

HCPCS LEVEL II CODE CHANGES

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What's New? A Codes



- A2001 Innovamatrix ac, per square centimeter
- A2002 Mirragen advanced wound matrix, per square centimeter
- A2003 Bio-connekt wound matrix, per square centimeter
- A2004 Xcellistem, per square centimeter
- A2005 Microlyte matrix, per square centimeter
- A2006 Novosorb synpath dermal matrix, per square centimeter
- A2007 Restrata, per square centimeter
- A2008 Theragenesis, per square centimeter
- A2009 Symphony, per square centimeter
- A2010 Apis, per square centimeter
- A4436 Irrigation supply; sleeve, reusable, per month
- A4437 Irrigation supply; sleeve, disposable, per month
- A9595 Piflufolastat (**AKA Pylarify**) f-18, diagnostic, 1 millicurie1st

C Codes



- C1832 **Autograft** suspension, including cell processing and application, and all system components
- C1833 **Monitor, cardiac**, including intracardiac lead and all system components (implantable)
- C9085 Injection, avalglucosidase alfa-ngpt, 4 mg
- C9086 Injection, anifrolumab-fnia, 1 mg
- C9087 Injection, cyclophosphamide, (auromedics), 10 mg
- C9088 Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg
- C9089 Bupivacaine, collagen-matrix implant, 1 mg

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E Codes



- E1629 Tablo hemodialysis system for the billable dialysis service

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G Codes



- G0028 Documentation of medical reason(s) for **not screening** for tobacco use (e.g., limited life expectancy, other medical reason)
- G0029 **Tobacco screening not performed** or **tobacco cessation intervention** not provided on the date of the encounter or within the previous 12 months, reason not otherwise specified
- G0030 Patient screened for tobacco use and received tobacco cessation intervention **on the date** of the encounter or **within the previous 12 months** (counseling, pharmacotherapy, or both), if identified as a tobacco user
- G0031 **Palliative** care services given to patient any time during the measurement period
- G0032 **Two or more antipsychotic prescriptions** ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (ipsd) for antipsychotics

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G Codes



- G0033 **Two or more benzodiazepine** prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the ipsd for benzodiazepines
- G0034 Patients receiving **palliative care** during the measurement period
- G0035 Patient has any **emergency department** encounter during the performance period with place of service indicator 23
- G0036 Patient or care partner **decline assessment**
- G0037 On date of encounter, **patient is not able to participate** in assessment or screening, including non-verbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available

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G Codes



- G0038 Clinician determines patient does **not require referral**
- G0039 Patient **not-referred**, reason not otherwise specified
- G0040 Patient already **receiving** physical/occupational/speech/recreational **therapy** during the measurement period
- G0041 Patient and/or care partner **decline referral**
- G0042 **Referral** to physical, occupational, speech, or recreational therapy
- G0043 Patients with mechanical **prosthetic** heart valve
- G0044 Patients with moderate or severe **mitral stenosis**
- G0045 Clinical follow-up and **mrs score assessed** at 90 days following endovascular stroke intervention
- G0046 Clinical follow-up and **mrs score not assessed** at 90 days following endovascular stroke intervention
- G0047 Pediatric patient with **minor blunt head trauma** and pecarn prediction criteria are not assessed

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G Codes



- G0048 Patients who **receive palliative** care services any time during the intake period through the end of the measurement year
- G0049 With **maintenance hemodialysis** (in-center and home hd) for the complete reporting month
- G0050 Patients with a **catheter** that have limited life expectancy
- G0051 Patients under **hospice care** in the current reporting month
- G0052 Patients on **peritoneal dialysis** for any portion of the reporting month
- G0053 **Advancing rheumatology patient** care MIPS value pathways
- G0054 **Coordinating stroke care** to promote prevention and cultivate positive outcomes MIPS value pathways
- G0055 **Advancing care** for heart disease MIPS value pathways
- G0056 **Optimizing chronic disease** management MIPS value pathways

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G Codes



- G0057 Proposed adopting best practices and **promoting patient safety** within emergency medicine MIPS value pathways
- G0058 **Improving care** for lower extremity joint repair MIPS value pathways
- G0059 **Patient safety** and support of positive experiences with **anesthesia** MIPS value pathways
- G0060 Allergy/immunology MIPS specialty set
- G0061 Anesthesiology MIPS specialty set
- G0062 Audiology MIPS specialty set
- G0063 Cardiology MIPS specialty set
- G0064 Certified nurse midwife MIPS specialty set
- G0065 Chiropractic medicine MIPS specialty set
- G0066 Clinical social work MIPS specialty set
- G0067 Dentistry MIPS specialty set

