

<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 4075</b>	<b>Date: June 15, 2018</b>
	<b>Change Request 10781</b>

**Transmittal 4064, dated June 1, 2018, is being rescinded and replaced by Transmittal 4075 dated, June 15, 2018 to add new Retacrit codes Q5105 and Q5106 to the policy section I.B.7.g, and new PLA codes 0045U - 0061U to the policy section I.B.3. We are also adding Q9994, a new code for In-Line Cartridge Containing Digestive Enzyme(s) to the business requirement 10781.2. These codes are effective July 1, 2018. We are also changing status indicators for two drug codes, J9216 and Q2049 from SI "K" to SI "E2" effective July 1, 2018 under the policy section I.B.7.f. Attachment A, Tables for the Policy Section, and business requirements 10781.2 and 10781.3 were updated to reflect the updated information. All other information remains the same.**

**SUBJECT: July 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**I. SUMMARY OF CHANGES:** This recurring update notification describes changes to billing instructions for various payment policies implemented in the July 2018 OPSS update. The July 2018 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS modifier, and revenue code additions, changes, and deletions identified in this Change Request (CR). This recurring update notification applies to chapter 4, section 50.8.

The July 2018 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2018 I/OCE CR.

**EFFECTIVE DATE: July 1, 2018**

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

**IMPLEMENTATION DATE: July 2, 2018**

*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: 4075	Date: June 15, 2018	Change Request: 10781
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**SUBJECT: July 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**EFFECTIVE DATE: July 1, 2018**

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

**IMPLEMENTATION DATE: July 2, 2018**

## **I. GENERAL INFORMATION**

**A. Background:** This recurring update notification describes changes to billing instructions for various payment policies implemented in the July 2018 OPPS update. The July 2018 I/OCE will reflect the HCPCS, APC, HCPCS modifier, and revenue code additions, changes, and deletions identified in this CR. This recurring update notification applies to chapter 4, section 50.8.

The July 2018 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2018 I/OCE CR.

### **B. Policy: 1. Multianalyte Assays with Algorithmic Analyses (MAAA) CPT Coding Changes Effective April 1, 2018**

The American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel established two new MAAA codes, specifically, 0012M and 0013M, effective April 1, 2018. Because the codes were released on March 1, 2018, it was too late to include them in the April 2018 OPPS update. Instead, the codes are being included in the July 2018 update with an effective date of April 1, 2018. Table 1, attachment A, lists the long descriptor and status indicator for CPT codes 0012M and 0013M.

### **2. Proprietary Laboratory Analyses (PLA) CPT Coding Changes Effective April 1, 2018**

The AMA CPT Editorial Panel established 10 new PLA CPT codes, specifically, CPT codes 0035U through 0044U effective April 1, 2018. Because the codes were released on February 22, 2018, it was too late to include them in the January 2018 OPPS update. Instead, they are being included in the July 2018 update with an effective date of April 1, 2018.

Table 2, attachment A, lists the long descriptors and status indicators for CPT codes 0035U through 0044U. For more information on OPPS status indicators "A" and "Q4", refer to OPPS Addendum D1 of the Calendar Year (CY) 2018 OPPS/Ambulatory Surgical Center (ASC) final rule. CPT codes 0035U through 0044U have been added to the July 2018 I/OCE with an effective date of April 1, 2018. These codes, along with their short descriptors and status indicators, are also listed in the July 2018 OPPS Addendum B.

### **3. Proprietary Laboratory Analyses (PLA) CPT Coding Changes Effective July 1, 2018**

Effective July 1, 2018, the AMA CPT Editorial Panel established 17 new PLA codes, specifically, CPT codes 0045U through 0061U. Table 3, attachment A, lists the long descriptors and status indicators for these codes. For more information on OPSS status indicators “A” and “Q4”, refer to OPSS Addendum D1 of the Calendar Year (CY) 2018 OPSS/Ambulatory Surgical Center (ASC) final rule. These codes, along with their short descriptors and status indicators, are also listed in the July 2018 OPSS Addendum B.

