

# HCPCS Procedure Code Changes effective January 1, 2018

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## New Codes

\*Denotes recycled code

+Denotes code that was added and deleted in the same year

### 04/01/17

- C9484+** Injection, eteplirsen, 10 mg
- C9485+** Injection, olaratumab, 10 mg
- C9486+** Injection, granisetron extended release, 0.1 mg
- C9487+** Ustekinumab, for intravenous injection, 1 mg
- C9488** Injection, conivaptan hydrochloride, 1 mg

### 07/01/17

- C9489+** Injection, nusinersen, 0.1 mg
- C9490+** Injection, bezlotoxumab, 10 mg
- C9745** Nasal endoscopy, surgical; balloon dilation of eustachian tube
- C9746** Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed
- C9747** Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance
- K0553** Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies

and accessories, 1 month supply = 1 Unit Of Service

- K0554** Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system
- Q9984+** Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg
- Q9985+** Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
- Q9986+** Injection, hydroxyprogesterone caproate, (Makena), 10 mg
- Q9987+** Pathogen(s) test for platelets
- Q9988+** Platelets, pheresis, pathogen-reduced, each unit
- Q9989+** Ustekinumab, for Intravenous Injection, 1 mg

**10/01/17**

- C9491+** Injection, avelumab, 10 mg
- C9492** Injection, durvalumab, 10 mg
- C9493** Injection, edaravone, 1 mg
- C9494+** Injection, ocrelizumab, 1 mg

**01/01/18**

- C9014** Injection, cerliponase alfa, 1 mg
- C9015** Injection, C-1 esterase inhibitor (human), haegarda, 10 units
- C9016** Injection, triptorelin extended release, 3.75 mg
- C9024** Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
- C9028** Injection, inotuzumab ozogamicin, 0.1 mg
- C9029** Injection, guselkumab, 1 mg
- C9738** Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)
- C9748** Transurethral destruction of prostate tissue
- E0953\*** Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
- E0954\*** Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot

- G0511** Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month
- G0512** Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric CoCM), 60 minutes or more of clinical staff time for psychiatric CoCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month
- G0513** Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)
- G0514** Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code g0513 for additional 30 minutes of preventive service)
- G0515** Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
- G0516** Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
- G0517** Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
- G0518** Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
- G9868** Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, less than 10 minutes
- G9869** Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 10-20 minutes
- G9870** Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the Next Generation ACO model, 20 or more minutes
- G9890** Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity
- G9891** Documentation of medical reason(s) for not performing a dilated macular examination
- G9892** Documentation of patient reason(s) for not performing a dilated macular examination
- G9893** Dilated macular exam was not performed, reason not otherwise specified

- G9894** Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate
- G9895** Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)
- G9896** Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate
- G9897** Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given
- G9898** Patient age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period
- G9899** Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed
- G9900** Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified
- G9901** Patient age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period
- G9902** Patient screened for tobacco use and identified as a tobacco user
- G9903** Patient screened for tobacco use and identified as a tobacco non-user
- G9904** Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
- G9905** Patient not screened for tobacco use, reason not given
- G9906** Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)
- G9907** Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)
- G9908** Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given
- G9909** Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (eg, limited life expectancy, other medical reason)
- G9910** Patients age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 anytime during the measurement period
- G9911** Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer before or after neoadjuvant systemic therapy
- G9912** Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF

(tumor necrosis factor) therapy

- G9913** Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not given
- G9914** Patient receiving an anti-TNF agent
- G9915** No record of HBV results documented
- G9916** Functional status performed once in the last 12 months
- G9917** Documentation of medical reason(s) for not performing functional status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason)
- G9918** Functional status not performed, reason not otherwise specified
- G9919** Screening performed and positive and provision of recommendations
- G9920** Screening performed and negative
- G9921** No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified
- G9922** Safety concerns screen provided and if positive then documented mitigation recommendations
- G9923** Safety concerns screen provided and negative
- G9924** Documentation of medical reason(s) for not providing safety concerns screen or for not providing recommendations, orders or referrals for positive screen (e.g., patient in palliative care, other medical reason)
- G9925** Safety concerns screening not provided, reason not otherwise specified
- G9926** Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources
- G9927** Documentation of system reason(s) for not prescribing warfarin or another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment
- G9928** Warfarin or another FDA-approved anticoagulant not prescribed, reason not given
- G9929** Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)
- G9930** Patients who are receiving comfort care only
- G9931** Documentation of CHA2DS2-VASC risk score of 0 or 1
- G9932** Documentation of patient reason(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for mantoux (PPD) skin test evaluation)

- G9933** Adenoma(s) or colorectal cancer detected during screening colonoscopy
- G9934** Documentation that neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma
- G9935** Adenoma(s) or colorectal cancer not detected during screening colonoscopy
- G9936** Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus
- G9937** Diagnostic colonoscopy
- G9938** Patients age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period
- G9939** Pathologists/dermatopathologists is the same clinician who performed the biopsy
- G9940** Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene rx, esrd, cirrhosis, muscular pain and disease during the measurement period or prior year)
- G9941** Back pain was measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively
- G9942** Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy
- G9943** Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months ( 6 - 20 weeks) postoperatively
- G9944** Back pain was measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively
- G9945** Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis
- G9946** Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively
- G9947** Leg pain was measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively
- G9948** Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy
- G9949** Leg pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively
- G9954** Patient exhibits 2 or more risk factors for post-operative vomiting
- G9955** Cases in which an inhalational anesthetic is used only for induction
- G9956** Patient received combination therapy consisting of at least two prophylactic

pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively

- G9957** Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)
- G9958** Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively
- G9959** Systemic antimicrobials not prescribed
- G9960** Documentation of medical reason(s) for prescribing systemic antimicrobials
- G9961** Systemic antimicrobials prescribed
- G9962** Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy
- G9963** Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy
- G9964** Patient received at least one well-child visit with a PCP during the performance period
- G9965** Patient did not receive at least one well-child visit with a PCP during the performance period
- G9966** Children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report
- G9967** Children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report
- G9968** Patient was referred to another provider or specialist during the performance period
- G9969** Provider who referred the patient to another provider received a report from the provider to whom the patient was referred
- G9970** Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred
- G9974** Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity
- G9975** Documentation of medical reason(s) for not performing a dilated macular examination
- G9976** Documentation of patient reason(s) for not performing a dilated macular examination
- G9977** Dilated macular exam was not performed, reason not otherwise specified

<b>J0565</b>	Injection, bezlotoxumab, 10 mg
<b>J0604</b>	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)
<b>J0606</b>	Injection, etelcalcetide, 0.1 mg
<b>J1428</b>	Injection, eteplirsen, 10 mg
<b>J1555</b>	Injection, immune globulin (cuvitru), 100 mg
<b>J1627</b>	Injection, granisetron, extended-release, 0.1 mg
<b>J1726</b>	Injection, hydroxyprogesterone caproate, (makena), 10 mg
<b>J1729</b>	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
<b>J2326</b>	Injection, nusinersen, 0.1 mg
<b>J2350*</b>	Injection, ocrelizumab, 1 mg
<b>J3358</b>	Ustekinumab, for intravenous injection, 1 mg
<b>J7210</b>	Injection, factor VIII, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
<b>J7211</b>	Injection, factor VIII, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
<b>J7296</b>	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg
<b>J7345*</b>	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg
<b>J9022</b>	Injection, atezolizumab, 10 mg
<b>J9023</b>	Injection, avelumab, 10 mg
<b>J9203</b>	Injection, gemtuzumab ozogamicin, 0.1 mg
<b>J9285</b>	Injection, olaratumab, 10 mg
<b>L3761</b>	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf
<b>L7700</b>	Gasket or seal, for use with prosthetic socket insert, any type, each
<b>L8625*</b>	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each
<b>L8694</b>	Auditory osseointegrated device, transducer/actuator, replacement only, each
<b>P9073</b>	Platelets, pheresis, pathogen-reduced, each unit
<b>P9100</b>	Pathogen(s) test for platelets
<b>Q0477</b>	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only



<b>Q2040*</b>	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion
<b>Q4176</b>	Neopatch, per square centimeter
<b>Q4177</b>	Floweramnioflo, 0.1 cc
<b>Q4178</b>	Floweramniopatch, per square centimeter
<b>Q4179</b>	Flowerderm, per square centimeter
<b>Q4180</b>	Revita, per square centimeter
<b>Q4181</b>	Amnio wound, per square centimeter
<b>Q4182</b>	Transcyte, per square centimeter

## Deleted Codes

<b>A9599</b>	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (pet) imaging, per study dose, not otherwise specified
<b>C9140</b>	Injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 i.u.
<b>C9483</b>	Injection, atezolizumab, 10 mg
<b>C9484+</b>	Injection, eteplirsen, 10 mg
<b>C9485+</b>	Injection, olaratumab, 10 mg
<b>C9486+</b>	Injection, granisetron extended release, 0.1 mg
<b>C9487+</b>	Ustekinumab, for intravenous injection, 1 mg
<b>C9489+</b>	Injection, nusinersen, 0.1 mg
<b>C9490+</b>	Injection, bezlotoxumab, 10 mg
<b>C9491+</b>	Injection, avelumab, 10 mg
<b>C9494+</b>	Injection, ocrelizumab, 1 mg
<b>G0202</b>	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed
<b>G0204</b>	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral
<b>G0206</b>	Diagnostic mammography, including computer-aided detection (cad) when performed;

unilateral

- G0364** Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service
- G0502** Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies
- G0503** Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment
- G0504** Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure); (use G0504 in conjunction with G0502, G0503)
- G0505** Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home
- G0507** Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team

- G8696** Antithrombotic therapy prescribed at discharge
- G8697** Antithrombotic therapy not prescribed for documented reasons (e.g., patient admitted for performance of elective carotid intervention, patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (e.g., patient left against medical advice, other patient reason(s))
- G8698** Antithrombotic therapy was not prescribed at discharge, reason not given
- G8879** Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer
- G8947** One or more neuropsychiatric symptoms
- G8971** Warfarin or another oral anticoagulant that is fda approved not prescribed, reason not given
- G8972** One or more high risk factors for thromboembolism or more than one moderate risk factor for thromboembolism
- G9381** Documentation of medical reason(s) for not offering assistance with end of life issues (eg, patient in hospice and in terminal phase) during the measurement period
- G9496** Documentation of reason for not detecting adenoma(s) or other neoplasm. (e.g., neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma)
- J1725** Injection, hydroxyprogesterone caproate, 1 mg
- J9300** Injection, gemtuzumab ozogamicin, 5 mg
- P9072** Platelets, pheresis, pathogen reduced or rapid bacterial tested, each unit
- Q9984+** Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg
- Q9985+** Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
- Q9986+** Injection, hydroxyprogesterone caproate (Makena), 10 mg
- Q9987+** Pathogen(s) test for platelets
- Q9988+** Platelets, pheresis, pathogen reduced, each unit
- Q9989+** Ustekinumab, for Intravenous Injection, 1 mg