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G Codes



- G1024 **Clinical decision support** mechanism radrite, as defined by the Medicare appropriate use criteria program
- G1025 Patient-months where there are more than one Medicare **capitated** payment (mcp) provider listed for the month
- G1026 The number of adult patient-months in the denominator who were on **maintenance hemodialysis** using a catheter continuously for three months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month
- G1027 The number of adult patient-months in the denominator who were on **maintenance hemodialysis** under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than three months
- G1028 **Take-home supply of nasal naloxone**; 2-pack of 8mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

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G Codes



- G4000 Dermatology MIPS specialty set
- G4001 Diagnostic radiology MIPS specialty set
- G4002 Electrophysiology cardiac specialist MIPS specialty set
- G4003 Emergency medicine MIPS specialty set
- G4004 Endocrinology MIPS specialty set
- G4005 Family medicine MIPS specialty set
- G4006 Gastro-enterology MIPS specialty set
- G4007 General surgery MIPS specialty set
- G4008 Geriatrics MIPS specialty set
- G4009 Hospitalists MIPS specialty set
- G4010 Infectious disease MIPS specialty set
- G4011 Internal medicine MIPS specialty set

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G Codes



- G4012 Interventional radiology MIPS specialty set
- G4013 Mental/behavioral health MIPS specialty set
- G4014 Nephrology MIPS specialty set
- G4015 Neurology MIPS specialty set
- G4016 Neurosurgical MIPS specialty set
- G4017 Nutrition/dietician MIPS specialty set
- G4018 Obstetrics/gynecology MIPS specialty set
- G4019 Oncology/hematology MIPS specialty set
- G4020 Ophthalmology MIPS specialty set
- G4021 Orthopedic surgery MIPS specialty set
- G4022 Otolaryngology MIPS specialty set
- G4023 Pathology MIPS specialty set

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G Codes



- G4024 Pediatrics MIPS specialty set
- G4025 Physical medicine MIPS specialty set
- G4026 Physical therapy/occupational therapy MIPS specialty set
- G4027 Plastic surgery MIPS specialty set
- G4028 Podiatry MIPS specialty set
- G4029 Preventive medicine MIPS specialty set
- G4030 Pulmonology MIPS specialty set
- G4031 Radiation oncology MIPS specialty set
- G4032 Rheumatology MIPS specialty set
- G4033 Skilled nursing facility MIPS specialty set
- G4034 Speech language pathology MIPS specialty set
- G4035 Thoracic surgery MIPS specialty set

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G Codes



- G4036 Urgent care MIPS specialty set
- G4037 Urology MIPS specialty set
- G4038 Vascular surgery MIPS specialty set
- G9988 **Palliative care services** provided to patient any time during the measurement period
- G9989 Documentation of medical reason(s) for **not administering** pneumococcal vaccine (e.g., adverse reaction to vaccine)
- G9990 Pneumococcal vaccine was **not administered** on or after patient's 60th birthday and before the end of the measurement period, reason not otherwise specified
- G9991 Pneumococcal vaccine **administered** on or after patient's 60th birthday and before the end of the measurement period

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G Codes



- G9992 Palliative care services used by patient any time during the measurement period
- G9993 Patient was provided palliative care services any time during the measurement period
- G9994 Patient is using palliative care services any time during the measurement period
- G9995 Patients who use palliative care services any time during the measurement period
- G9996 Documentation stating the patient has received or is currently receiving palliative or hospice care
- G9997 Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter

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G Codes



- G9998 Documentation of medical reason(s) for an **interval of less than 3 years since the last colonoscopy** (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, last colonoscopy found greater than 10 adenomas, or patient at high risk for colon cancer [crohn's disease, ulcerative colitis, lower gastrointestinal bleeding, personal or family history of colon cancer, hereditary colorectal cancer syndromes])
- G9999 Documentation of system reason(s) for an **interval of less than 3 years since the last colonoscopy** (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)

