



July 2020

Dear Optum360 2020 HCPCS Level II Customer:

The Centers for Medicare and Medicaid Services (CMS) has issued the following update for July 1, 2020. We are also including updates released between April 1, 2020 and July 1, 2020.

Included below are the changes that can be marked in your book. Our customer service team is available to answer any questions, at 1.800.464.3649, option 1. Thank you for your patience and support of our ongoing efforts to deliver quality products. We value you as an Optum360 customer.

Sincerely,

Optum360

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The following change is effective January 1, 2020:

Revised Code

G2063 Qualified nonphysician qualified health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

The following change is effective January 27, 2020:

New Code

G2025 Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only

The following change is effective February 4, 2020:

New Code

U0002 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC

The following changes are effective March 1, 2020:

New Codes

G2023 Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source
G2024 Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

The following changes are effective March 18, 2020:

New Codes

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

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

The following changes are effective July 1, 2020:

New Codes

C1748 Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable)
C1849 Skin substitute, synthetic, resorbable, per sq cm
C9122 Mometasone furoate sinus implant, 10 mcg (Sinuva)
C9759 Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed
C9760 Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study
C9762 Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
C9763 Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging
C9764 Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed

C9765 Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed

C9766 Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed

C9767 Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed

C9803 Hospital outpatient clinic visit specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

G2170 Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed

G2171 Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, veinography, and/or ultrasound, with radiologic supervision and interpretation, when performed

Q4227 AmnioCore™, per sq cm

Q4228 BioNextPATCH, per sq cm

Q4229 Cogenex Amniotic Membrane, per sq cm

Q4230 Cogenex Flowable Amnion, per 0.5 cc

Q4231 Corplex P, per cc

Q4232 Corplex, per sq cm

Q4233 SurFactor or NuDyn, per 0.5 cc

Q4234 XCellerate, per sq cm

Q4235 AMNIOREPAIR or AltIPly, per sq cm

Q4236 carePATCH, per sq cm

Q4237 Cryo-Cord, per sq cm

Q4238 Derm-Maxx, per sq cm

Q4239 Amnio-Maxx or Amnio-Maxx Lite, per sq cm

Q4240 CoreCyte, for topical use only, per 0.5 cc

Q4241 PolyCyte, for topical use only, per 0.5 cc

Q4242 AmnioCyte Plus, per 0.5 cc

Q4244 Procenta, per 200 mg

Q4245 AmnioText, per cc

Q4246 CoreText or ProText, per cc

Q4247 Amniotext patch, per sq cm

Q4248 Dermacyte Amniotic Membrane Allograft, per sq cm

Q5119 Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg

Q5120 Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg

Q5121 Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg

Revised Codes

J7321 Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose

J9245 Injection, melphalan HCl, not otherwise specified, 50 mg

Q4176 Neopatch or Therion, per sq cm

Deleted Codes

C9041 Injection, coagulation Factor Xa (recombinant), inactivated

C9053 Injection, crizanlizumab-tmca, 1 mg

C9054 Injection, lefamulin (XENLETA), 1 mg

C9056 Injection, givosiran, 0.5 mg

C9057 Injection, cetirizine HCl, 1 mg

C9058 Injection, pegfilgrastim-bmez, biosimilar, (Ziextenzo) 0.5 mg

C9754 Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)

C9755 Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed

J9199 Injection, gemcitabine hydrochloride (Infugem), 200 mg

Correction

C2645 Brachytherapy planar source, palladium-103, per sq mm
**Note: "mL" was corrected to "mm" per the CMS source file*

Revised Modifier

CS Cost-sharing waived for specified COVID-19 testing-related services that result in an order for, or administration of, a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in Rural Health Clinics and Federally Qualified Health Centers during the COVID-19 public health emergency