

HPCPS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	CURRENT MAXIMUM NON-FACILITY PAYMENT AMOUNT	CURRENT MAXIMUM FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM NON-FACILITY PAYMENT AMOUNT	PREVIOUS MAXIMUM FACILITY PAYMENT AMOUNT	PROF/TECH SPLIT	PC/TC INDICATOR	POST-OPERATIVE PERIOD, IN DAYS
71015	X-ray exam of chest	01/01/2018	3	D			23.37					
71020	Chest x-ray	01/01/2018	3	D			25.69					
71021	Chest x-ray	01/01/2018	3	D			31.99					
71022	Chest x-ray	01/01/2018	3	D			33.54					
71023	Chest x-ray and fluoroscopy	01/01/2018	3	D			37.75					
71030	Chest x-ray	01/01/2018	3	D			34.97					
71034	Chest x-ray & fluoroscopy	01/01/2018	3	D			59.63					
71035	Chest x-ray	01/01/2018	3	D			22.09					
74000	X-ray exam of abdomen	01/01/2018	3	D			21.42					
74010	X-ray exam of abdomen	01/01/2018	3	D			25.95					
74020	X-ray exam of abdomen	01/01/2018	3	D			27.95					
75658	X-ray exam of arm arteries	01/01/2018	3	D			150.78					
75952	Endovasc repair abdom aorta	01/01/2018	3	D			203.55					
75953	Abdom aneurysm endovas rpr	01/01/2018	3	D			203.55					
75954	Iliac aneurysm endovas rpr	01/01/2018	3	D			339.00					
77422	Neutron beam tx, simple	01/01/2018	3	D			29.34					
78190	Platelet survival, kinetics	01/01/2018	3	D			245.13					
93952	Aneurysm pressure sens study	01/01/2018	3	D			NC					
94620	Pulmonary stress testing	01/01/2018	3	D			49.50					
97532	Cognitive skills development	01/01/2018	3	D			19.59					
97762	C/o for orthotic/prosth use	01/01/2018	3	D			18.53					
99363	Anticoag mgmt, init	01/01/2018	3	D			B					
99364	Anticoag mgmt, subseq	01/01/2018	3	D			B					
G0202	Screening mammography, digital, bilateral, all views	01/01/2018	3	D			91.67					
G0204	Diagnostic mammography, digital, bilateral, all views	01/01/2018	3	D			111.69					
G0206	Diagnostic mammography, digital, unilateral, all views	01/01/2018	3	D			88.14					

