



AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

2022 Coding Updates and Changes CPT[®], HCPCS, and ICD-10

December 2022

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2023 Current Procedural Terminology (CPT) New, Revised and Deleted CPT Codes for Oncology

This resource is a summary of the coding changes. For full details and guidelines, please refer to the 2023 American Medical Association CPT Professional Edition.

New CPT® Codes

Evaluation and Management Codes

Prolonged Services

99418 Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time.

Pathology and Laboratory Services

Genomic Sequencing Procedures and other Molecular Multianalyte Assays

81441 Inherited bone marrow failure syndromes (IBMFS) (e.g., Fanconi anemia, dyskeratosis congenita, Diamond Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2

81449 Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (e.g., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; **RNA analysis**

81451 Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (e.g., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; **RNA analysis**

81456 Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy

number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; **RNA analysis**

Propriety Laboratory Analysis Codes

0285U Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score

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)

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

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

0296U Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (e.g., human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy

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

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

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

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

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 (ire, 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 (ice, 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

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

0326U Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden

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 alterations

0332U Oncology (pan-tumor), genetic profiling of 8 DNA regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint–inhibitor therapy

0333U Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result

0334U Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden

0337U Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood

0338U Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker – expressing cells, peripheral blood

0339U Oncology (prostate), mRNA expression profiling ofHOXC6 andDLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high grade cancer

0340U Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient’s tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate

0342U Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA199, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline

0343U Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer

Vaccine Administration

0003A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; *third dose*. Reported with 91300.

0004A booster dose. Reported with CPT code 91300.

0051A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; *first dose*.

0052A second dose

0053A third dose

0054A booster dose

0071A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-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 second dose

0073A third dose

0074A booster dose

Category II and III codes

Category II codes are used to record performance measurement. Category III codes are temporary codes assigned for emerging technology, services, procedures, and paradigms. Category II and III codes facilitate data collections and are not assigned relative value; therefore, these codes are not reimbursable.

0735T Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)

0738T Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)

0739T Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation

0743T Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report

0749T Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report;

0750T with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD

0781T Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi

0782T unilateral mainstem bronchus

Digital Pathology (NEW)

Digital pathology enables the acquisition, management, and interpretation of pathology information generated from digitized glass microscope slides. The slides are scanned by clinical staff, and the captured images are used for digital examination. The digitization of the glass microscope slides allows for remote examination by the pathologist and/or in conjunction with the use of artificial intelligence algorithms. These codes may be reported in addition to Category I codes when the digitization procedure is performed and reported with the Category I code for the primary service. These codes should not be reported solely for archival or educational purposes, for developing a database for training or validation of AI algorithms, or for clinical conference presentations.

0751T-0755T Digitization of glass microscope slides, surgical pathology, gross and microscopic examination for levels II-VI respectively. Use in conjunction with CPT codes 88302-88309 respectively.

0761T Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure. Use in conjunction with CPT code 88341.

0762T Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure. Use with CPT code 88344

0763T Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual. Use in conjunction with CPT code 88360.

Modifiers

93 Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-only Telecommunications System: Defined as real-time interaction between a physician or other qualified healthcare professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication between the patient and the other qualified healthcare professional during the course of the service must be sufficient to meet the key components and/or requirements of the same service as when rendered via a face-to-face interaction.

Appendix S – Artificial Intelligence Taxonomy for Medical Services and Procedures

This new appendix section provides guidance on the emerging technology of artificial intelligence (AI) applications use in three categories: assistive, augmentative, and autonomous. The information provided is not all-inclusive and cannot be fully defined by one product, procedure, or service. The classification into one of the three categories is based on the clinical procedure or service and work performed by the machine.

Assistive: The machine detects clinical data without analyzing. The work still requires the physician/QHP to interpret and report the data. Example: computer aided detection (CAD) imaging

Augmentative: The machine analyzes and/or quantifies data in a clinically meaningful way. The work still requires the physician/QHP to interpret and report the data. Example: Continuous glucose monitoring

Autonomous: The machine independently interprets and reports data into clinically meaningful conclusions without physician/QHP input. Example: retinal imaging

Revised CPT® Codes

Evaluation and Management Codes

Observation Services

CPT® codes for Hospital Observation Services 99217-99226 have been deleted. These services should be reported with the revised CPT® codes for Hospital Inpatient and Observation Care Services (99221-99239). For more information regarding these changes, see the ASCO resources for the 2023 Evaluation and Management Changes on the [Coding and Reimbursement page](#) of ASCO Practice Central

Consultation Codes

CPT® code 99241, 99251 for outpatient and inpatient consultation services have been deleted. To report a consultation service with straightforward medical decision making, use CPT® codes 99242, 99252. For more information, see the ASCO resource “[2023 Evaluation and Management Changes: Consultations](#)”.

