2019 HCPCS New Code Review
Issues

1) Computer aided detection (CAD) for breast MRI
    a. **C8937** Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation
    b. Reviewed as part of the 2019 CPT code review of new breast MRI with CAD codes
        i. HERC staff summary: breast MRI was previously reviewed and included on the Prioritized List for screening of high risk women and excluded from the Prioritized List for use in perioperative evaluation of women with breast cancer. Contrast material appears to be a standard variation of the breast MRI. Addition of CAD to MRI does not appear to improve the sensitivity or specificity of the test.
        ii. This code appears to be a new code to add to the new CPT code for breast MRI without contrast, as the new CPT codes for that procedure do not include CAD
    c. HERC staff recommendation:
        i. Add **C9837** to line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
        ii. Add an entry to GN173 as shown below

GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 660

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
C8937	Computer aided detection of breast MRI	Insufficient evidence of effectiveness	November, 2018

2) Microwave bronchoscopic ablation
    a. Codes
        i. HCPCS **C9751** Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)
    b. Definition: A procedure in which pulmonary lesions (nodules, malignancies, etc.) are destroyed by microwave energy during a bronchoscopy. Other methods for destroying pulmonary lesions are available on the Prioritized List.
    c. Evidence
        i. **Krimsky 2018**, comparison of techniques to ablate pulmonary lesions

1. Microwave catheter ablation was reported in one study (N=113)

ii. **Harris 2017,** review of various bronchoscopic approach techniques for treating pulmonary nodules
   1. Case series:
      a. N=10 patients with stage IA lung cancer treated with microwave ablation prior to planned surgical resection. Resected tumors had maximal ablated areas of 12 mm x 10 mm. Two patients had mild chest pain, but there were no reported complications such as bleeding or pneumothorax.
      b. N=2 patients with medically inoperable small peripheral lung cancers. Patients reported to be stable at 12 and 40 month follow up
      c. N=23 lesions in 20 patients with early-stage NSCLC. Local disease control was achieved in most patients (82.6%), and there were no reported serious complications.

d. HERC staff recommendation:
   i. Add **C9751** to line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS as experimental
   ii. Add an entry to GN173 as shown below

GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 660

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy	Insufficient evidence of effectiveness	November, 2018

3) Radiofrequency ablation of intraosseous basivertebral nerve
   a. Codes
      i. HCPCS **C9752** Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
      ii. HCPCS **C9753** Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum
   b. Similar spinal nerve ablation codes are on line 660
   c. HERC staff recommendation:
      i. Add **C9752** and **C9753** to line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS

ii. Modify the radiofrequency ablation of the lumbar spine entry to GN173 as shown below

GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 660

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
64635-64636 C9752 C9753	Radiofrequency ablation of the lumbar and sacral spine	Insufficient evidence of benefit	November, 2014 Coverage Guidance Blog

4) Percutaneous arteriovenous fistula creation
   a. Codes:
      i. **C9754** Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)
      ii. **C9755** Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed
   b. Definition: a novel method to create AV fistulas for dialysis without surgery. The AV fistula is created via an endovascular approach. The FDA approved the first catheter based devices for percutaneous AV creation for hemodialysis in June, 2018.
   c. Prioritized List status: Currently, various codes for standard surgical creation of AV fistulas are on lines 100, 254, 284, 285, 325,and 339.
   d. Evidence:
      i. **Hull 2018**, trial of percutaneous AV fistula formation
         1. Prospective cohort study
         2. N=107
         3. AVFs with fused anastomoses were created in 95% (102/107) of patients.
         4. Primary flow and diameter endpoints were achieved in 86.0% (92/107) of patients, exceeding performance goal of 49% (P <.0001). No major adverse events were attributed to the device. Cumulative patency was 91.6%, 89.3%, and 86.7% at 90 days, 180 days, and 360 days. Target dialysis veins were cephalic, basilic, and brachial veins in 74% (73/99), 24% (24/ 99), and 2% (2/99) of patients. Two-needle dialysis was achieved in 88% (71/81) of patients on hemodialysis at a mean 114.3

days ± 66.2. Functional patency was 98.4%, 98.4%, and 92.3% at 90 days, 180 days, and 360 days.

