

2022 Updates: Healthcare Common Procedure Coding System

The Centers for Medicare and Medicaid Services (CMS) 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. Be sure to update any systems accordingly.

Effective October 1, 2022

Proprietary Lab Analyses (PLA)

No PLA codes were part of the October 2022 update.

Drugs

NEW Codes

C9142 Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg

C9101 Injection, oliceridine, 0.1 mg

J1932 Injection, lanreotide, (cipl), 1 mg

J9274 Injection, tebentafusp-tebn, 1 mcg

J9298 Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg

Q2056 Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cell, including leukapheresis and dose preparation procedures, per therapeutic use

Q5125 injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg

Pass-Through status change

J1952 Leuprolide injectable, camcevi, 1 mg: Pass through status from E2 to G

Discontinued codes

C9095 Injection, tebentafusp-tebn, 1 mcg

C9096 Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg

C9098 Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Effective July 1, 2022

Proprietary Lab Analyses (PLA)

- 0324U Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug
- 0325U Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucaparib, velparib), tumor response prediction for each drug
- 0329U Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations
- 0331U Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alternations

Drugs

New HCPCS Codes

- C9095 Injection, Tebentafusp-tebn, 1 mcg
- C9096 Injection, filgrastim-ayow (Releuko), 1 mcg
- C9098 Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
- J9331 Sirolimus protein-bound particles, 1 mg

Pass-Through Status Change

No pass-through status changes identified in oncology related HCPCS codes.

Discontinued HCPCS codes

- C9091 Injection, sirolimus protein-bound particles, 1 mg

Effective April 1, 2022

Proprietary Lab Analyses (PLA)

0306U Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for future comparisons to evaluate for MRD

0307U Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient, specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD

0313U Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (i.e., negative, low probability of neoplasia or positive, high probability of neoplasia)

0314U Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (i.e., benign, intermediate, malignant)

0315U Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (i.e., Class 1, Class 2A, Class 2B)

0317U Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer

Drugs

New HCPCS Codes

J9071 Injection, cyclophosphamide (auromedics), 5 mg

J9273 Injection, tisotumab vedotin-tftv, 1 mg

J9359 Injection, loncastuximab tesirine-lpyl, 0.075 mg

Pass-through Status Changes

J0248 Remdesivir, 1 mg

J9304 Injection, pemetrexed (pemfexy), 10 mg

Discontinued HCPCS Codes

C9087 Injection, cyclophosphamide (auromedics), 5 mg

C9084 Injection, loncastuximab tesirine-lpyl, 0.075 mg

Effective January 1, 2022

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 audio/visual 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