#### **4. Category III CPT Codes Effective July 1, 2018**

The AMA releases Category III CPT codes twice per year: in January, for implementation beginning the following July, and in July, for implementation beginning the following January.

For the July 2018 update, CMS is implementing four Category III CPT codes that the AMA released in January 2018 for implementation on July 1, 2018. The status indicators and APC assignments for these codes are shown in Table 4, attachment A. Payment rates for these services can be found in Addendum B of the July 2018 OPSS update that is posted on the CMS website.

#### **5. Bilateral Indicator for HCPCS Code C9749**

In the April 2018 OPSS update CR (Transmittal 4005, CR 10515 dated March 20, 2018), we announced the establishment of HCPCS code C9749 (Repair of nasal vestibular lateral wall stenosis with implant(s)) effective April 1, 2018. We are clarifying that this code describes an inherently bilateral procedure, and that for unilateral procedures, hospital outpatient departments need to report either modifier 73 or 74. We note that modifiers 73 and 74 are only used to indicate discontinued procedures for which anesthesia is planned or provided.

#### **6. Packaging of CPT code 01402 when reported with Total Knee Arthroplasty (CPT code 27447)**

CPT code 01402 describes anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty. For CY 2018, the status indicator assigned to this code is “C”, which indicates that this is an inpatient procedure that is not paid for under the OPSS. For the July 2018 update, when CPT code 01402 is reported with CPT code 27447, Arthroplasty, knee, condyle and plateau; medical and lateral compartments with or without patella resurfacing (total knee arthroplasty), this code is paid under the OPSS and payment for this service is packaged into the payment for CPT code 27447. If the code is not reported with CPT code 27447, the code is treated as an inpatient procedure that is not paid for under the OPSS. This change is retroactive to January 1, 2018.

#### **7. Drugs, Biologicals, and Radiopharmaceuticals**

##### **a. Drugs and Biologicals with Payments Based on Average Sales Price (ASP) Effective July 1, 2018**

For CY 2018, payment for nonpass-through drugs, biologicals and therapeutic radiopharmaceuticals that were not acquired through the 340B Program is made at a single rate of ASP + 6 percent (or ASP - 22.5 percent if acquired under the 340B Program), which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug, biological or therapeutic radiopharmaceutical. In CY 2018, a single payment of ASP + 6 percent for pass-through drugs, biologicals and radiopharmaceuticals is made 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 July 1, 2018 and drug price restatements can be found in the July 2018 update of the OPSS Addendum A and Addendum B on the CMS website at <http://www.cms.gov/HospitalOutpatientPPS/>.

##### **b. Drugs and Biologicals with OPSS Pass-Through Status Effective July 1, 2018**

Six drugs and biologicals have been granted OPSS pass-through status effective July 1, 2018. These items, along with their descriptors and APC assignments, are identified in Table 5, attachment A.

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

Some drugs and biologicals based on ASP methodology will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payments 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/HospitalOutpatientPPS/OPSS-Restated-Payment-Rates.html>.

Providers may resubmit claims that were impacted by adjustments to previous quarter's payment files.

### **d. Other Changes to CY 2018 HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals**

Effective July 1, 2018, HCPCS code Q9993 (Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg) will replace HCPCS code C9469 (Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg). The status indicator will remain G, "Pass-Through Drugs and Biologicals". Table 6, attachment A, describes the HCPCS code change and effective date.

### **e. Change to Status Indicator for CPT Code 90739**

Hepatitis B vaccine associated with CPT code 90739 (Hepatitis b vaccine (hepb), adult dosage, 2 dose schedule, for intramuscular use) was approved by the Food and Drug Administration (FDA) on November 09, 2017. Therefore, we are changing the status indicator for 90739 from SI=E1 (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type) to SI=F (Not paid under OPSS. Paid at reasonable cost.) effective April 1, 2018 in the July 2018 I/OCE update. Table 7, attachment A, describes the status indicator change and effective date.

### **f. Drugs and Biologicals with a change in Status Indicator**

Two drugs , specifically, HCPCS codes J9216 and Q2049, listed in Table 8, attachment A, have a change in status indicator from "K" to "E2" effective July 1, 2018, to indicate that we have no pricing information for both drug codes.