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J Codes



- J0172 Injection, aducanumab-avwa, **2 mg**
- J1952 Leuprolide injectable, camcevi, **1 mg**
- J2506 Injection, pegfilgrastim, excludes biosimilar, **0.5 mg**
- J9021 Injection, asparaginase, recombinant, (rylaze), **0.1 mg**
- J9061 Injection, amivantamab-vmjw, **2 mg**
- J9272 Injection, dostarlimab-gxly, **10 mg**

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M Codes



- M1072 **Radiation therapy** for anal cancer under the radiation oncology model, 90 day episode, professional component
- M1073 Radiation therapy for anal cancer under the radiation oncology model, 90 day episode, technical component
- M1074 Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, professional component
- M1075 Radiation therapy for bladder cancer under the radiation oncology model, 90 day episode, technical component
- M1076 Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, professional component
- M1077 Radiation therapy for bone metastases under the radiation oncology model, 90 day episode, technical component

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M Codes



- M1078 **Radiation therapy** for brain metastases under the radiation oncology model, 90 day episode, professional component
- M1079 Radiation therapy for brain metastases under the radiation oncology model, 90 day episode, technical component
- M1080 Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, professional component
- M1081 Radiation therapy for breast cancer under the radiation oncology model, 90 day episode, technical component 1st January 2022
- M1082 Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, professional component 1st January 2022
- M1083 Radiation therapy for cervical cancer under the radiation oncology model, 90 day episode, technical component 1st January 2022

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M Codes



- M1084 **Radiation therapy** for cns tumors under the radiation oncology model, 90 day episode, professional component
- M1085 Radiation therapy for cns tumors under the radiation oncology model, 90 day episode, technical component
- M1086 Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, professional component
- M1087 Radiation therapy for colorectal cancer under the radiation oncology model, 90 day episode, technical component
- M1088 Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, professional component
- M1089 Radiation therapy for head and neck cancer under the radiation oncology model, 90 day episode, technical component
- M1094 Radiation therapy for lung cancer under the radiation oncology model, 90 day episode, professional component

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M Codes



- M1095 **Radiation therapy** for lung cancer under the radiation oncology model, 90 day episode, technical component
- M1096 Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, professional component
- M1097 Radiation therapy for lymphoma under the radiation oncology model, 90 day episode, technical component
- M1098 Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode, professional component
- M1099 Radiation therapy for pancreatic cancer under the radiation oncology model, 90 day episode, technical component

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M Codes



- M1100 **Radiation therapy** for prostate cancer under the radiation oncology model, 90 day episode, professional component
- M1101 Radiation therapy for prostate cancer under the radiation oncology model, 90 day episode, technical component
- M1102 Radiation therapy for upper gi cancer under the radiation oncology model, 90 day episode, professional component
- M1103 Radiation therapy for upper gi cancer under the radiation oncology model, 90 day episode, technical component
- M1104 Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, professional component
- M1105 Radiation therapy for uterine cancer under the radiation oncology model, 90 day episode, technical component

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Q Codes



- Q2055 Idecabtagene vicleucel, up to 460 million **autologous b-cell maturation antigen** (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
- Q4199 **Cygnus matrix**, per square centimeter

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Revised Codes- C Codes



- C9777 Esophageal mucosal **integrity testing** by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy

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G Codes



- G1013 Clinical decision support mechanism **evidence care imaging care**, as defined by the Medicare appropriate use criteria program
- G2081 Patients age 66 and older in **institutional special needs plans** (snp) or residing in long-term care with a pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period
- G2097 Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or uti)
- G2121 Depression, anxiety, apathy, and psychosis assessed
- G2122 Depression, anxiety, apathy, and psychosis not assessed

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G Codes



- G2142 **Functional status** measured by the Oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater
- G2143 Functional status measured by the Oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points
- G2144 Functional status measured by the Oswestry disability index (odi version 2.1a) at three months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 30 points or greater

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G Codes



- G2145 Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of less than 30 points
- G2148 Multimodal **pain management** was used
- G2150 Multimodal **pain management** was not used
- G2173 **URI episodes** where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)

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G Codes



- G2174 URI episodes when the patient had an active prescription of antibiotics (table 1) in the 30 days prior to the episode date
- G2175 Episodes where the patient had a **comorbid condition** during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease)
- G2177 Acute bronchitis/bronchiolitis **episodes** when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date
- G2207 Reason for **not administering adjuvant treatment** course including both chemotherapy and her2-targeted therapy (e.g. poor performance status (ECOG 3-4; Karnofsky = 50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course)

