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**Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Recommendations**

**Third Quarter, 2022 HCPCS Coding Cycle**

This document presents a summary of each HCPCS code application and CMS' coding decision for each application processed in CMS' Third Quarter 2022 Drug and Biological HCPCS code application review cycle. Each individual summary includes the request number; topic/issue; summary of the applicant's request as written by the applicant with occasional non-substantive editorial changes made by CMS; and CMS' final HCPCS coding decision. All new coding actions will be effective January 1, 2023, unless otherwise indicated.

The HCPCS coding decisions below will also be included in the January 2023 HCPCS Quarterly Update, pending publication by CMS in the coming weeks at:

<https://www.cms.gov/Medicare/Coding/HCPCSRReleaseCodeSets/HCPCS-Quarterly-Update>

For inquiries regarding coverage, please contact to the insurer(s) in whose jurisdiction(s) claim(s) would be filed. Specifically, contact the Medicaid agency in the state in which a Medicaid claim is filed, the individual private insurance entity, the Department of Veterans Affairs, or, for local Medicare coverage determinations, contact the Medicare contractor in the jurisdiction the claim would be filed. For detailed information describing CMS' national coverage determination process, refer to information published at  
<https://www.cms.gov/Medicare/Coverage/DeterminationProcess> and  
<https://www.cms.gov/Center/Special-Topic/Medicare-Coverage-Center>.

CMS has a long-standing convention to assign dose descriptors in the smallest amount that could be billed in multiple units to accommodate a variety of doses and support streamlined billing. This long-standing policy makes coding more robust, and facilitates accurate payment and reporting of the exact dose administered, as only 999 units can appear on a claim line for Medicare fee-for-service using the CMS-1500 form. The dose descriptors assigned to codes established in this quarterly coding cycle are in alignment with this policy.

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## **SurGraft® TL - HCP22070540WT9**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify SurGraft® TL.

Applicant's suggested language: QXXXX, "SurGraft TL, per sq. cm"

### **Applicant's Summary**

Surgenex, LLC submitted a request to establish a new HCPCS Level II code to identify SurGraft® TL. SurGraft® TL is a triple-layer amniotic tissue allograft that serves as a barrier or cover for acute and chronic wounds. SurGraft® TL is a sterile, single use, dehydrated allograft derived from donated human amniotic membrane. SurGraft® TL is to act as a barrier and provide protective coverage from the surrounding environment for acute and chronic wounds such as partial and full thickness wounds, pressure sores/ulcers, venous ulcers, diabetic ulcers, chronic vascular ulcers, tunneled/undermined wounds, surgical wounds (e.g., donor site/grafts, post-laser surgery, post-Mohs surgery, podiatric wounds, wound dehiscence), trauma wounds (e.g., abrasions, lacerations, partial thickness burns, skin tears), and draining wounds. SurGraft® TL dosage is per square centimeter, depending on the size of the wound. Following standard wound preparation, SurGraft® TL is applied directly to the wound. SurGraft® TL adheres to the wound bed without fixation. SurGraft® TL is fully resorbable and does not have to be removed from the wound bed. SurGraft® TL is supplied in a single use package in a variety of sizes.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, "SurGraft® TL, when intended for use as a barrier or cover for acute and chronic wounds, meets the criteria for regulation solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." As a result of our review of the TRG's feedback, CMS has decided to:

Establish a new HCPCS Level II code Q4263, "Surgraft tl, per square centimeter"

## **Cocoon Membrane - HCP220603CCQTB**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Cocoon Membranes.

Applicant's suggested language: QXXXX, "Cocoon Dual-Layer and Single-Layer Membranes, per square centimeter"

### **Applicant's Summary**

Pinnacle Transplant Technologies submitted a request to establish a new HCPCS Level II code to identify Cocoon Membranes. The Cocoon Membranes are human-derived amnion allografts that are a minimally manipulated placental membrane used as a wound covering and barrier. The products are terminally sterilized to provide extended shelf life. Cocoon Membranes are intended to serve as a covering and barrier for full and partial-thickness, chronic, and acute wounds. After preparation of the wound site, the human amnion allograft is applied to the wound surface, extended beyond the wound margins and secured in place using the clinician's choice of fixation. As determined by the physician, a reapplication may be necessary.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, Cocoon Membrane, "when intended to serve as a covering and a barrier, meets the criteria for regulation solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." As a result of our review of the TRG's feedback, CMS has decided to:

Establish a new HCPCS Level II code Q4264, "Cocoon membrane, per square centimeter"

## **ALYMSYS® - HCP2206296NT5D**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify bevacizumab-maly injection.

Applicant's suggested language: QXXXX, "(bevacizumab-maly) injection, for intravenous use, 1 mg"

### **Applicant's Summary**

Amneal Pharmaceuticals submitted a request to establish a new HCPCS Level II code to identify bevacizumab-maly injection. The suggested description is "(bevacizumab-maly) injection, for intravenous use, 1mg." Alymsys® (bevacizumab-maly) was approved by the Food and Drug Administration (FDA) on April 13, 2022, and is a biosimilar to Avastin® (bevacizumab), which was approved by the FDA on February 26, 2004. This biologic is a vascular endothelial growth factor inhibitor, and is a clear to slightly opalescent, colorless to pale brown solution in a single-dose vial.

### **CMS Final HCPCS Coding Decision**

Establish a new HCPCS Level II code Q5126, "Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg"

## **SKYRIZI® - HCP2206282WGXF**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify SKYRIZI®.

Applicant's suggested language: JXXXX, "Injection, risankizumab-rzaa (SKYRIZI), for intravenous infusion, 10 mg"

### **Applicant's Summary**

AbbVie submitted a request to establish a new HCPCS Level II code to identify SKYRIZI®. The suggested descriptor is "injection, risankizumab-rzaa (SKYRIZI), for intravenous infusion, 10 mg." SKYRIZI® for intravenous infusion was approved by the Food and Drug Administration (FDA) on June 16, 2022 for the treatment of moderately to severely active Crohn's disease in adults. This request is designed specifically to exclude any possible use associated with the subcutaneous formulation of SKYRIZI® that was separately approved by the FDA on April 23, 2019. SKYRIZI®, an interleukin-23 (IL-23) antagonist, is a humanized immunoglobulin G1 (IgG1) monoclonal antibody. SKYRIZI® is packaged as 600 mg/10 mL (60 mg/mL) in a vial for intravenous infusion. The recommended induction dosage of SKYRIZI® is 600 mg administered by intravenous infusion over a period of at least one hour at week 0, week 4, and week 8. SKYRIZI® for intravenous administration is intended for administration by a healthcare provider using aseptic technique. The recommended maintenance dosage of SKYRIZI® is 360 mg administered by subcutaneous injection at week 12, and every 8 weeks thereafter. SKYRIZI® 600 mg/10 mL (60 mg/mL) is supplied as a single-dose vial for intravenous infusion identified with the National Drug Code (NDC) 0074-5015-01. According to the applicant, there are currently no specific HCPCS codes assigned to SKYRIZI®. The applicant asserted that a specific HCPCS code for SKYRIZI® 600 mg/10 mL (60 mg/mL) vial for intravenous infusion is necessary to facilitate claims processing by Medicare Part B and other payers. In particular, the specific code is needed to distinguish the intravenous formulation for the treatment of moderately to severely active Crohn's disease in adults from the subcutaneous formulation for the treatment of plaque psoriasis and psoriatic arthritis. The applicant mentioned that a separate HCPCS code for the intravenous infusion of SKYRIZI® for the treatment of Crohn's disease in adults is consistent with CMS's implementation of section 1847A of the Social Security Act, which requires separate payment be made for single source drugs and biologicals first sold in the United States on or after October 1, 2003.

### **CMS Final HCPCS Coding Decision**

Establish a new HCPCS Level II code J2327, "Injection, risankizumab-rzaa, intravenous, 1 mg"

## **Dual Layer Impax™ Membrane - HCP220705BQ82D**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Dual Layer Impax™ Membrane.

Applicant's suggested language: QXXXX, "Impax™, per sq cm"

### **Applicant's Summary**

Legacy Medical Consultants submitted a request to establish a new HCPCS Level II code to identify Dual Layer Impax™ Membrane. Dual Layer Impax™ Membrane is a sterile dehydrated dual layered human amniotic membrane allograft. The applicant requested a unique HCPCS Q code for Dual Layer Impax™ Membrane to allow providers to properly report utilization. Dual Layer Impax™ Membrane is intended to serve as a barrier or cover for acute and chronic wounds and for use as a barrier to protect wounds from the surrounding environment. Following standard wound preparation, Dual Layer Impax™ Membrane may be applied directly to the wound and should only be used in one patient, on a single occasion. Dual Layer Impax™ is packaged in a primary foil pouch and a secondary Tyvek® pouch and sterilized by E-beam to meet a sterility assurance level of 10-6. A single sterile, double pouched membrane is provided in a solid bleached sulfate paperboard shelf box. Dual Layer Impax™ Membrane is available in multiple sizes with the smallest size graft measuring 2 cm by 3 cm.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, Dual Layer Impax™ Membrane, when intended for use as a "barrier or cover, appears to meet all the criteria for regulation solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." As a result of our review of the TRG's feedback, CMS has decided to:

Establish new HCPCS Level II code Q4262, "Dual layer impax membrane, per square centimeter"

## **AMVUTTRA™ - HCP22063012EX9**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify AMVUTTRA™.

Applicant's suggested language: JXXXX, "Injection, vutrisiran, 25 mg"

### **Applicant's Summary**

Alnylam Pharmaceuticals, Inc. submitted a request to establish a new HCPCS Level II code to identify AMVUTTRA™. AMVUTTRA™ contains a transthyretin-directed small interfering ribonucleic acid (siRNA) and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults. AMVUTTRA™ was approved by the Food and Drug Administration (FDA) under a New Drug Application (NDA) on June 13, 2022. The function of AMVUTTRA™ is to specifically target mutant and wild-type transthyretin (TTR) messenger RNA (mRNA), and the drug is covalently linked to a ligand containing three N-acetylgalactosamine (GalNAc) residues to enable delivery of the siRNA to hepatocytes. The applicant stated that no existing code adequately describes AMVUTTRA™ because it is a unique drug that is not therapeutically equivalent to any other product. AMVUTTRA™ is indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults. With respect to its mechanism of action, AMVUTTRA™ is a double-stranded siRNA-GalNAc conjugate that causes degradation of mutant and wild-type TTR mRNA through RNA interference, which results in a reduction of serum TTR protein and TTR protein deposits in tissues. The recommended dose of AMVUTTRA™ is 25 mg administered by subcutaneous injection once every 3 months. AMVUTTRA™ is administered by a healthcare professional, and the route of administration is through subcutaneous injection. AMVUTTRA™ is supplied (i.e., packaged) as a sterile, preservative-free, clear, colorless-to-yellow solution for subcutaneous injection as a 25 mg/0.5 mL solution in a single-dose 1 mL prefilled syringe.

### **CMS Final HCPCS Coding Decision**

Establish a new HCPCS Level II code J0225, "Injection, vutrisiran, 1 mg"

## **Pemetrexed - HCP220701F5U63**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Pemetrexed.

Applicant's suggested language: J9XXX, "Injection, pemetrexed (teva), per 10 mg"

### **Applicant's Summary**

Activis Pharma Inc., a subsidiary of Teva Pharmaceutical Industries Ltd., submitted a request to establish a new HCPCS Level II to identify Pemetrexed injection. Pemetrexed injection is a folate analog metabolic inhibitor that disrupts folate-dependent metabolic processes essential for cell replication, and is indicated as a single agent in the treatment of locally advanced and metastatic non-squamous non-small cell lung cancer. Pemetrexed injection solution is a single source drug that was approved by the Food and Drug Administration (FDA) on August 21, 2020, under a section 505(b)(2) New Drug Application (NDA) and, according to the applicant, is not therapeutically equivalent or interchangeable to the other FDA approved pemetrexed products. Pemetrexed injection is a clear, colorless to slightly yellowish or slightly yellow-greenish solution available in sterile single-dose vials containing 100 mg/4 mL, 500 mg/20 mL, and 1 g/40 mL. The number of vials needed for a given patient to administer in a single dose is calculated based on body surface area. The recommended dose of Pemetrexed in patients with a creatinine clearance (calculated by Cockcroft-Gault equation) of 45 mL/min or greater is 500 mg/m<sup>2</sup> administered as an intravenous infusion over 10 minutes on day 1 of each 21-day cycle. There is no recommended dose for patients whose creatinine clearance is less than 45 mL/min.

### **CMS Final HCPCS Coding Decision**

Please see HCPCS Level II request - HCP220517FAENJ on page 31.

## **Leuprolide Acetate - HCP22070101NT9**

### **Topic/Issue**

Request to revise an existing HCPCS Level II code J9217 to identify not otherwise specified products of leuprolide acetate for depot suspension.