Prolonged Services

CPT® codes 99354-99357 for direct patient contact except with office and other outpatient services have been removed to report prolonged services with direct patient contact, use CPT® codes 99417 and 99418.

CPT code 99417 has been revised with the deletion of “office and” to include all outpatient evaluation and management services.

CPT codes 99446-99451 for interprofessional telephone/Internet/electronic health record assessment and management have been revised to include “qualified healthcare professional” in addition to physician as the consultative provider.

CPT code 99495-99496 for moderate level transitional care management includes revised language which clarifies the complexity required is related to the level of medical decision making.

Radiology

CPT® code 78830 for tomographic (SPECT) radiopharmaceutical localization of tumor with concurrently acquired computed tomography (CT) transmission scan, single day revised to include single area *or acquisition*.

CPT® codes 78831, 78832 for tomographic (SPECT) radiopharmaceutical localization of tumor with concurrently acquired computed tomography (CT) transmission scan, single day

revised to include a minimum 2 areas or separate acquisitions (e.g., lung ventilation and perfusion), or single area or acquisition over 2 or more days.

Genomic Sequencing Procedures

CPT codes 81445, 81450, 81455 are updated to reflect work done by a combined DNA and RNA analysis or DNA analysis performed separately, as previously the work was defined as “DNA analysis and RNA analysis when performed.” See new CPT codes 81449, 81451, 81456 for RNA analysis using a separate method.

Propriety Laboratory Analysis Codes

0016M Oncology (bladder), mRNA, microarray gene expression profiling has been revised to include the requirement of profiling of 219 genes, an increase from 209 genes.

0022U targeted genomic sequence panel, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapie(s) to consider now includes the term *cholangiocarcinoma* in addition to non-small cell lung neoplasia and allows for 1-23 genes.

0090U Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes by utilizing formalin-fixed paraffin-embedded tissue has revised language to change the example language from “indeterminate” to “intermediate.”

0229U BCAT1 (Branched chain amino acid transaminase 1), IKZF1 (KAROS) family zinc finger 1 promoter methylation analysis has revised the description to include “and” instead of “or” to require analysis of both genes.

Remote Therapeutic Monitoring Services

Example language was removed for CPT codes 98975, 98976, and 98977 (Remote therapeutic monitoring) indicating “respiratory system” and “musculoskeletal status.”

Deleted CPT Codes

Propriety Laboratory Analysis (PLA) Codes

0012U Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)

0013U Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)

0014U Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)

0056U Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)

0208U Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma

Other Updates: Medicare Physician Fee Schedule 2023 Final Rule

Split/Shared Visits for Evaluation and Management Services

CMS has delayed changes to the definition of the substantive portion of split/shared services until 2024 to allow time to address implementation concerns from both payer and clinician perspectives.

Clinicians who furnish the split/shared visit will continue to have the option to base the substantive portion on either 1) history, exam, or medical decision making or 2) 50% or more of the time spent in seeing the patient.

Evaluation and Management

CMS has accepted most of the evaluation and management changes adopted by the CPT editorial panel, including:

- New descriptor times (where relevant)
- Revised interpretive guidelines for levels of medical decision making
- Choice of medical decision or time to select code level
- Eliminated use of history and exam to determine code level
- Description of encounter day and reporting of continuous services before and after midnight on one single calendar date
- Initial vs subsequent service revision to description

Remote Therapeutic Monitoring

CMS is maintaining the current policies for remote therapeutic monitoring management codes 98980 and 98981 but has included a revision to the policy that will require general supervision for all remote therapeutic monitoring services.

Telehealth

CMS has extended certain Medicare telehealth flexibilities adopted during the COVID-19 public health emergency for 151 days after the end date of the PHE. These flexibilities include allowing telehealth services to be furnished in any geographic area and in any originating site setting, including the beneficiary's home, and allowing telehealth visits to be audio-only. After the mentioned extension, any services that were temporarily added to the Medicare Telehealth Services List for the duration of the PHE will be removed from the [Medicare Telehealth Services List](#) and will revert to bundled status 152 days after the PHE ends. Services affected include radiation treatment management, initial hospital inpatient and observation care services, and telephone visits (outside of mental health services).

