

# Healthcare Common Procedure Coding System Quarterly Update

Effective January 1, 2022

The Centers for Medicare and Medicaid Services publishes updates to the Healthcare Procedure Coding System (HCPCS) on a quarterly basis. Public use files may be downloaded from the [“HCPCS Quarterly Update”](#) page.

## Service/Procedure Modifiers

### New Modifiers

#### FQ-Audio-only service

As part of Medicare’s expansion of telehealth services during the pandemic, audio-only services will continue to be reimbursed under the Physician Fee Schedule (PFS). Modifier FQ indicates the service was furnished using audio-only communication technology. It may only be appended to established patient office/outpatient Evaluation and Management Services (99211-99215). CMS has state after the end of the PHE, there will be no separate payment for the audio-only E/M visit codes.

#### FR-Two-way a/v direct supervision

CMS has revised the definition of direct supervision to allow the virtual presence of the supervising physician or practitioner using real-time, interactive audio-video technology. This will apply until the later of the end of the calendar year in which the PHE for COVID–19 ends or December 31, 2021. Modifier FR should be added to the service to specify the supervising practitioner was present through two-way, audio/video communication technology direct supervision.

#### FS- Split or shared E/M visit

CMS updated their policy regarding split/shared Evaluation and Management services in the facility setting. This applies to the facility setting only (“Incident to services” still apply in the office/outpatient setting).

Either the physician or non-physician practitioner in the same practice may bill Medicare directly for the visit for a new or established patient. The provider who conducts the “substantive portion” of the visit, (defined by CMS as more than half the time) bills Medicare. The names of both individuals are included in the medical record which billing individual must sign and date. Modifier FS would be added to the E/M code on the reporting provider’s claim.

## Drugs

### New HCPCS Codes

J1952-Leuprolide injectable, camcevi, 1 mg

J2506-Injection, pegfilgrastim, excludes biosimilar, 0.5 mg

J9021-Injection, asparaginase, recombinant, (rylaze), 0.1 mg

J9061-Injection, amivantamab-vmjw, 2 mg

J9272-Injection, dostarlimab-gxly, 10 mg

### Discontinued HCPCS codes

C9082-Injection, dostarlimab-gxly, 100 mg

C9083-Injection, amivantamab-vmjw, 10 mg