

<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 4313</b>	<b>Date: May 24, 2019</b>
	<b>Change Request 11318</b>

**SUBJECT: July 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**I. SUMMARY OF CHANGES:** This Recurring Update Notification describes changes to, and billing instructions for, various payment policies implemented in the July 2019 OPPS update. The July 2019 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 10.9.

The July 2019 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2019 I/OCE CR.

**EFFECTIVE DATE: July 1, 2019**

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

**IMPLEMENTATION DATE: July 1, 2019**

*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: 4313	Date: May 24, 2019	Change Request: 11318
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**SUBJECT: July 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**EFFECTIVE DATE: July 1, 2019**

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**IMPLEMENTATION DATE: July 1, 2019**

## **I. GENERAL INFORMATION**

**A. Background:** This Recurring Update Notification describes changes to, and billing instructions for, various payment policies implemented in the July 2019 OPPS update. The July 2019 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 10.9.

The July 2019 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2019 I/OCE CR.

## **B. Policy: 1. New Temporary C-Code Established**

Effective July 1, 2019, a new HCPCS code, C9756 has been created as described in Table 1, attachment A.

## **2. New CPT Category III Codes Effective July 1, 2019**

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

For the July 2019 update, CMS is implementing 20 CPT Category III codes that the AMA released in January 2019 for implementation on July 1, 2019. The status indicators and APC assignments for these codes are shown in Table 2, attachment A. CPT codes 0543T through 0562T have been added to the July 2019 OPPS Addendum B that is posted on the CMS website. These codes were also added to the July I/OCE update. However, CPT codes 0559T and 0561T were added to the July I/OCE with status indicator "S". Their status indicators would be changed to status indicator "Q1" retroactive to July 1, 2019, in the October I/OCE update. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the CY 2019 OPPS/ASC final rule for the latest definitions.

## **3. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective July 1, 2019**

The AMA CPT Editorial Panel deleted one PLA code, specifically, 0057U, and established 21 new PLA codes, specifically, CPT codes 0084U through 0104U, effective July 1, 2019. Table 3, attachment A, lists the long descriptors and status indicators for the codes.

For more information on OPPS status indicators "A," "D," "E1," and "Q4", refer to OPPS Addendum D1 of the Calendar Year 2019 OPPS/ASC final rule for the latest definitions. CPT codes 0084U through 0104U have been added to the July 2019 I/OCE with an effective date of July 1, 2019. These codes, along with their short descriptors and status indicators, are also listed in the July 2019 OPPS Addendum B.

## **4. Myocardial Imaging by Magnetocardiography (MCG)**

Currently, CPT codes 0541T and 0542T are assigned to status indicator "E1" to indicate that the codes are not paid by Medicare when submitted on outpatient claims (any outpatient bill type). On March 15, 2019, the device associated with these codes, specifically, the CardioFlux Magnetocardiography (MCG), received FDA approval. Consequently, we are revising the status indicators for CPT codes 0541T and 0542T. Specifically, we are re-assigning CPT code 0541T from "E1" to "S" (Procedure or Service, Not Discounted When Multiple. Paid under OPPTS; separate APC payment.) and assigning it to APC 5722 (Level 2 Diagnostic Tests and Related Services). In addition, we are re-assigning CPT code 0542T from "E1" to "M" (Items and Services Not Billable to the MAC. Not paid under OPPTS.) effective July 1, 2019. The payment rate for CPT code 0541T can be found in Addendum B of the July 2019 OPPTS Update that is posted on the CMS website. CPT codes 0541T and 0542T and their status indicators are also listed in table 4, attachment A.

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

### **a. New HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals**

For July 2019, six new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available. These new codes are listed in Table 5, attachment A. Additionally, HCPCS code Q5107 (Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg) is currently not being marketed, so pricing information is not available for the July OPPTS quarterly release. Once Q5107 is marketed, we will make pricing information available at the soonest possible date on the OPPTS payment files and payment will be retroactive to the date the product is first marketed.