5. Conclusions: The Ellipsys® Vascular Access System met primary safety and efficacy endpoint goals in the US pivotal trial.

ii. **Lok 2017**, NEAT trial of endovascular AV fistula formation

1. Prospective cohort study
2. N=80 patients
3. EndoAVFs were created in 98% of participants; 8% had a serious procedure-related adverse event (2% device related). 87%were physiologically suitable for dialysis (eg, mean brachial artery flow, 918 mL/min; endoAVF vein diameter, 5.2 mm [cephalic vein]). EndoAVF functional usability was 64% in participants who received dialysis. 12-month primary and cumulative patencies were 69% and 84%, respectively.
4. Conclusions: An endoAVF can be reliably created using a radiofrequency magnetic catheter-based system, without open surgery and with minimal complications. The endoAVF can be successfully used for hemodialysis and demonstrated high 12-month cumulative patencies. It may be a viable alternative option for achieving AVFs for hemodialysis patients in need of vascular access.

iii. **Mallios 2018**, retrospective cohort study of endovascular AV fistula formation

1. N=34 patients
2. Results: technical success in 33 individuals (97%). Patency of the pAVF was 94%. Mean access flow was 946 mL/min (brachial artery measurement) at the latest follow-up visit (53-229 days; average, 141 days). At 6 weeks, all fistulas have been used or were ready for dialysis by clinical examination or ultrasound examination. Only one patient required superficialization of the upper arm cephalic vein by lipectomy. There were no adverse events related to the pAVF creation or use, nor was there need for further interventions.
3. Conclusions: Successful pAVFs with proximal radial artery inflow were created with excellent initial results regarding technical success, patency, and safety. Advantages include avoidance of a surgical incision, short procedure times, good acceptance by patients, prompt access maturation, moderate flow, and low-pressure access, with possible reduction of risk for ischemic complications. Avoidance of vessel manipulation and side branch ligation might reduce risk of thrombosis and improve long-term patency and reduce need for further interventions. These early findings need to be confirmed in larger and longer follow-up studies.

e. HERC staff summary: percutaneous endovascular AV fistula formation is a new procedure which has only been studied in cohort studies. No studies compare this procedure to standard surgical AV fistula formation to date. It appears to be experimental.

f. HERC staff recommendation:

i. Add **C9754** and **C9755** to line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS as experimental
ii. Add a new entry to GN173 as shown below

GUIDELINE NOTE 173, INTERVENTIONS THAT ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS FOR CERTAIN CONDITIONS

Line 660

The following Interventions are prioritized on Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS:

Procedure Code	Intervention Description	Rationale	Last Review
C9754 C9755	Percutaneous arteriovenous fistula formation	Insufficient evidence of benefit	November, 2018

5) Medicare CMMI models
   a. Codes
      i. HCPCS **G0076-G0087** Care management in the home using a Medicare approved CMMI model
   b. Definition: Center for Medicare and Medicaid Innovation (CMMI) within the Centers for Medicare & Medicaid Services (CMS) to test innovative payment techniques and service delivery models. One example of such a model are the Diabetes Prevention Programs (DPP) and the Pioneer Accountable Care Organization (ACO) Model. The Pioneer ACO model is a risk sharing model. Oregon is not planning on using these codes for the DPP program.
   c. HERC staff recommendation
      i. Recommend HSD add HCPCS **G0076-G0087** to the Ancillary File
         1. Allow HSD/CCOs to determine which CMMI models should be covered

6) BPCI advanced model of care visits
   a. Codes
      i. HCPCS **G9978-G9987** Medicare-approved bundled payments for care improvement advanced (BCPI Advanced) model episode of care
   b. Definition (from CMS website):
      i. BPCI-Advanced is defined by following characteristics:
         1. Voluntary Model
         2. A single retrospective bundled payment and one risk track, with a 90-day Clinical Episode duration
         3. 29 Inpatient Clinical Episodes
         4. 3 Outpatient Clinical Episodes
         5. Qualifies as an Advanced APM
         6. Payment is tied to performance on quality measures