Healthcare Common Procedure Coding System (HCPCS)

Medicare Physician Fee Schedule 2023 Final Rule Updates

Prolonged Services

CMS has created a separate prolonged services code for each of the Other E/M services families. HCPCS code G0316 is for *prolonged inpatient or observation care evaluation and management service(s) beyond the total time for the primary service; each additional 15 minutes by the physician of qualified healthcare professional, with or without direct patient contact*. This code cannot be used with other prolonged services such as 99358, 99359, 99418. When reporting G0316, the total time of the primary code and an additional 15 minutes must be reached before prolonged service time starts. This code will be added to the Medicare Telehealth Services List as a category 1 code.

Modifiers

The admitting practitioner will still utilize the AI modifier when reporting initial hospital inpatient and observation codes.

To obtain complete drug wastage data, CMS has instructed in CY 2023 that JW modifier be required on all Part B claims for single-dose container or single use drugs for any discarded amounts and a separate on claims for these drugs when no amounts are discarded.

Payment Indicators

CMS has determined that in certain instances, drugs and biologicals billed with HCPCS code C9399 are not being paid that the 95 percent of their AWP when packaged with payment for a primary C-APC service. Therefore, CMS has revised the definition of status indicator “A” to include any unclassified drugs and biologicals that are reported with HCPCS code C9339, which will suspend the claim for manual pricing.

Telehealth

During the public health emergency (PHE) for the COVID-19 pandemic, providers were instructed to report Medicare telehealth services with the place of service (POS) code that would have been reported had the service been furnished in person with a 95 modifier.

Effective January 1, 2023, Modifier 93 (*Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-only Telecommunications System*) should be appended to services furnished using audio-only communications technology. All RHC, FQHC, and OPT providers must also appeal modifier FQ (*Medicare telehealth services were furnished using audio-only telecommunication technology*) for audio-only services furnished in applicable settings.

Following the 151st day after the end of the PHE, providers will continue to bill modifier 95 along with the place of service (POS) code corresponding to where the service would have been furnished in-person through the later of the end of the year in which the PHE ends or CY 2023.

Chronic Pain Management

CMS is creating separate coding and payment for monthly chronic pain management beginning in CY 2023 with the establishment of two new HCPCS codes, G3002 and G3003. These codes will be added to the Medicare Telehealth Services List, but the initial visit must be provided in person.

G3002 Chronic pain management and treatment, monthly bundle including:

- diagnosis, assessment and monitoring;
- administration of a validated pain rating scale or tool;
- the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management;
- facilitation and coordination of any necessary behavioral health treatment;
- medication management;
- pain and health literacy counseling;
- any necessary chronic pain related crisis care; and
- ongoing communication and care coordination between relevant practitioners furnishing e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate.

Required initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. When using G3002, 30 minutes must be met or exceeded.

G3003 Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. 15 minutes must be met or exceeded.

ICD-10 CM Updates

The [Centers for Medicare and Medicaid Services](#) published [ICD-10 CM updates](#) effective **October 1st, 2022** through **September 30th, 2023**. Several new codes and changes were made in Chapter 2 (Neoplasms) and Chapter 3 (Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism) as well as in Chapter 21 (Factors influencing health status and contact with health services). A full list of changes can be found in the “Addendum” files on [the ICD-10 CM updates page](#). Questions about ICD-10 CM codes may be sent to ASCO at practice@asco.org.

New ICD-10 CM Codes

Chapter 3- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Deleted Code	New/Added Codes
D59.3 Hemolytic-uremic Syndrome	D59.30 Hemolytic-uremic syndrome, unspecified
	D59.31 Infection-associated hemolytic-uremic syndrome
	D59.32 Hereditary hemolytic-uremic syndrome
	D59.39 Other hemolytic-uremic syndrome
D68.0 Von Willebrand’s Disease	D68.00 Von Willebrand’s disease, unspecified
	D68.01 Von Willebrand disease, type 1
	D68.020 Von Willebrand disease, type 2A
	D68.021 Von Willebrand disease, type 2B
	D68.022 Von Willebrand disease, type 2M
	D68.023 Von Willebrand disease, type 2N
	D68.029 Von Willebrand disease, type 2, unspecified
	D68.03 Von Willebrand disease, type 3
	D68.04 Acquired Von Willebrand disease
D68.09 Other Von Willebrand disease	
D75.82 Heparin induced thrombocytopenia (HIT)	D75.821 Non-immune heparin-induced thrombocytopenia
	D75.828 Other heparin-induced thrombocytopenia syndrome
	D75.829 Heparin-induced thrombocytopenia, unspecified
	D75.84 Other platelet-activating anti-PF4 disorders
	D81.82 Activated Phosphoinositide 3-kinase Delta Syndrome (APDS)