### **b. New Established HCPCS Codes for Separately Payable Drugs and Biologicals as of July 1, 2019**

Nine new separately payable drug and biological HCPCS codes will be established on July 1, 2019. Six of the codes are new codes. HCPCS code J9036 will replace HCPCS code C9042. Another HCPCS code J7208, will replace HCPCS code C9141. HCPCS code J9030 will replace HCPCS code J9031. The new codes are listed in Table 6, attachment A. HCPCS codes C9042, C9141, and J9031 will be deleted effective June 30, 2019.

### **c. Descriptor Change for the HCPCS code J9355, Effective July 1, 2019**

Effective July 1, 2019, the descriptors for the HCPCS code J9355 were updated. Please see table 7, attachment A.

### **d. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)**

For CY 2019, 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 2019, 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. Effective July 1, 2019, payment rates for some drugs and biologicals have changed from the values published in the April 2019 update of the OPPTS Addendum A and Addendum B found on the CMS web site. CMS is not publishing the updated payment rates in this Change Request implementing the July 2019 update of the OPPTS. However, the updated payment rates effective July 1, 2019 can be found in the July 2019 update of the OPPTS Addendum A and Addendum B on the CMS web site at <http://www.cms.gov/HospitalOutpatientPPS/>.

## **e. 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/OPPS-Restated-Payment-Rates.html>. Providers may resubmit claims that were impacted by adjustments to previous quarter's payment files.

## **6. Reassignment of Skin Substitute Products from the Low Cost Group to the High Cost Group**

One skin substitute product, HCPCS code Q4176, 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 8, attachment A.

## **7. New CPT Category I Vaccine Code Effective July 1, 2019**

The American Medical Association (AMA) releases Current Procedural Terminology (CPT) Category I vaccine codes twice per year: in January, for implementation beginning the following July, and in July, for implementation beginning the following January.

For the July 2019 update, CMS is implementing one CPT Category I vaccine code that the AMA released in January 2019 for implementation on July 1, 2019. The status indicator for the code is shown in Table 9, attachment A. For more information on the OPSS status indicator (SI) "E1," refer to OPSS Addendum D1 of the CY 2019 OPSS/ASC final rule for the latest definitions. CPT code 90619 has been added to the July 2019 I/OCE with an effective date of July 1, 2019. CPT code 90619, along with its short descriptor and status indicator, is also listed in the July 2019 OPSS Addendum B.

## **8. Status Indicator Revision for CPT Code 90689**

Currently, CPT code 90689 is assigned to status indicator to "E1" to indicate that the vaccine is not paid by Medicare when submitted on outpatient claims (any outpatient bill type). However, as noted in Change Request 10871 (Quarterly Influenza Virus Vaccine Code Update - January 2019), Transmittal 4141, dated September 27, 2018, effective for claims with dates of service on or after January 1, 2019, CPT 90689 will be payable by Medicare. Therefore, we are revising the status indicator from "E1" to "L" for CPT code 90689 to indicate that the vaccine will be "Paid at reasonable cost; not subject to deductible or coinsurance" retroactive to January 1, 2019. Refer to Table 10, attachment A, for the code long descriptor and status indicator assignment. For more information on OPSS status indicators "E1" and "L", refer to OPSS Addendum D1 of the Calendar Year 2019 OPSS/ASC final rule for the latest definitions. To access transmittal 4141, refer to this CMS website: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4141CP.pdf>.

## **9. Status Indicator Revision for HCPCS Code A4563**

Currently, A4563 is assigned to status indicator to "N" (Paid under OPSS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.), however, we are revising the status indicator to "A" (Not paid under OPSS. Paid by MACs under a fee schedule or payment system other than OPSS.) effective January 1, 2019, in the July 2019 I/OCE update since the code is separately payable under the Durable Medical Equipment, Prosthetics/Orthotics & Supplies (DMEPOS) Fee Schedule. Refer to Table 11, attachment A, for the code long descriptor and status indicator for HCPCS code A4563.