### **g. New Biosimilar Biological Products Effective July 1, 2018**

Two new HCPCS codes will be created for reporting Retacrit, (epoetin alfa-epbx) as a biosimilar to Epogen/Procrit (epoetin alfa) for the treatment of anemia caused by chronic kidney disease, chemotherapy, or use of zidovudine in patients with HIV infection. Retacrit is also approved for use before and after surgery to reduce the chance that red blood cell transfusions will be needed because of blood loss during surgery. Both codes are assigned to status indicator "K". These codes are listed in Table 9, attachment A, and are effective for services furnished on or after July 1, 2018. Payment for each of these codes may be found in the July 2018 update of the OPSS Addendum B on the CMS Web site at <http://www.cms.gov/HospitalOutpatientPPS/>.

### **8. Reassignment of Skin Substitute Product from the Low Cost Group to the High Cost Group**

One skin substitute product, HCPCS code Q4178, has been reassigned from the low cost skin substitute group to the high cost skin substitute group based on updated pricing information. The product is listed in Table 10, attachment A.

**9. Allow HCPCS Code Q4116 (Alloderm, per square centimeter) to Be Billed with Either Revenue Code 0278 (Other implants) or Revenue Code 0636 (Drugs requiring detailed coding)**

HCPCS code Q4116 (Alloderm, per square centimeter) may be billed with either revenue code 0278 (Other implants) or revenue code 0636 (Drugs requiring detailed coding). HCPCS code Q4116 is used both as an applied skin substitute and as an implanted biologic used in breast reconstruction, and these procedures are reported with two different revenue codes. This request is described in Table 11, attachment A.

**10. Coverage Determinations**

As a reminder, the fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the OPSS 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			DMEPOS	Shared-System Maintainers				Other
		A	B	H H H		F I S	M C S	V M S	C W F	
10781.1	Medicare contractors shall manually update the HCPCS file for Q4116 to allow both revenue codes 0278 or 0636.	X		X		X				
10781.2	Medicare contractors shall manually add the following codes to their systems: <ul style="list-style-type: none"> <li>CPT codes 0012M and 0013M listed in table 1, attachment A, effective April 1, 2018; and</li> <li>CPT code 0035U - 0044U listed in table 2, attachment A, effective April 1, 2018; and</li> <li>CPT codes 0045U - 0061U listed in table 3, attachment A, effective July 1, 2018; and</li> <li>CPT codes 0505T – 0508T listed in table 4, attachment A, effective July 1, 2018; and</li> <li>All HCPCS codes in table 5, attachment A, effective July 1, 2018; and</li> <li>HCPCS code Q9993 listed in table 6, attachment A, effective July 1, 2018; and</li> <li>All HCPCS codes in table 9, attachment A, effective July 1, 2018; and</li> <li>HCPCS code Q9994 (In-line cartridge containing digestive enzyme(s) for enteral feeding, each) listed in the upcoming July 2018 I/OCE CR, effective July 1, 2018.</li> </ul>	X		X		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	
	<p><b>NOTE:</b> These HCPCS codes will be included with the July 2018 I/OCE update. Status and payment indicators for these HCPCS codes will be listed in the July 2018 update of the OPPS Addendum A and Addendum B on the CMS website at <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html</a></p>									
10781.3	<p>Medicare contractors shall manually add termination dates for the following HCPCS codes to their systems:</p> <ul style="list-style-type: none"> <li>• CPT code 0008M listed in the upcoming July 2018 I/OCE CR, effective January 1, 2018; and</li> <li>• HCPCS code C9469 listed in table 6, attachment A, effective June 30, 2018.</li> </ul> <p><b>NOTE:</b> These deletions will be reflected in the July 2018 I/OCE update and in the July 2018 Update of the OPPS Addendum A and Addendum B on the CMS website at <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html</a></p>	X		X		X				
10781.4	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were processed prior to implementation of the July 2018 I/OCE.	X		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		
10781.5	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter	X		X		

