

April 2022

Dear Optum 2022 HCPCS Level II Expert Customer:

The Centers for Medicare and Medicaid Services (CMS) has issued the following update 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 Optum customer.

Sincerely,

Optum

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The following code changes are effective April 1, 2022:

**New Codes**

A2011 Supra SDRM, per sq cm

A2012 SUPRATHEL, per sq cm

A2013 Innovamatrix FS, per sq cm

A4100 Skin substitute, FDA-cleared as a device, not otherwise specified

A4238 Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service

A9291 Prescription digital behavioral therapy, FDA-cleared, per course of treatment

A9574 Air polymer-type A intrauterine foam, 0.1 ml

C9090 Injection, plasminogen, human-tvmh, 1 mg

C9091 Injection, sirolimus protein-bound particles, 1 mg

C9092 Injection, triamcinolone acetonide, suprachoroidal (Xipere), 1 mg

C9093 Injection, ranibizumab, via sustained release intravitreal implant (Susvimo), 0.1 mg

C9781 Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed

- C9782 Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study
- C9783 Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study
- E2102 Adjunctive continuous glucose monitor or receiver
- H2038 Skills training and development, per diem
- J0219 Injection, avalsuglucosidase alfa-ngpt, 4 mg
- J0491 Injection, anifrolumab-fnia, 1 mg
- J0879 Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)
- J9071 Injection, cyclophosphamide, (AuroMedics), 5 mg
- J9273 Injection, tisotumab vedotin-tftv, 1 mg
- J9359 Injection, loncastuximab tesirine-lpyl, 0.075 mg
- K1028 Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
- K1029 Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
- K1030 External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only
- K1031 Nonpneumatic compression controller without calibrated gradient pressure
- K1032 Nonpneumatic sequential compression garment, full leg
- K1033 Nonpneumatic sequential compression garment, half leg
- Q4224 Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm
- Q4225 AmnioBind, per sq cm

Q4256 MLG-Complete, per sq cm

Q4257 Release, per sq cm

Q4258 Enverse, per sq cm

Q5124 Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg

T2050 Financial management, self-directed, waiver; per diem

T2051 Supports brokerage, self-directed, waiver; per diem

V2525 Contact lens, hydrophilic, dual focus, per lens

#### **Revised Modifier**

FT Unrelated evaluation and management (E/M) visit on the same day as another E/M visit or during a global procedure (preoperative, postoperative period, or on the same day as the procedure, as applicable). (Report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated)

#### **Deleted Codes**

C9084 Injection, loncastuximab tesirine-lpyl, 0.1 mg

C9085 Injection, avalglucosidase alfa-ngpt, 4 mg

C9086 Injection, anifrolumab-fnia, 1 mg

C9087 Injection, cyclophosphamide, (Auromedics), 10 mg

G1009 Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program

M1145 Most favored nation (MFN) model drug add-on amount, per dose, (do not bill with line items that have the JW modifier)