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G Codes



- G2215 **Take-home supply** of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
- G8433 Screening for depression **not completed**, documented patient or medical reason
- G8711 Prescribed or dispensed antibiotic on or within 3 days after the episode date
- G8950 **Elevated or hypertensive** blood pressure reading documented, and the indicated follow-up is documented
- G8952 Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given
- G8967 Fda approved oral anticoagulant is prescribed

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G Codes



- G8968 Documentation of medical reason(s) for **not prescribing** an fda-approved anticoagulant to a patient with a cha2ds2-vasc score of 0 or 1 for men; or 0, 1, or 2 for women (e.g., present or planned atrial appendage occlusion or ligation)
- G8969 Documentation of patient reason(s) for not prescribing an oral anticoagulant that is fda approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation)
- G9355 **Elective delivery** (without medical indication) by cesarean birth or induction of labor not performed (<39 weeks of gestation)
- G9356 Elective delivery (without medical indication) by cesarean birth or induction of labor performed (<39 weeks of gestation)
- G9359 Documentation of **negative or managed positive** tb screen with further evidence that tb is not active prior to treatment with a biologic immune response modifier

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G Codes



- G9361 Medical indication for delivery by cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]
- G9367 At least two orders for high-risk medications from the same drug class
- G9368 At least two orders for high-risk medications from the same drug class not ordered
- G9418 Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type following iaslc guidance or classified as nslc-nos with an explanation

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G Codes



- G9419 Documentation of medical reason(s) for not including the histological type or nslc-nos classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons)
- G9421 Primary non-small cell lung cancer **lung biopsy** and cytology specimen report does not document classification into specific histologic type or histologic type does not follow iaslc guidance or is classified as nslc-nos but without an explanation
- G9422 Primary lung carcinoma **resection report documents** pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not nslc-nos)
- G9425 Primary lung carcinoma **resection report** does not document pt category, pn category and for non-small cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma)

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G Codes



- G9428 Pathology **report includes** the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors
- G9429 Documentation of medical reason(s) for **not including** pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons)
- G9431 Pathology report **does not** include the pt category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors
- G9554 Final reports for ct, cta, mri or mra of the chest or neck with **follow-up imaging recommended**

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G Codes



- G9556 Final reports for ct, cta, mri or mra of the chest or neck with follow-up imaging **not recommended**
- G9557 Final reports for ct, cta, mri or mra studies of the chest or neck without an incidentally found thyroid nodule < **1.0 cm noted or no nodule found**
- G9580 Door to puncture time of 90 minutes or less
- G9582 Door to puncture time of greater than 90 minutes, no reason given
- G9627 Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery
- G9663 Any ldl-c laboratory test result ≥ 190 mg/dl
- G9703 Episodes where the patient is taking antibiotics (table 1) in the 30 days prior to the episode date, or had an active prescription on the episode date

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G Codes



- G9716 BMI is documented as being **outside of normal parameters**, follow-up plan is not completed for documented medical reason
- G9778 Patients who **have a diagnosis** of pregnancy at any time during the measurement period
- G9779 Patients who **are breastfeeding** at any time during the measurement period
- G9780 Patients who **have a diagnosis** of rhabdomyolysis at any time during the measurement period
- G9781 Documentation of medical reason(s) **for not currently being a statin therapy user** or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease [esrd])

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G Codes



- G9782 **History of or active** diagnosis of familial hypercholesterolemia
- G9822 Patients who had an **endometrial ablation** procedure during the 12 months prior to the index date (exclusive of the index date)
- G9823 Endometrial **sampling or hysteroscopy with biopsy** and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation
- G9824 Endometrial sampling or hysteroscopy with biopsy and **results not** documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation
- G9906 Patient identified as a **tobacco user received tobacco cessation** intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy)