Chapter 21

Deleted Codes	New/Added Codes
	Z59.82 Transportation insecurity
	Z59.86 Financial insecurity
	Z59.87 Material hardship
	Z71.87 Encounter for pediatric-to-adult transition counseling
	Z71.88 Encounter for counseling for socioeconomic factors
	Z79.60 Long term (current) use of unspecified immunomodulators and immunosuppressants
	Z79.61 Long term (current) use of immunomodulator
	Z79.620 Long term (current) use of immunosuppressive biologic
	Z79.621 Long term (current) use of calcineurin inhibitor
	Z79.622 Long term (current) use of Janus kinase inhibitor
	Z79.623 Long term (current) use of mammalian target of rapamycin (MTOR) inhibitor
	Z79.624 Long term (current) use of inhibitors of nucleotide synthesis
	Z79.630 Long term (current) use of alkylating agent
	Z79.631 Long term (current) use of antimetabolite agent
	Z79.632 Long term (current) use of antitumor antibiotic
	Z79.633 Long term (current) use of mitotic inhibitor
	Z79.634 Long term (current) use of topoisomerase inhibitor
	Z79.64 Long term (current) use of myelosuppressive agent
	Z79.69 Long term (current) use of other immunomodulators and immunosuppressants
Z91.11 Patient's noncompliance with dietary regimen	Z91.110 Patient's noncompliance with dietary regimen due to financial hardship
	Z91.118 Patient's noncompliance with dietary regimen for other reason
	Z91.119 Patient's noncompliance with dietary regimen due to unspecified reason
Z91.19 Patient's noncompliance with other medical treatment and regimen	Z91.190 Patient's noncompliance with other medical treatment and regimen due to financial hardship
	Z91.198 Patient's noncompliance with other medical treatment and regimen for other reason
	Z91.199 Patient's noncompliance with other medical treatment and regimen due to unspecified reason
	Z91.A10 Caregiver's noncompliance with patient's dietary regimen due to financial hardship
	Z91.A18 Caregiver's noncompliance with patient's dietary regimen for other reason
	Z91.A20 Caregiver's intentional underdosing of patient's medication regimen due to financial

	Z91.A28 Caregiver's intentional underdosing of medication regimen for other reason
	Z91.A3 Caregiver's unintentional underdosing of patient's medication regimen
	Z91.A4 Caregiver's other noncompliance with patient's medication regimen
	Z91.A5 Caregiver's noncompliance with patient's renal dialysis
	Z91.A9 Caregiver's noncompliance with patient's other medical treatment and regimen

Revisions and Updates

Current Language	Revised Language
C84.40 Peripheral T-cell lymphoma, not classified, unspecified site	C84.40 Peripheral T-Cell lymphoma, not elsewhere classified, unspecified site
C84.41 Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck	C84.41 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck
C84.42 Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes	C84.42 Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
C84.43 Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes	C84.43 Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
C84.44 Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb	C84.44 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
C84.45 Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb	C84.45 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb
C84.46 Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes	C84.46 Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
C84.47 Peripheral T-cell lymphoma, not classified, spleen	C84.47 Peripheral T-cell lymphoma, not elsewhere classified, spleen
C84.48 Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites	C84.48 Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
C84.49 Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites	C84.49 Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C94.6 Myelodysplastic disease, not classified	C94.6 Myelodysplastic disease, not elsewhere classified

ICD-10 CM Terms and Definitions:

Excludes 1: Indicates conditions that may not be reported together. The “Excludes 1” code should not be used at the same time as the code above the note.

Excludes 2: Indicates that although the excluded condition is not part of the condition it is excluded from, the patient may have both conditions at the same time. The Excludes 2 code may be used at the same time as the code above it.

NOS: Not Otherwise Specified. This abbreviation is the equivalent of unspecified.

Use Additional Code: An additional code should be reported to provide a complete picture of the diagnosis.

Code also: More than one code may be required to fully describe the condition.

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