Applicant's suggested language: J9217, "Leuprolide acetate (for depot suspension), not otherwise specified, 7.5 mg"

### **Applicant's Summary**

Cipla USA Inc. submitted a request to revise an existing HCPCS Level II code J9217, "leuprolide acetate (for depot suspension), 7.5 mg" to add "not otherwise specified." The applicant is not the manufacturer of the product. The applicant (Cipla USA Inc., a wholly-owned subsidiary of InvaGen Pharmaceuticals) now owns the leuprolide acetate product completely, with rights to marketing and sale while the previous owner of the product, GP Pharm, will continue to be the manufacturer in the capacity as a "contractor manufacturer". On August 28, 2018, the Food and Drug Administration (FDA) approved their leuprolide acetate product, Lutrate Depot®, under the 505(b)(2) New Drug Application (NDA) pathway. Leuprolide acetate is a gonadotropin-releasing hormone (GnRH) agonist, acts as an inhibitor of gonadotropin secretion, is indicated for palliative treatment of advanced prostate cancer. Due to different release characteristics, the dosage strengths are not additive and must be selected based upon the desired dosing schedule. Leuprolide acetate for depot suspension, 22.5 mg for 3 months administration is given as a single intramuscular injection every 12 weeks. Leuprolide acetate is provided in a single dose vial as a kit with a prefilled syringe containing diluent and a MixJect® transfer device. Leuprolide and is indicated for the palliative treatment of advanced prostatic cancer. In humans, administration of leuprolide acetate results in an initial increase in circulating levels of luteinizing hormone (LH) and follicle stimulating hormone (FSH), leading to a transient increase in levels of the gonadal steroids (testosterone and dihydrotestosterone in males, and estrone and estradiol in premenopausal females). However, continuous administration of leuprolide acetate results in decreased levels of LH and FSH. In males, testosterone is reduced to below castrate threshold. In premenopausal females, estrogens are reduced to postmenopausal concentrations. These decreases occur within two to four weeks after initiation of treatment. Long-term studies have shown that continuation of therapy with leuprolide acetate maintains testosterone below the castrate level for more than five years.

### **CMS Final HCPCS Coding Decision<sup>1</sup>**

CMS is denying the applicant's request to revise existing HCPCS Level II code J9217, "Leuprolide acetate (for depot suspension), 7.5 mg", to identify not otherwise specified products of leuprolide acetate for depot suspension. CMS has been reviewing its approach for establishing HCPCS Level II codes to identify products approved under the 505(b)(2) NDA or the BLA pathways after October 2003. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book, and are therefore considered single source products. Cipla USA Inc.'s product, Lutrate Depot®, does not meet the exemption in section 1847A(c)(6)(C)(ii) of the Social

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<sup>1</sup> Revised November 4, 2022 to add the HCPCS Level II final coding decision.

Security Act and it is not rated as therapeutically equivalent to products in the existing codes HCPCS Level II codes J9217 or J1950. Therefore, CMS decided to:

Establish a new HCPCS Level II code J1954, “Injection, leuprolide acetate for depot suspension (luteate), 7.5 mg”. Please see HCPCS Level II request - HCP220517FAENJ on page 31 for more information.

## **Velcade® - HCP220703AQGTA**

### **Topic/Issue**

Request to revise an existing HCPCS Level II code to identify bortezomib (Velcade® or therapeutic equivalent).

Applicant's suggested language: J9041, "Injection, bortezomib (Velcade or therapeutic equivalent), 0.1 mg"

### **Applicant's Summary**

Baxter Healthcare Inc. submitted a request to revise an existing HCPCS Level II code to identify bortezomib (Velcade® or therapeutic equivalent). Velcade® was approved by the Food and Drug Administration (FDA) on May 13, 2003. Velcade®, or therapeutic equivalent products, are proteasome inhibitors indicated for the treatment of patients with multiple myeloma and for the treatment of patients with mantle cell lymphoma. Bortezomib is a reversible inhibitor of the chymotrypsin-like activity of the 26S proteasome in mammalian cells. Inhibition of the 26S proteasome prevents targeted proteolysis, which can affect multiple signaling cascades within the cell. Experiments have demonstrated that bortezomib is cytotoxic to a variety of cancer cell types in vitro. Additionally, Velcade® and therapeutic equivalents cause a delay in tumor growth in vivo in nonclinical tumor models, including multiple myeloma. Velcade® and therapeutic equivalents can be administered by intravenous or subcutaneous injection. Each route of administration has a different reconstituted concentration. The recommended starting dose of Velcade® is 1.3 mg/m<sup>2</sup> administered either as a 3 to 5 second bolus intravenous injection or subcutaneous injection. Retreatment for multiple myeloma may start at the last tolerated dose. A lower starting dose may be used for patients with moderate or severe hepatic impairment. Velcade® and therapeutic equivalents are supplied as individual vials containing 3.5 mg of bortezomib as powder for reconstitution and withdrawal of the appropriate individual patient dose powder. According to the applicant, the requested revision to existing HCPCS Level II code J9041 to include the language "and therapeutic equivalents" in the descriptor is necessary to ensure that this code is used for the reporting and payment rate of Velcade® and recently approved therapeutic equivalents.