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G Codes



- G9907 Documentation of medical reason(s) for **not providing tobacco** cessation intervention on the date of the encounter or within the previous 12 months (e.g., limited life expectancy, other medical reason)
- G9908 Patient identified as tobacco user **did not receive tobacco cessation** intervention on the date of the encounter or within the previous 12 months (counseling and/or pharmacotherapy), reason not given
- G9909 Documentation of medical reason(s) for **not providing tobacco cessation** intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user (e.g., limited life expectancy, other medical reason)
- G9927 Documentation of system reason(s) for not prescribing an fda-approved anticoagulation due to patient being currently enrolled in a clinical trial related to af/atrial flutter treatment
- G9928 **FDA-approved anticoagulant** not prescribed, reason not given

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Deleted Codes – A Codes



- A4397 **Irrigation supply**; sleeve, each

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C Codes



- C9081 Idecabtagene vicleucel, up to 460 million **autologous** anti-bcma car-positive viable t cells, including leukapheresis and dose **preparation procedures**, per therapeutic dose
- C9082 Injection, dostarlimab-gxly, 100 mg
- C9083 Injection, amivantamab-vmjw, 10 mg
- C9752 **Destruction** of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
- C9753 **Destruction** of intraosseous basivertebral nerve, **each additional** vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)

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G Codes



- G0424 **Pulmonary rehabilitation**, including exercise (includes monitoring), one hour, per session, up to two sessions per day
- G2064 Comprehensive care management services for a **single high-risk disease**, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities

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G Codes



- G2065 Comprehensive care management for a **single high-risk disease services**, e.g. principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities
- G8422 **BMI not documented**, documentation the patient is not eligible for BMI calculation

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G Codes



- G8925 Spirometry test **results demonstrate** fev1 \geq 60% fev1/fvc \geq 70%, predicted or patient does not have copd symptoms
- G8926 Spirometry **test not performed or documented**, reason not given
- G8938 BMI is documented as **being outside of normal parameters**, follow-up plan is not documented, documentation the patient is not eligible
- G9267 Documentation of patient **with one or more complications** or mortality within 30 days
- G9268 Documentation of patient with **one or more complications** within 90 days
- G9269 Documentation of patient **without one or more complications** and without mortality within 30 days
- G9270 Documentation of patient **without one or more complications** within 90 days

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G Codes



- G9348 CT scan of the **paranasal sinuses** ordered at the time of diagnosis for documented reasons
- G9349 CT scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis
- G9350 CT scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis
- G9399 Documentation in the patient record of a **discussion between the physician/clinician** and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment

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G Codes



- G9400 Documentation of medical or patient reason(s) **for not discussing treatment options**; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons
- G9401 No documentation in the patient record of a **discussion between the physician** or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment
- G9448 Patients who were born in the years 1945 to 1965
- G9449 **History of** receiving blood transfusions prior to 1992

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G Codes



- G9450 History of injection drug use
- G9561 Patients prescribed opiates for longer than six weeks
- G9562 Patients who had a follow-up evaluation conducted at least every three months during opioid therapy
- G9563 Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy
- G9577 Patients prescribed opiates for longer than six weeks
- G9578 Documentation of signed opioid treatment agreement at least once during opioid therapy
- G9579 No documentation of signed an opioid treatment agreement at least once during opioid therapy
- G9583 Patients prescribed opiates for longer than six weeks

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G Codes



- G9584 Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid therapy
- G9585 Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient not interviewed at least once during opioid therapy
- G9634 Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved
- G9635 Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire)
- G9636 Health-related quality of life not assessed with tool during at least two visits or quality of life score declined

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G Codes



- G9639 Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure
- G9640 Documentation of planned hybrid or staged procedure
- G9641 Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure
- G9647 Patients in whom mrs score could not be obtained at 90 day follow-up
- G9666 Patient's highest fasting or direct ldl-c laboratory test result in the measurement period or two years prior to the beginning of the measurement period is 70-189 mg/dl
- G9783 Documentation of patients with diabetes who have a most recent fasting or direct ldl- c laboratory test result < 70 mg/dl and are not taking statin therapy

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J Codes



- J2505 Injection, pegfilgrastim, 6 mg

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M Codes



- M1022 Patients who were in hospice at any time during the performance period
- M1025 Patients who were in hospice at any time during the performance period
- M1026 Patients who were in hospice at any time during the performance period
- M1031 Patients with no clinical indications for imaging of the head

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Conclusion



- Thank You all for attending this webinar!

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How do I obtain my CEU?

- The one (1) CEU for this webinar is awarded upon successful completion of the webinar post-quiz.
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