## **10. OPSS Pricer logic and data changes for July**

There are no OPSS PRICER logic or data changes for July; therefore, there is no OPSS PRICER release for July.

## 11. 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			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	M I C M W	V M S F	C W F		
11318.1	<p>Medicare contactors shall manually add to their systems:</p> <ul style="list-style-type: none"> <li>• HCPCS code C9756, listed in table 1, attachment A, effective July 1, 2019; and</li> <li>• All CPT codes listed in table 2, attachment A, effective July 1, 2019; and</li> <li>• All CPT codes listed in table 3, attachment A, effective July 1, 2019, except 0057U.</li> <li>• All HCPCS codes listed in table 5, attachment A, effective July 1, 2019; and</li> <li>• All HCPCS codes listed in table 6, except C9042, C9141, and J9031, attachment A, effective July 1, 2019; and</li> <li>• HCPCS code J7677, listed in the upcoming July 2019 I/OCE CR, effective July 1, 2019; and</li> <li>• CPT code 90619, listed in table 9, attachment A, effective July 1, 2019.</li> </ul> <p><b>Note:</b> These HCPCS codes will be included in the July 2019 I/OCE update. Status and payment indicators for these HCPCS codes will be listed in the July 2019 update of the OPSS Addendum A and Addendum B on the CMS Web site 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							
11318.2	Medicare contactors shall manually add termination	X		X							

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F M V C	I C M W	S S S F		
	<p>dates for the following codes to their systems:</p> <ul style="list-style-type: none"> <li>• HCPCS code C9746 listed with an asterisk below table 2, attachment A, effective June 30, 2019; and</li> <li>• CPT code 0057U, listed in table 3, attachment A, effective June 30, 2019; and</li> <li>• HCPCS codes C9042, C9141, and J9031, listed in table 6, attachment A, effective June 30, 2019.</li> </ul> <p><b>Note:</b> These deletions will be reflected in the July 2019 I/OCE update and in the July 2019 Update of the OPPS Addendum A and Addendum B on the CMS Web site 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>									
11318.3	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the July 2019 OPPS I/OCE.	X		X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
11318.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter 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	X		X		

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	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

**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. – New Temporary HCPCS C-Code Effective July 1, 2019**

HCPCS Code	Short Descriptor	Long Descriptor	APC	SI
C9756	Fluorescence lymph map w/ICG	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure)	N/A	N

**Table 2. – CPT Category III Codes Effective July 1, 2019**

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	C	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transeptal puncture	C	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	C	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	N	
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	E1	
0548T*	Transperineal periurethral balloon continence device; bilateral placement, including cystoscopy and fluoroscopy	J1	5377
0549T	Transperineal periurethral balloon continence device; unilateral placement, including cystoscopy and fluoroscopy	J1	5375
0550T	Transperineal periurethral balloon continence device; removal, each balloon	J1	5374
0551T	Transperineal periurethral balloon continence device; adjustment of balloon(s) fluid volume	T	5371
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	M	
0553T	Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	E1	
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	M	
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	S	5731



0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	S	5523
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	M	
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	S	5521
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Q1	5733
0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)	N	
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	Q1	5733
0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide (List separately in addition to code for primary procedure)	N	

\*HCPCS code C9746 (Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed), which was effective July 1, 2017, was deleted June 30, 2019, and replaced with CPT code 0548T effective July 1, 2019.

