CMS and AMA Fourth Quarter 2020 Coding Updates:

Panacea Summary and Recommendations

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Panacea's revenue integrity team continually monitors announcements by the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) to bring you the most current and up-to-date coding and billing information. Since our last quarterly update, CMS and AMA have been actively publishing new information that hospitals and providers will need to review to ensure that claims coding and billing is appropriate, based upon the timing of the implementation for these updates.

Below you will find Panacea's discussion on the summary of changes that have occurred over the last few months, and changes being implemented in the fourth quarter of 2020. These include:

- New Procedure/Service HCPCS Codes
- Updates to Drugs, Biologicals, and Radiopharmaceutical HCPCS Codes
- Special Update: IPPS Final Rule Price Transparency Requirements
- Special Update: Price Transparency/Cash Posting COVID-19 Diagnostic Testing
- Additional Flexibilities During the COVID-19 PHE
- AMA Coronavirus Coding Updates
- New CPT Codes for MAAA
- New CPT Codes for PLA

It is important to review these changes and share the information with the applicable departments, as well as coding and billing staff, for possible implementation in your hospital chargemaster. Overlooking the updates puts your organization at risk for lost revenue and inaccurate coding and billing.

As there are many changes effective October 1, 2020, in addition to the significant issues we have summarized in this article, we urge you to refer to CMS Transmittal 10331 for a full review of the Outpatient Prospective Payment System (OPPS) updates by visiting https://www.cms.gov/files/document/r10331cp.pdf. For October 2020 updates to the IOCE (Integrated Outpatient Code Editor), visit https://www.cms.gov/files/document/r10332cp.pdf.

OPPS Updates

New Procedure/Service HCPCS Codes

CMS has created three new temporary procedural HCPCS codes, effective for use Oct. 1, 2020. The codes and descriptions are summarized below:

- Vacuum Aspiration of the Kidney, Collecting System and Urethra/HCPCS code C9761 (Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral

- catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra, if applicable). This procedure code is a combination code that denotes the diagnostic exam, lithotripsy, ureteral catheterization, and aspiration of calculus. This code is assigned to status indicator J1 and APC 5375, with a national estimated payment rate of $4,231.62.
- Endoscopic Ultrasound-Guided Direct Measurement of Hepatic Portosystemic Pressure Gradient/HCPCS code C9768 (Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method; list separately in addition to code for primary procedure). The measurement is performed with a device called the EchoTip® Insight™ from Cook Medical. This code may be reported with an esophagogastroduodenoscopy (EGD) examination code (e.g., 43237) to help evaluate suspected liver diseases. This code is assigned to status indicator N, since it is an add-on procedure code.
- Cystourethroscopy with Insertion of a Temporary Prostatic Implant or Stent/HCPCS code C9769 (Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts). This procedure code was created to enable the reporting of the insertion of temporary prostatic devices (e.g., Spanner™ stent). This code is assigned to status indicator J1 and APC 5375, with a national estimated payment rate of $4,231.62. Existing temporary HCPCS codes C9739 or C9740 will continue to be used when permanent implants are inserted.

Recommendation: Review the use of the new HCPCS codes with coding and billing staff to ensure that these are assigned and reported when these procedures are performed. Code C9769 for insertion of temporary prostatic implant may require research against other payer coverage criteria. Some payers may consider the insertion of temporary prostatic stents experimental or investigational.

Updates to Drug, Biological, and Radiopharmaceutical HCPCS Codes

CMS is making some significant changes to drug, biological, and radiopharmaceutical HCPCS codes, with reporting effective Oct. 1, 2020. Below is a summarization of those changes, and the table illustrates what to expect:

- Eight new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting. These drugs and biologicals will receive drug pass-through status.
- Three existing HCPCS codes will start to receive pass-through status.
- Eleven HCPCS codes will have pass-through status end on Sept. 30, 2020.
- Eighteen new drug, biological, and radiopharmaceutical HCPCS codes are being created. Four of the HCPCS J codes are replacing deleted HCPCS codes C9055, C9059, C9063, and C9061.