CPT/HCPCS Procedure Code Changes for January 1, 2018

Clinical Laboratory and Pathology Procedures

STATUS CODE:
 1 -- Initial maximum payment amount
 2 -- Change in maximum payment amount as of the Effective Date
 3 -- Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT
81105	HPA-1 GENOTYPING	01/01/2018	1	125.75	
81106	HPA-2 GENOTYPING	01/01/2018	1	125.75	
81107	HPA-3 GENOTYPING	01/01/2018	1	125.75	
81108	HPA-4 GENOTYPING	01/01/2018	1	125.75	
81109	HPA-5 GENOTYPING	01/01/2018	1	125.75	
81110	HPA-6 GENOTYPING	01/01/2018	1	125.75	
81111	HPA-9 GENOTYPING	01/01/2018	1	125.75	
81112	HPA-15 GENOTYPING	01/01/2018	1	125.75	
81120	IDH1 COMMON VARIANTS	01/01/2018	1	148.93	
81121	IDH2 COMMON VARIANTS	01/01/2018	1	223.40	
81175	ASXL1 FULL GENE SEQUENCE	01/01/2018	1	589.19	
81176	ASXL1 GENE TARGET SEQ ALYS	01/01/2018	1	248.87	
81230	CYP3A4 GENE COMMON VARIANTS	01/01/2018	1	132.02	
81231	CYP3A5 GENE COMMON VARIANTS	01/01/2018	1	132.02	
81232	DPYD GENE COMMON VARIANTS	01/01/2018	1	132.02	
81238	F9 FULL GENE SEQUENCE	01/01/2018	1	453.00	
81247	G6PD GENE ALYS CMN VARIANT	01/01/2018	1	132.02	
81248	G6PD KNOWN FAMILIAL VARIANT	01/01/2018	1	70.31	
81249	G6PD FULL GENE SEQUENCE	01/01/2018	1	453.00	
81258	HBA1/HBA2 GENE FAM VRNT	01/01/2018	1	70.31	
81259	HBA1/HBA2 FULL GENE SEQUENCE	01/01/2018	1	453.00	
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	01/01/2018	1	143.79	
81283	IFNL3 GENE	01/01/2018	1	62.87	
81328	SLCO1B1 GENE COM VARIANTS	01/01/2018	1	132.02	
81334	RUNX1 GENE TARGETED SEQ ALYS	01/01/2018	1	248.87	
81335	TPMT GENE COM VARIANTS	01/01/2018	1	132.02	
81346	TYMS GENE COM VARIANTS	01/01/2018	1	132.02	
81361	HBB GENE COM VARIANTS	01/01/2018	1	132.02	
81362	HBB GENE KNOWN FAM VARIANT	01/01/2018	1	70.31	
81363	HBB GENE DUP/DEL VARIANTS	01/01/2018	1	143.79	
81364	HBB FULL GENE SEQUENCE	01/01/2018	1	248.87	
81448	HRDTRY PERPH NEURPHY PANEL	01/01/2018	1	601.75	
81520	ONC BREAST MIRNA 58 GENES	01/01/2018	1	2,582.52	
81521	ONC BREAST MIRNA 70 GENES	01/01/2018	1	2,598.25	
81541	ONC PROSTATE MIRNA 46 GENES	01/01/2018	1	2,598.25	
81551	ONC PROSTATE 3 GENES	01/01/2018	1	BR	
86008	ALLG SPEC IGE RECOMB EA	01/01/2018	1	18.45	
86794	ZIKA VIRUS IGM ANTIBODY	01/01/2018	1	17.33	
87634	RSV DNA/RNA AMP PROBE	01/01/2018	1	72.22	
87662	ZIKA VIRUS DNA/RNA AMP PROBE	01/01/2018	1	52.79	
0001U	RBC DNA HEA 35 AG 11 BLD GRP	01/01/2018	1	NC	
0002U	ONC CLRCT 3 UR METAB ALG PLP	01/01/2018	1	NC	
0003U	ONC OVAR 5 PRTN SER ALG SCOR	01/01/2018	1	NC	
0004U	NFCT DS DNA 27 RESIST GENES	01/01/2018	1	NC	
0005U	ONCO PRST8 3 GENE UR ALG	01/01/2018	1	NC	
0006U	RX MNTR 120+ DRUGS & SBSTS	01/01/2018	1	NC	
0007U	RX TEST PRSMV UR W/DEF CONF	01/01/2018	1	NC	
0008U	HPYLORI DETCJ ABX RSTNC DNA	01/01/2018	1	NC	
0009U	ONC BRST CA ERBB2 AMP/NONAMP	01/01/2018	1	NC	
0010U	NFCT DS STRN TYP WHL GEN SEQ	01/01/2018	1	NC	
0011U	RX MNTR LC-MS/MS ORAL FLUID	01/01/2018	1	NC	
0012U	GERMLN DO GENE REARGMT DETCJ	01/01/2018	1	NC	
0013U	ONC SLD ORG NEO GENE REARGMT	01/01/2018	1	NC	
0014U	HEM HMTLMF NEO GENE REARGMT	01/01/2018	1	NC	
0015U	RX METAB ADVRS RX RXN DNA	01/01/2018	1	NC	
0016U	ONC HMTLMF NEO RNA BCR/ABL1	01/01/2018	1	NC	
0017U	ONC HMTLMF NEO JAK2 MUT DNA	01/01/2018	1	NC	
0018U	ONC THYR 10 MICRORNA SEQ ALG	01/01/2018	1	NC	
0019U	ONC RNA TISS PREDICT ALG	01/01/2018	1	NC	
0020U	RX TEST PRSMV UR W/DEF CONF	01/01/2018	1	NC	
0021U	ONC PRST8 DETCJ 8 AUTOANTB	01/01/2018	1	NC	
0022U	TRGT GEN SEQ DNA&RNA 23 GENE	01/01/2018	1	NC	
0023U	ONC AML DNA DETCJ/NONDETCJ	01/01/2018	1	NC	
83499	ASSAY OF PROGESTERONE 20-	01/01/2018	3	D	32.92
84061	PHOSPHATASE FORENSIC EXAM	01/01/2018	3	D	10.33
86185	COUNTERIMMUNOELECTROPHORESIS	01/01/2018	3	D	11.68
86243	FC RECEPTOR	01/01/2018	3	D	22.96
86378	MIGRATION INHIBITORY FACTOR	01/01/2018	3	D	17.37
86729	LYMPHO VENEREUM ANTIBODY	01/01/2018	3	D	15.61
86822	LYMPHOCYTE CULTURE PRIMED	01/01/2018	3	D	42.15
87277	LEGIONELLA MICDADEI AG IF	01/01/2018	3	D	15.67
87470	BARTONELLA DNA DIR PROBE	01/01/2018	3	D	26.19
87477	LYME DIS DNA QUANT	01/01/2018	3	D	55.94
87515	HEPATITIS B DNA DIR PROBE	01/01/2018	3	D	26.19
88154	CYTOPATH C/V SELECT	01/01/2018	3	D	12.98
G0477	DRUG TEST PRESUMP OPTICAL	01/01/2018	3	D	8.83
G0478	DRUG TEST PRESUMP OPT INST	01/01/2018	3	D	NC
G0479	DRUG TEST PRESUMP NOT OPT	01/01/2018	3	D	NC