### **CMS Final HCPCS Coding Decision**

Please see HCPCS Level II request - HCP220517FAENJ on page 31.

## **carePATCH™ - HCP220704HD6NQ**

### **Topic/Issue**

Request to establish a new HCPS Level II code to identify carePATCH™.

Applicant's suggested language: QXXXX "CarePATCH™ per sq centimeter"

### **Applicant's Summary**

Extremity Care submitted a request to establish a new HCPCS Level II code to identify carePATCH™. CarePATCH™ is a dehydrated amniotic membrane allograft intended to be used as a wound cover or protective wound barrier. CarePATCH™ is intended to be used to serve a protective wound cover or barrier to offer protection from the surrounding environment in wounds, including surgically created wounds such as ocular repair and reconstruction and only for homologous use. The applicant commented that the intended use is consistent with the homologous uses of amniotic membranes that the Food and Drug Administration (FDA) explicitly identified in its guidance on homologous uses of human cells, tissues, and cellular and tissue-based products (HCT/Ps). According to the applicant, specifically, FDA has stated that when amniotic membrane is used as a covering to offer protection from the surrounding environment, such use is consistent with the basic function the amniotic membrane performs in its donor. The dosage for carePATCH™ amniotic membrane allograft is per square centimeter. CarePATCH™ is for topical application in one patient on a single occasion. CarePATCH™ is supplied as a dehydrated amniotic allograft membrane packaged in an outer pouch, sealed in an inner pouch. Each pouch features a peel back seal and is also heat sealed to provide a sterile barrier. The package label includes graft details such as dimensions. The allograft is stored at room temperature throughout transport and storage.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, "CarePATCH™, when intended for use as a barrier that protects wounds, appears to meet all the criteria for regulation solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." As a result of our review of the TRG's feedback, CMS has decided to:

Reactivate HCPCS Level II code Q4236, "Carepatch, per square centimeter"

Effective: 1/1/23

HCPCS Level II code Q4236 was previously terminated effective 10/1/21.

## **Provocholine® Inhalation Solution - HCP220701T3DKP**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify methacholine chloride, sterile premixed solution and revise existing code J7674 to include methacholine chloride, powder form.

Applicant's suggested language:

1. Establish new HCPCS Level II code JXXXX, “methacholine chloride, sterile premixed solution, administered as inhalation solution through a nebulizer, per patient”; and
2. Revise existing HCPCS Level II code J7674 to read, “methacholine chloride, powder form, administered as inhalation solution through a nebulizer, per 1 mg”

### **Applicant's Summary**

Methapharm Inc. submitted a request to establish a new HCPCS Level II code to identify methacholine chloride, sterile premixed solution and to revise the descriptor of existing HCPCS code J7674 to identify methacholine chloride, powder form. The suggested descriptor for a new Level II HCPCS code JXXXX is “methacholine chloride, sterile premixed solution, administered as inhalation solution through a nebulizer, per patient”.