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New HCPCS Codes with Pass-Through Status			
HCPCS	**Long Description**	**SI**	**APC**
C9060	Fluoroestradiol F18, diagnostic, 1 mCi	G	9370
C9062	Injection, daratumumab 10 mg and hyaluronidase-fihj	G	9378
C9064	Mitomycin pyelocalyceal instillation, 1 mg	G	9374
C9065	Injection, romidepsin, non-lypohilized (e.g. liquid), 1 mg	G	9379
C9066	Injection, sacituzumab govitecan-hziy, per 10 mg	G	9376
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi	G	9323
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	G	9351
J9227	Injection, isatuximab-irfc, 10 mg	G	9377

Existing HCPCS with Pass-Through Status				
HCPCS	**Long Description**	**Prior SI**	**New SI**	**APC**
Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg	K	G	9382
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	K	G	9349
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	E2	G	9381

HCPCS with Pass-Through Status Ending				
HCPCS	**Long Description**	**Prior SI**	**New SI**	**APC**
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	G	N	N/A
J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml	G	N	N/A
J1301	Injection, edaravone, 1 mg	G	K	9493
J2350	Injection, ocrelizumab, 1 mg	G	K	9494
J9023	Injection, avelumab, 10 mg	G	K	9491
J9173	Injection, durvalumab, 10 mg	G	K	9492
Q4195	Puraply, per square centimeter	G	N	N/A
Q4196	Puraply am, per square centimeter	G	N	N/A
Q9950	Injection, sulfur hexafluoride lipid microsphere, per ml	G	N	N/A
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5	G	N	N/A
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1	G	N	N/A

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New HCPCS Codes				
New HCPCS	**Prior HCPCS**	**Long Description**	**SI**	**APC**
C9060	N/A	Fluoroestradiol F18, diagnostic, 1 mCi	G	9370
C9062	N/A	Injection, daratumumab 10 mg and hyaluronidase-fihj	G	9378
C9064	N/A	Mitomycin pyelocalyceal instillation, 1 mg	G	9374
C9065	N/A	Injection, romidepsin, non-lypohilized (e.g. liquid), 1 mg	G	9379
C9066	N/A	Injection, sacituzumab govitecan-hziy, per 10 mg	G	9376
C9067	N/A	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi	G	9323
J1437	N/A	Injection, ferric derisomaltose, 10 mg	E2	N/A
J1632	C9055	Injection, brexanolone, 1 mg	G	9333
J1738	C9059	Injection, meloxicam, 1 mg	G	9371
J3032	C9063	Injection, eptinezumab-jjmr, 1 mg	G	9357
J3241	C9061	Injection, teprotumumab-trbw, 10 mg	G	9355
J7351	N/A	Injection, bimatoprost, intracameral implant, 1 microgram	G	9351
J9227	N/A	Injection, isatuximab-irfc, 10 mg	G	9377
J9304	N/A	Injection, pemetrexed (PEMFEXY), 10 mg	E2	N/A
Q4249	N/A	Amniply, for topical use only, per square centimeter	N	N/A
Q4250	N/A	AmnioAMP- MP, per square centimeter	N	N/A
Q4254	N/A	Novafix dl, per square centimeter	N	N/A
Q4255	N/A	Reguard, for topical use only, per square centimeter	N	N/A

Other additional drug and biological HCPCS code changes are summarized below:

- The status indicator for HCPCS code Q5121 (Injection, infliximab-axxq, biosimilar, (avsola), 10 mg) for the period of July 6, 2020 through Sept. 30, 2020 will be changed retroactively from status indicator = ”E2” to status indicator = “K.”
- Long descriptor for HCPCS code J9305 (Injection, pemetrexed, 10 mg) will be revised to Injection, pemetrexed, not otherwise specified, 10 mg.
- Four new skin substitute HCPCS codes are being created. See New Skin Substitutes table below.
- Three skin substitute HCPCS codes will be reassigned from the low-cost skin substitute group to the high-cost skin substitute group. See Skin Substitutes Reassigned to High-Cost Skin Substitute Group table below.

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New Skin Substitutes			
HCPCS	**Short Descriptor**	**SI**	**Designation**
Q4249	Amniply, per sq cm	N	Low
Q4250	AmnioAMP-MP per sq cm	N	Low
Q4254	Novafix dl per sq cm	N	Low
Q4255	Reguard, topical use per sq cm	N	Low

Skin Substitutes Reassigned to High-Cost Skin Substitute Group				
HCPCS	**Short Descriptor**	**SI**	**Prior Designation**	**New Designation**
Q4205	Membrane graft or wrap sq cm	N	Low	High
Q4226	Myown harv prep proc sq cm	N	Low	High
Q4234	Xcellerate, per sq cm	N	Low	High

Recommendation: Revenue cycle teams will need to review the updates to drugs, biologicals, and radiopharmaceutical updates, and implement applicable changes in the charge description masters. Pharmacy staff will need to confirm which drugs reside in the formulary and confirm use of HCPCS codes and units to be reported. Coding staff will need to be aware of changes in skin substitute designation to ensure that the applicable CPT code (15271-15278) or HCPCS code (C5271-C5278) is assigned.