**Table 3. — PLA Coding Changes Effective July 1, 2019**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
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	D	
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	A	
0085U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Q4	
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	A	
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	A	
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	A	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Q4	
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	A	
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	E1	
0092U	Oncology (lung), three protein biomarkers, immunoassay using	Q4	

	magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy		
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Q4	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	A	
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	Q4	
0096U	Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine	Q4	
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enterococci, Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] It/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayentanensis, Entamoeba histolytica, Giardia lamblia [also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V])	Q4	
0098U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 14 targets (adenovirus, coronavirus, human metapneumovirus, influenza A, influenza A subtype H1, influenza A subtype H3, influenza A subtype H1-2009, influenza B, parainfluenza virus, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae)	Q4	
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus, coronavirus OC43, human metapneumovirus, influenza A, influenza A subtype, influenza A subtype H3, influenza A subtype H1-2009, influenza, parainfluenza virus, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, human rhinovirus/enterovirus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae)	Q4	
0100U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 21 targets (adenovirus, coronavirus 229E, coronavirus HKU1, coronavirus NL63, coronavirus OC43, human metapneumovirus, human rhinovirus/enterovirus, influenza A, including subtypes H1, H1-2009, and H3, influenza B, parainfluenza virus 1, parainfluenza virus 2, parainfluenza virus 3, parainfluenza virus 4, respiratory syncytial virus, Bordetella parapertussis [IS1001], Bordetella pertussis [ptxP], Chlamydia pneumoniae, Mycoplasma pneumoniae)	Q4	
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination	A	

	of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])		
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	A	
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	A	
0104U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (32 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	A	

**Table 4. — CPT Category III Codes Effective July 1, 2019**

CPT Code	Long Descriptor	OPPS SI	OPPS APC
0541T	Myocardial imaging by magnetocardiography (mcg) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study;	S	5722
0542T	Myocardial imaging by magnetocardiography (mcg) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	M	

**Table 5. — New HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Effective July 1, 2019**

HCPCS Code	Long Descriptor	SI	APC
C9047	Injection, caplacizumab-yhdp, 1 mg	G	9199
C9048	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	G	9308
C9049	Injection, tagraxofusp-erzs, 10 mcg	G	9309
C9050	Injection, emapalumab-lzsg, 1 mg	G	9310
C9051	Injection, omadacycline, 1 mg	G	9311
C9052	Injection, ravulizumab-cwvz, 10 mg	G	9312

**Table 6. — Other CY 2019 HCPCS and CPT Code Changes for Certain Drugs, Biologicals, and Radiopharmaceuticals Effective July 1, 2019**

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
J9036	C9042	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	G	9313
J7208	C9141	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	G	9299
J1444		Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron	N	N/A
J9356		Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	K	9314
Q5112		Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	E2	N/A
Q5113		Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	E2	N/A
Q5114		Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	E2	N/A
Q5115		Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	E2	N/A
J9030	J9031	BCG live intravesical instillation, 1 mg	K	0809

**Table 7. — Descriptor Change for the HCPCS code J9355, Effective July 1, 2019**

HCPCS code	Old Short Descriptor	New Short Descriptor	Old Long Descriptor	New Long Descriptor
J9355	Trastuzumab injection	Inj trastuzumab excl biosimi	Injection, trastuzumab, 10 mg	Injection, trastuzumab, excludes biosimilar, 10 mg

**Table 8. — Reassignment of Skin Substitute Product from the Low Cost Group to the High Cost Group Effective July 1, 2019**

CY 2019 HCPCS Code	CY 2019 Short Descriptor	CY 2019 SI	Low/High Cost Skin Substitute
Q4176	Neopatch, per square centimeter	N	High

**Table 9. — CPT Category I Vaccine Code Effective July 1, 2019**

CPT Code	Long Descriptor	OPPS SI	OPPS APC
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	E1	

**Table 10. — CPT Code 90689 Status Indicator Revision**

CPT	Long Descriptor	OPPS	OPPS
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<b>Code</b>		<b>SI</b>	<b>APC</b>
90689	Influenza virus vaccine, quadrivalent (iiv4), inactivated, adjuvanted, preservative free, 0.25 ml dosage, for intramuscular use	L	

**Table 11. – HCPCS Code A4563 Status Indicator Revision**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>	<b>OPPS APC</b>
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	A	