7. Preliminary Target Prices provided in advance of the first Performance Period of each Model Year

ii. BPCI Advanced aims to encourage clinicians to redesign care delivery by adopting best practices, reducing variation from standards of care, and providing a clinically appropriate level of services for patients throughout a Clinical Episode. BPCI Advanced will operate under a total-cost-of-care concept, in which the total Medicare fee for services (FFS) spending on all items and services furnished to a BPCI Advanced Beneficiary during the Clinical Episode, including outlier payments, will be part of the Clinical Episode expenditures for purposes of the Target Price and reconciliation calculations, unless specifically excluded.

c. <u>HERC staff recommendation</u>

i. Recommend HSD add HCPCS **G9978-G9987** to the Ancillary File

1. Allow HSD/CCOs to determine which BPCI models should be covered

HCPCS	Description	Comment	Placement
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Similar code C1822 (Generator, neurostimulator (implantable) rechargable) is on lines 174,250,292,346, 361,440,527,660	174 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS 250 GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF IMPAIRMENT OF CONSCIOUSNESS 292 NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS 346 CONDITIONS OF THE BACK AND SPINE WITH URGENT SURGICAL INDICATIONS 361 SCOLIOSIS 440 TRIGEMINAL AND OTHER NERVE DISORDERS 527 CONDITIONS OF THE BACK AND SPINE WITHOUT URGENT SURGICAL INDICATIONS 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	See Issues document	660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	See Issues document	660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	See Issues document	660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS

HCPCS	Description	Comment	Placement
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)	See Issues document	660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	See Issues document	660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	See Issues document	660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes		All lines with E&M codes
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	Allergy immunotherapy code. Office immunotherapy codes are on lines 9,124,223,313,531, 550,559,566	9 ASTHMA 124 ANAPHYLACTIC SHOCK; EDEMA OF LARYNX 223 OCCUPATIONAL LUNG DISEASES 313 DISORDERS INVOLVING THE IMMUNE SYSTEM 531 CONTACT DERMATITIS AND NON-INFECTIOUS OTITIS EXTERNA 550 OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS 559 ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS 566 DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes		All lines with "chemotherapy" in the treatment description line

HCPCS	Description	Comment	Placement
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only	Other telehealth codes are on all E&M lines	All lines with E&M codes
G0076	Brief (20 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0077	Limited (30 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0078	Moderate (45 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0079	Comprehensive (60 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0080	Extensive (75 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0081	Brief (20 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List

HCPCS	Description	Comment	Placement
G0082	Limited (30 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0083	Moderate (45 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0085	Extensive (75 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0086	Limited (30 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G0087	Comprehensive (60 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	CMMI program	Ancillary List
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, non-covered experimental therapy), performed in an approved ide-based clinical trial, per treatment session	Medicaid is unable to pay for clinical trial care	Excluded List
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	Other telehealth codes are on all E&M lines	All lines with E&M codes

HCPCS	Description	Comment	Placement
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	Similar codes G0396 (Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes) and G0397 (>30 min) are on 590+ lines	All lines with G0396 and G0397
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Other telehealth codes are on all E&M lines	All lines with E&M codes
G9978	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List

HCPCS	Description	Comment	Placement
G9979	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List
G9980	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List

HCPCS	Description	Comment	Placement
G9981	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List
G9982	Remote in-home visit for the evaluation and management of a new patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List

HCPCS	Description	Comment	Placement
G9983	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List
G9984	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List

HCPCS	Description	Comment	Placement
G9985	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List
G9986	Remote in-home visit for the evaluation and management of an established patient for use only in a medicare-approved bundled payments for care improvement advanced (bpci advanced) model episode of care, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	BCPI Advanced Model	Ancillary List

HCPCS	Description	Comment	Placement
G9987	Bundled payments for care improvement advanced (bpci advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a bpci advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code	BCPI Advanced Model	Ancillary List