originally processed prior to the installation of the revised January 2021 ASC DRUG File.		X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
12679.17	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the		X			

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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.					

#### IV. SUPPORTING INFORMATION

##### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
1-8, 15	Attachment A - Tables for the Policy Section

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Chuck Braver, 410-786-6719 or [chuck.braver@cms.hhs.gov](mailto:chuck.braver@cms.hhs.gov) (ASC Payment Policy) , Yvette Cousar, 410-786-2160 or [yvette.cousar@cms.hhs.gov](mailto:yvette.cousar@cms.hhs.gov) (B MAC Claims Processing Issues)

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

#### VI. FUNDING

##### Section A: For Medicare Administrative Contractors (MACs):

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

##### ATTACHMENTS: 1

## Attachment A – Tables for the Policy Section

**Table 1. – New HCPCS Code Describing the Endoscopic Submucosal Dissection (ESD) Procedure Effective April 1, 2022**

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C9781	Arthro/shoul surg; w/spacer	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	J8

**Table 2. – Existing CY 2022 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Starting April 1, 2022**

CY 2022 HCPCS Code	Short Descriptor	Long Descriptor	Jan 2022 ASC PI	April 2022 ASC PI
J9304	Inj. pemetrexed, 10 mg	Injection, pemetrexed (pemfexy), 10 mg	K5	K2

**Table 3. – Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Effective April 1, 2022**

New HCPCS Code	Old HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
J0219	C9085	Inj aval alfa-nqpt 4mg	Injection, avalglucosidase alfa-ngpt, 4 mg	K2
J0491	C9086	Inj anifrolumab-fnia 1mg	Injection, anifrolumab-fnia, 1 mg	K2
J9071	C9087	Inj cyclophosphamd auromedic	Injection, cyclophosphamide, (auromedics), 5 mg	K2
J9359	C9084	Inj lon tesirin-lpyl 0.075mg	Injection, loncastuximab tesirine-lpyl, 0.075 mg	K2
C9090	N/A	Plasminogen, human-tvmh 1 mg	Injection, plasminogen, human-tvmh, 1 mg	K2
C9091	N/A	Sirolimus, protein-bound,1mg	Injection, sirolimus protein-bound particles, 1 mg	K2
C9092	N/A	Inj., xipere, 1 mg	Injection, triamcinolone acetonide, suprachoroidal (xipere), 1 mg	K2
C9093	N/A	Inj., susvimo, 0.1 mg	Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg	K2
J9273	N/A	Inj tisotu vedotin-tftv, 1mg	Injection, tisotumab vedotin-tftv, 1 mg	K2

**Table 4. - HCPCS Code M1145 Deleted Retroactive to February 28, 2022**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Term Date</b>
M1145	Most favored nation (mfn) model drug add-on amount, per dose, (do not bill with line items that have the jw modifier)	02/28/2022

**Table 5. — Rabies Immune Globulin that Will Retroactively Change from Non-Payable Status to Payable Status Effective January 1, 2021.**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>	<b>Old ASC PI</b>	<b>New ASC PI</b>	<b>Effective Date</b>
90377	Rabies ig ht&sol human im/sc	Rabies immune globulin, heat- and solvent/detergent-treated (rig-ht s/d), human, for intramuscular and/or subcutaneous use	K5	K2	01/01/2021

**Table 6. — Hepatitis-B Vaccine that Is Retroactively Payable at Reasonable Cost Effective January 11, 2022.**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>	<b>ASC PI</b>	<b>Effective Date</b>
90759	Hep b vac 3ag 10mcg 3 dos im	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	F4	01/11/2022

**Table 7. — New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective April 1, 2022**

<b>CY 2022 HCPCS Code</b>	<b>Short Descriptor</b>	<b>ASC PI</b>	<b>Low/High Cost Skin Substitute</b>
A2011	Supra sdrm, per sq cm	N1	Low
A2012	Suprathel, per sq cm	N1	Low
A2013	Innovamatrix fs, per sq cm	N1	Low
A4100	Skin sub fda clrd as dev nos	N1	Low
Q4224	Hhf10-p per sq cm	N1	Low
Q4225	Amniobind, per sq cm	N1	Low
Q4256	Mlg complet, per sq cm	N1	Low
Q4257	Relese, per sq cm	N1	Low
Q4258	Enverse, per sq cm	N1	Low

NOTE: ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system.

**Table 8. — Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of April 1, 2022**

<b>CY 2022 HCPCS Code</b>	<b>Short Descriptor</b>	<b>ASC PI</b>	<b>Old Low/High Cost Skin Substitute Group</b>	<b>April 2022 Low/High Cost Skin Substitute Group</b>
Q4199	Cygnus matrix, per sq cm	N1	Low	High

NOTE: ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system.