Refer to the October 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS) change request (CR) document for payment and other information related to these HCPCS code(s):
https://www.cms.gov/files/document/r10366cp.pdf

IPPS Updates

Special Update: IPPS Final Rule Price Transparency Requirements

In the 2021 CY Inpatient Prospective Payment System (IPPS) Final Rule released on Sept. 2, 2020, CMS indicated that it is finalizing its requirement that hospitals will need to list on the Medicare cost report (cost reporting periods ending on or after Jan. 1, 2021) the MS-DRG median payer-specific negotiated "charge" that the hospital has negotiated with all of its Medicare Advantage (MA) organizations. This will replace the current use of gross charges that are reflected on a hospital's chargemaster and cost information from the Medicare cost reports. To arrive at these median payer-specific negotiated charges, hospitals will not be comparing apples to apples, since payers use various methodologies to negotiate payment for inpatient cases (e.g., MS-DRG rate, per diem, APR-DRG, percentage discount gross charges, etc.). CMS is well aware of this, and stated in the IPPS Final Rule that "the payer-specific negotiated charges used by hospitals to calculate these medians would be the payer-specific negotiated charges for service packages that hospitals are required to make public under the requirements we finalized in the Hospital Price Transparency Final Rule (84 FR 65524) that can be cross-walked to an MS-DRG." CMS also indicated that further instructions for the reporting of the market-basket data collection requirement on the Medicare cost report will be discussed in a forthcoming revision of the Information Collection Request that will expire on March 31, 2022.

Recommendation: Hospital organizations should already be working on analyzing and preparing for meeting the requirements to make standard charges public, found in the Price Transparency Final Rule (CMS-1717-F2) – including working toward compliance with the requirements to post the machine-readable file (MRF) and consumer-friendly display (CFD) beginning Jan. 1, 2021. Panacea is already working with hospital clients to create their MRF and CFD and can assist your organization to be compliant with the Final Rule requirements.

COVID-19 PHE Updates

Special Update: Price Transparency/Cash Posting COVID-19 Diagnostic Testing

Panacea is reminding hospitals of the requirements under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, enacted on March 27, 2020. Section 3202(b) of the CARES Act requires providers of diagnostic tests for COVID-19 to make public the cash price for a diagnostic test on the provider's publicly accessible website. Since this requirement was released almost six months ago, CMS and AMA have created 17 new CPT/HCPCS codes to report specific testing for SARS-CoV-2 (COVID-19). The table below lists all the new codes created during the public health emergency (PHE), including recently released CPT code 86413.

Recommendation: Panacea recommends sharing the list of codes below with your finance/reimbursement team to ensure that necessary steps are being taken (or have been

taken) to post cash pricing for COVID-19 laboratory tests being performed and charged by your organization.

New COVID-19 PHE Laboratory Tests for 2020			
HCPCS	**Long Descriptor**	**Add Date**	**OPPS SI**
86328	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	4/10/2020	A
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	8/10/2020	A
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	8/10/2020	A
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	9/8/2020	TBD
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	4/10/2020	A
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme- linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	6/25/2020	A
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	3/13/2020	A
0014M	Liver disease, analysis of three biomarkers (hyaluronic acid [ha], procollagen iii amino terminal peptide [piiinp], tissue inhibitor of metalloproteinase 1 [timp-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within five years	4/1/2020	Q4
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	5/20/2020	A
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	6/25/2020	A
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	6/25/2020	A

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New COVID-19 PHE Laboratory Tests for 2020			
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	8/10/2020	A
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	8/10/2020	A
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real- Time RT-PCR Diagnostic Panel	2/4/2020	A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	2/4/2020	A
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020- 01-R	4/14/2020	A
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020- 01-R	4/14/2020	A

Additional Flexibilities During COVID-19 PHE

CMS posted an update to the COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing on Sept. 11, 2020. In this growing document, CMS included responses to stakeholder queries for meeting the requirements of the National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) for certain services during the PHE. They have indicated they will relax enforcement for meeting the clinical indications and/or face-to-face requirements for coverage for several beneficiary-covered benefits. This, however, does not mean that providers should relax their own documentation and/or clinical indication processes. CMS is still expecting physicians, practitioners, and suppliers to use their clinical judgment to ensure that these services are still being furnished when reasonable and necessary. The following NCDs and LCDs are included under this flexibility:

- NCD 240.2 Home Oxygen
- NCD 240.4 Continuous Positive Airway Pressure for Obstructive Sleep Apnea
- LCD L33800 Respiratory Assist Devices (ventilators for home use)
- NCD 240.5 Intrapulmonary Percussive Ventilator
- LCD L33797 Oxygen and Oxygen Equipment (for home use)
- NCD 190.11 Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management
- NCD 280.14 Infusion Pumps
- LCD L33794 External Infusion Pumps
- LCD L33785 High-frequency chest wall oscillation

- LCD L33370 Nebulizers
- LCD 33822 Glucose Monitors
- LCD 35434 Oximetry services

Recommendation: Panacea recommends applicable staff reviewing and understanding NCD/LCD medical necessity requirements for the services being provided or performed in your organization. Remind your staff that the relaxation of the NCD/LCD requirements include, as applicable, face-to-face, direct supervision, and/or certain clinical indications for all patients (COVID-19 and non-COVID-19).

AMA Updates

Coronavirus Coding Updates

On Sept. 8, 2020, AMA posted two new codes created and approved by the CPT Editorial Panel. Use of new code 86413 (Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative) was created for the primary purpose of providing precise quantitative measurements, and these results will assist in studies of the epidemiology, pathogenesis, prevention, and treatment of COVID-19. New Code 99072 (Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease) will assist in capturing practice expenses during a PHE. This new supplies and materials code differs for use from code 99070 (Supplies and materials (except spectacles), provided by the physician or other qualified healthcare professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)). New code 99072 will only be reported during a PHE, such as that of the COVID-19 PHE, and it will also account for any additional time required by physician office clinical staff to provide a service safely. The practice expense associated with this code accounts for time spent by clinical staff, three surgical masks, and cleaning supplies associated with the patient office visit. To read the CPT Assistant Special Edition in its entirety, go to the link we have provided below.

Recommendation: Panacea encourages hospital staff to review for use code 86413, and add to your hospital chargemaster as applicable. Ensure that all applicable staff understand that this code will be reported when quantitative antibody analysis of SARS-CoV-2 is ordered and performed.

New CPT Codes for MAAA

The AMA Current Procedural Terminology (CPT) Editorial Panel established the two new Multianalyte Assays with Algorithmic Analyses (MAAA) codes below. These codes are effective

for use Oct. 1, 2020. Both codes have been assigned to Q4 status indicator until CMS can review the use of the tests further to determine if they will be separately paid.

- 0015M (Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy)
- 0016M (Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like))

Recommendation: Laboratory staff will need to review the code descriptors to determine if these tests are being performed in-house or being sent out. If applicable, the codes will need to be added to the charge description master. For additional information about the MAAA codes, go online to this link: https://www.ama-assn.org/practice-management/cpt/multianalyte-assays-algorithmic-analyses-codes

New CPT Codes for PLA

The AMA CPT Editorial Panel also established 20 new Proprietary Laboratory Analyses (PLA) codes (CPT codes 0203U through 0222U) that will be effective for use Oct. 1, 2020. To see the full listing of the new PLA codes and the OPPS status indicator assignments, review OPPS Transmittal 10331 online here and locate Table 6:
https://www.cms.gov/files/document/r10331cp.pdf

Recommendation: Laboratory staff will need to review the code descriptors to determine if these tests are being performed in-house or being sent out. If applicable, the codes will need to be added to the charge description master. To view the PLA codes, short/medium/long descriptors, and manufacturer information via separate documents, go to this AMA link:
https://www.ama-assn.org/practice-management/cpt/cpt-pla-codes

Updates Made Simple

Quarterly updates are nothing new, but each and every one is critical to ensuring accurate reimbursement for your organization. We hope that this summary was helpful in familiarizing you with the changes that will go into effect in Oct. 1, 2020.

If you're tired of wondering how updates apply and should be implemented in your organization, Panacea's CLAIMSauditor software makes it easy by reviewing your chargemaster and sending automatic notifications and recommendations based on each round of coding updates. Contact us at 1-866-926-5933 or contact@panaceainc.com to schedule a demonstration.

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Sources:

CMS Transmittal 10331, CR 11960, October 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS): https://www.cms.gov/files/document/r10331cp.pdf

American Medical Association, CPT Assistant Special Edition, September 2020: https://www.ama-assn.org/system/files/2020-09/cpt-assistant-guide-coronavirus-september-2020.pdf

CMS COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

Price Transparency: Requirements for Providers to Make Public Cash Prices for COVID-19 Diagnostic Testing: https://www.cms.gov/files/document/covid-ffs-price-transparency-faqs.pdf