

April 2021

Dear Optum360 2021 HCPCS Level II Expert Customer:

The Centers for Medicare and Medicaid Services (CMS) has issued the following update for April 2021, 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 high-quality products. We value you as an Optum360 customer.

Sincerely,

Optum360
www.optum360coding.com

The following code changes are effective April 1, 2021:

New Codes

- A9592 Copper Cu-64, dotatate, diagnostic, 1 mCi
- C9074 Injection, lumasiran, 0.5 mg
- C9776 Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure)
- C9777 Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)
- G2020 Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the SIP component of the PCF model (do not bill with chronic care management codes)
- G2172 All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project
- J1427 Injection, viltolarsen, 10 mg
- J1554 Injection, immune globulin (Asceniv), 500 mg
- J7402 Mometasone furoate sinus implant, (Sinuva), 10 mcg
- J9037 Injection, belantamab mafodotin-blmf, 0.5 mg
- J9349 Injection, tafasitamab-cxix, 2 mg
- K1013 Enema tube, any type, replacement only, each

K1014 Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control

K1015 Foot, adductus positioning device, adjustable

K1016 Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve

K1017 Monthly supplies for use of device coded at K1016

K1018 External upper limb tremor stimulator of the peripheral nerves of the wrist

K1019 Monthly supplies for use of device coded at K1018

K1020 Noninvasive vagus nerve stimulator

Q2053 Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

S1091 Stent, noncoronary, temporary, with delivery system (Propel)

Revised Codes

C9761 Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable

G2140 Leg pain measured by the visual analog scale (VAS) at three months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater

G9868 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes

G9869 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, 10 to 20 minutes

G9870 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, more than 20 minutes

J7321 Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose

Deleted Codes

C9068 Copper cu-64, dotatate, diagnostic, 1 mCi

C9069 Injection, belantamab mafodotin-blmf, 0.5 mg

C9070 Injection, tafasitamab-cxix, 2 mg

C9071 Injection, viltolarsen, 10 mg

- C9072 Injection, immune globulin (Asceniv), 500 mg
- C9073 Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
- C9122 Mometasone furoate sinus implant, 10 mcg (Sinuva)
- J7333 Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose
- J7401 Mometasone furoate sinus implant, 10 mcg
- K1010 Indwelling intraurethral drainage device with valve, patient inserted, replacement only, ea
- K1011 Activation device for intraurethral drainage device with valve, replacement only, ea
- K1012 Charger and base station for intraurethral activation device, replacement only