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Marina Kushnirova, [marina.kushnirova@cms.hhs.gov](mailto:marina.kushnirova@cms.hhs.gov)

**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. – Multianalyte Assays with Algorithmic Analyses (MAAA) CPT Coding Changes Effective April 1, 2018**

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	A	N/A
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	A	N/A

**Table 2. – Proprietary Laboratory Analyses (PLA) CPT Coding Changes Effective April 1, 2018**

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	Q4	N/A
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	A	N/A
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	A	N/A
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	Q4	N/A
0039U	Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity	Q4	N/A
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	A	N/A
0041U	Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM	Q4	N/A
0042U	Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG	Q4	N/A

0043U	Tick-borne relapsing fever <i>Borrelia</i> group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM	Q4	N/A
0044U	Tick-borne relapsing fever <i>Borrelia</i> group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG	Q4	N/A

**Table 3. — Proprietary Laboratory Analyses (PLA) CPT Coding Changes  
Effective July 1, 2018**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	A	N/A
0046U	<i>FLT3</i> (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	A	N/A
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	A	N/A
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	A	N/A
0049U	<i>NPM1</i> (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	A	N/A
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	A	N/A
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	Q4	N/A

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	Q4	N/A
0053U	Oncology (prostate cancer), FISH analysis of 4 genes ( <i>ASAP1</i> , <i>HDAC9</i> , <i>CHD1</i> and <i>PTEN</i> ), needle biopsy specimen, algorithm reported as probability of higher tumor grade	A	N/A
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	Q4	N/A
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	A	N/A
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)	A	N/A
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a normalized percentile rank	A	N/A
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	Q4	N/A
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	Q4	N/A
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	A	N/A

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	Q4	N/A

**Table 4. — Category III CPT Codes Effective July 1, 2018**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	J1	5193
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	Q1	5733
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	Q1	5733
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	S	5522

**Table 5. — Drugs and Biologicals with OPSS Pass-Through Status Effective July 1, 2018**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
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C9030	Injection, copanlisib, 1 mg	G	9030
C9031	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	G	9067
C9032	Injection, voretigene neparvovec-rzyl, 1 billion vector genome	G	9070
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	G	9073
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	G	9239
Q9995	Injection, emicizumab-kxwh, 0.5 mg	G	9257

**Table 6. – Other Changes to CY 2018 HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals**

HCPCS Code	Long Descriptor	OPPS SI	OPPS APC	Effective Date	Termination Date
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	G	9469	04/01/2018	06/30/2018
Q9993	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	G	9469	07/01/2018	

**Table 7. – Change to Status Indicator for CPT Code 90739**

CPT Code	Long Descriptor	OPPS SI	Effective Date
90739	Hepatitis b vaccine (hepb), adult dosage, 2 dose schedule, for intramuscular use	E1	January 1, 2013 – March 31, 2018
90739	Hepatitis b vaccine (hepb), adult dosage, 2 dose schedule, for intramuscular use	F	April 1, 2018

**Table 8. – Drugs and Biologicals with a Change in Status Indicator**

HCPCS Code	Long Descriptor	Old SI	New SI	Effective Date
J9216	Injection, interferon, gamma 1-b, 3	K	E2	07/01/2018

	million units			
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	K	E2	07/01/2018

**Table 9. – New HCPCS Drug Codes for Retacrit Effective July 1, 2018**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
Q5105	Inj Retacrit esrd on dialysi	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	K	9096
Q5106	Inj Retacrit non-esrd use	Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units	K	9097

**Table 10. – Reassignment of Skin Substitute Product from the Low Cost Group to the High Cost Group Effective July 1, 2018**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>OPPS SI</b>	<b>Low/High Cost Skin Substitute</b>
Q4178	Floweramniopatch, per sq cm	N	High

**Table 11. – Allow HCPCS Code Q4116 (Alloderm, per square centimeter) to Be Billed with Either Revenue Code 0278 (Other implants) or Revenue Code 0636 (Drugs requiring detailed coding)**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>COPPS SI</b>	<b>Allowed Revenue Codes for Billing</b>
Q4116	Alloderm, per square centimeter	N	0278, 0636