CPT/HCPCS Procedure Code Changes for January 1, 2018

Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS)

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HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT
E0953	W/C LATERAL THIGH/KNEE SUP	01/01/2018	1		BR
E0954	FOOT BOX, ANY TYPE EACH FOOT	01/01/2018	1		BR
K0553	THER CGM SUPPLY ALLOWANCE	01/01/2018	1	198.70	
K0554	THER CGM RECEIVER/MONITOR	01/01/2018	1	208.03	
L3761	EO, ADJ LOCK JOINT PREFAB OT	01/01/2018	1		NC
L7700	PROS SOC INSERT GASKET/SEAL	01/01/2018	1		NC
L8625	CHARGER COCH IMPL/AOI BATTERY	01/01/2018	1		NC
L8694	AOI TRANSDUCER/ACTUATOR REPL	01/01/2018	1		NC
Q0477	PWR MODULE PT CABLE LVAD RPL	01/01/2018	1		NC

CPT/HCPCS Procedure Code Changes for January 1, 2018

Dental Services

STATUS CODE:

1 -- Initial maximum payment amount

2 -- Change in maximum payment amount as of the Effective Date

3 -- Discontinued coverage

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	STATUS CODE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT
D0411	HBA1C IN OFFICE TESTING	01/01/2018	1		NC
D1320	TOBACCO COUNSELING	01/01/2018	1	15.00	
D5611	REP BROKE COMP DENT BASE MAN	01/01/2018	1	70.00	
D5512	REP BROKE COMP DENT BASE MAX	01/01/2018	1	70.00	
D5611	REP RESIN PART DENT BASE MAN	01/01/2018	1	70.00	
D5612	REP RESIN PART DENT BASE MAX	01/01/2018	1	70.00	
D5621	REP CAST PART FRAME MAN	01/01/2018	1	81.90	
D5622	REP CAST PART FRAME MAX	01/01/2018	1	81.90	
D6096	REMOVE BROKEN IMP RET SCREW	01/01/2018	1		NC
D6118	IMP/ABUT INT FIXED DENT MAN	01/01/2018	1		NC
D6119	INT/ABUT INT FIXED DENT MAX	01/01/2018	1		NC
D7296	CORTICOTOMY, 1-3 TEETH	01/01/2018	1		NC
D7297	CORTICOTOMY, 4 OR MORE TEETH	01/01/2018	1		NC
D7979	NON-SURGICAL SIALOLITHOTOMY	01/01/2018	1		NC
D8695	REMOVE FIXED ORTHO APPLIANCE	01/01/2018	1		NC
D9222	DEEP ANEST, 1ST 15 MIN	01/01/2018	1	120.65	
D9239	IV MOD SEDATION, 1ST 15 MIN	01/01/2018	1	70.00	
D9995	TEL DENTISTRY REAL TIME	01/01/2018	1		NC
D9996	TEL DENTISTRY DENT REVIEW	01/01/2018	1		NC
D5510	DENTUR REPR BROKEN COMPL BAS	01/01/2018	3		D 70.00
D5610	DENTURES REPAIR RESIN BASE	01/01/2018	3		D 70.00
D5620	REP PART DENTURE CAST FRAME	01/01/2018	3		D 81.90

