

Healthcare Common Procedure Coding System Quarterly Update Effective April 1, 2023

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.

Proprietary Lab Analyses (PLA)

0356U Oncology (oropharyngeal), evaluation of 17 dna biomarkers using droplet digital pcr (ddpcr), cell-free dna, algorithm reported as a prognostic risk score for cancer recurrence

Drugs

NEW Codes

C9145 Injection, aprepritant, (aponvie), 1 mg

C9146 Injection, mirvetuximab soravtansine-gynx, 1 mg

C9147 Injection, tremelimumab-actl, 1 mg

C9148 Injection, teclistamab-cqyv, 0.5 mg

J0208 Injection, sodium thiosulfate, 100 mg

J1449 Injection, eflapegrastim-xnst, 0.1 mg

J9196 Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 10 mg

J9294 Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg

J9296 Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg

J9297 Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg

Q5127 Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg

Q5129 Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg

Q5130 Injection, pegfilgrastim-pbbk (flynetra), biosimilar, 0.5 mg

Modifiers

New Modifiers

CA – Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission

This modifier is for use on procedures on the OPPI inpatient-only list performed to resuscitate or stabilize a patient with an emergent, life-threatening condition, whose status is outpatient, and expires prior to admission to inpatient status.

Revisions (CMS language only)

50 – Bilateral Procedures

Modifications to language have been made to the guidelines which clarify usage of modifier 50:

- Bilateral procedures performed on both sides of the body at the same session
- Do not use modifiers RT and LT when modifier 50 applies.
- Report one line with the modifier using one unit of service.

Modifiers 76 and 77 - Repeat procedures

- CMS added language to indicate the modifiers may be used for qualified healthcare professionals.
- CMS indicated these modifiers should be reported when procedures or services are performed in the same operative session on the same day or separate encounter on the same day.
- The procedure must be the same procedure. Code selection based on whether the physician/provider performing the procedure is the same.

PO/PN – Excepted and non-excepted services provided at an off-campus, outpatient, provider-based department of the hospital

- PO and PN should be reported by off-campus departments only.
- PO and PN modifiers should not be reported on the same line item of the claim. However, if there are multiples services appearing on a claim both modifiers can be used on the claim to report which line item is excepted and which is non-excepted.