CPT/HCPCS Procedure Code Changes for January 1, 2018

Provider-Administered Injectable Pharmaceuticals

HCPCS CODE	DESCRIPTION	EFFECTIVE DATE	CURRENT MAXIMUM PAYMENT AMOUNT	PREVIOUS MAXIMUM PAYMENT AMOUNT	OTHER CONDITIONS	COVERAGE UNDER VFC PROGRAM
90587	DENGUE VACC QUAD 3 DOSE SUBQ	01/01/2018	NC			N
90750	HZV VACC RECOMBINANT IM NJX	01/01/2018	149.80			N
J0585	INJ BEZLOTOXUMAB, 10 MG	01/01/2018	101.65			
J1428	INJ, ETEPLIRSEN, 10 MG	01/01/2018	856.00			
J1555	INJ CLUVITRIL, 100 MG	01/01/2018	13.79			
J1627	INJ, GRANISETRON, XR, 0.1 MG	01/01/2018	-4.60			
J1726	MAKENA, 10 MG	01/01/2018	31.16			
J1729	INJ HYDROXYPROGST CAPOAT NOS	01/01/2018	3.12			
J2326	INJ, NUSINERSEN, 0.1MG	01/01/2018	26,750.00			
J2350	INJECTION, OCRELIZUMAB, 1 MG	01/01/2018	57.08			
J3358	USTEKINUMAB, IV INJECT, 1 MG	01/01/2018	12.85			
J7210	INJ, AFSTYLA, 1 I.U.	01/01/2018	1.76			
J7211	INJ, KOVALTRY, 1 I.U.	01/01/2018	1.81			
J7296	KYLEENA, 19.5 MG	01/01/2018	918.41			
J7345	AMINOLEVULINIC ACID, 10% GEL	01/01/2018	BR			
J9022	INJ, ATEZOLIZUMAB, 10 MG	01/01/2018	75.79			
J9023	INJECTION, AVELUMAB, 10 MG	01/01/2018	79.37			
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	01/01/2018	193.16			
J9295	INJ, OLARATUMAB, 10 MG	01/01/2018	49.95			
Q2040	TISAGENLECUCEL CAR-POS T	01/01/2018	NC			
Q4176	NEOPATCH, PER SQ CENTIMETER	01/01/2018	BR			
Q4177	FLOWERAMNIOFLO, 0.1 CC	01/01/2018	BR			
Q4178	FLOWERAMNIOFLO, PER SQ CM	01/01/2018	BR			
Q4179	FLOWERDERM, PER SQ CM	01/01/2018	BR			
Q4180	REVITA, PER SQ CM	01/01/2018	BR			
Q4181	AMNIO WOUND, PER SQUARE CM	01/01/2018	BR			
Q4182	TRANSCYTE, PER SQ CENTIMETER	01/01/2018	BR			
J1725	HYDROXYPROGESTERONE CAPROATE	01/01/2018	D			
J9300	GEMTUZUMAB OZOGAMICIN INJ	01/01/2018	D			
Q9984	KYLEENA, 19.5 MG	01/01/2018	D			
Q9985	INJ HYDROXYPROGST CAPOAT NOS	01/01/2018	D			
Q9986	MAKENA, 10 MG	01/01/2018	D			
Q9987	PATHOGEN TEST FOR PLATELETS	01/01/2018	D			
Q9988	PLATELETS, PATHOGEN REDUCED	01/01/2018	D			
Q9989	USTEKINUMAB, IV INJECT, 1 MG	01/01/2018	D			