The suggested revision for HCPCS code J7674 is to revise existing language “methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg”, to read “methacholine chloride, powder form, administered as inhalation solution through a nebulizer, per 1 mg”. Methacholine chloride is used as a bronchoconstrictor agent for diagnostic purposes, administered as an inhalation solution through a nebulizer. Methacholine chloride is a cholinergic agonist that acts on bronchial smooth muscle receptors as part of a methacholine challenge test. It is indicated for the diagnosis of bronchial airway hyperreactivity in adults and pediatric patients five years of age and older who do not have clinically apparent asthma. The product is packaged as six plastic vials with twist-off caps, each containing 3 mL of different concentrations of methacholine chloride in a sterile premixed solution. The applicant commented that a new HCPCS code for the new product Provocholine® (methacholine chloride) inhalation solution is needed because it is a single-source drug. Provocholine® was originally approved by the Food and Drug Administration (FDA) on October 31, 1986, (New Drug Application (NDA) 019193). Since then, several supplemental NDAs have updated the product including the latest FDA approval on March 1, 2022, (NDA 19193/S-024) for a sterile premixed solution in a kit, for single patient use. According to the applicant, the existing J7674 code describes available methacholine chloride products sold in powder form, per mg. Therefore, the applicant asserted that two codes are required to distinguish between existing powder forms and the new sterile solution in a kit, per patient. According to the applicant, the benefits over powder-based products are that the Provocholine® inhalation solution imposes standardization of a stepwise dosing protocol recommended in guidelines, avoids errors in reconstitution of the powder to solutions, frees up staff resources (pharmacy), lessens errors in administration, reduces wait time for health professionals and patients, eliminates product waste and provides a sterile product with a long shelf life at room temperature.

## **CMS Final HCPCS Coding Decision**

CMS is denying the applicant's request to establish a new HCPCS Level II code to identify methacholine chloride, sterile premixed solution and to revise existing code J7674 to include methacholine chloride, powder form. Current HCPCS code J7674, "Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg" describes both the powder and premixed solution products that are approved by the FDA under the same New Drug Application (NDA) (019193).

## **Xcell Amnio Matrix® - HCP220705XP71H**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Xcell Amnio Matrix®.

Applicant's Suggested Language: QXXXX, "Xcell Amnio Matrix per sq centimeter"

### **Applicant's Summary**

Precise Bioscience submitted a request to establish a new HCPCS Level II code to identify Xcell Amnio Matrix®. Xcell Amnio Matrix® is a lyophilized amniotic membrane allograft that is aseptically processed to preserve the native extracellular matrix and endogenous proteins that can be used as a biological barrier or wound cover. Xcell Amnio Matrix® is a human cells, tissues, and cellular and tissue-based product (HCT/P) per 21 CFR Part 1271. Each allograft is restricted to homologous use in procedures on a single occasion by a licensed physician or surgeon. According to the applicant, current HCPCS codes available for reporting synthetic and wound covering technologies are product- and brand-specific. The available HCPCS code "Q4100, Skin substitute, not otherwise specified," does not accurately describe Xcell Amnio Matrix®. Xcell Amnio Matrix® is used as a cover or barrier to protect wounds, including surgically created wounds, from the surrounding environment. Human amniotic membrane is a thin collagenous membrane that consists of collagen layers including the basement membrane and stromal matrix. The extracellular matrix components of the amniotic tissue include collagens, fibronectin, laminins, integrins, and hyaluronans. Additionally, amniotic membrane allograft is immune-privileged and possesses little or no risk of foreign body reaction, which can lead to fibrosis and graft failure. Xcell Amnio Matrix® is used for the treatment of non-healing wounds and burns. The product is applied directly to the wound site. The dosage for Xcell Amnio Matrix® Amniotic Membrane Allograft is per square centimeter. Xcell Amnio Matrix® is available in the following allograft sizes: 2 cm x 2 cm, 2 cm x 4 cm, 4 cm x 4 cm, 4 cm x 7 cm, 10 cm x 10 cm, 10 cm x 20 cm and 6 mm, 9 mm, 12 mm discs. Xcell Amnio Matrix® is supplied sandwiched within a sterile backing, enclosed inside a sterile inner pouch.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, the Xcell Amnio Matrix® product information submitted to CMS as part of the HCPCS Level II application appears to differ from the information that was submitted to the FDA's TRG. According to the TRG, Xcell Amnio Matrix®, when intended for use as a "cover or barrier, appears to meet all the criteria for regulation solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." However, in the HCPCS Level II application for the Xcell Amnio Matrix®, the applicant referenced additional intended uses. Specifically, the application stated that "Xcell Amnio Matrix® is used for the treatment of non-healing wounds and burns." Based on this information, it appears that the Xcell Amnio Matrix® may not be suitable for registration as an HCT/P under section 361 of the PHS Act and the regulations in 21 CFR part 1271. CMS refers the applicant back to the FDA's TRG to obtain written feedback regarding how the product, consistent with its intended uses described in the HCPCS Level II application, is appropriately regulated. The applicant is welcome to submit a complete HCPCS Level II application in a subsequent coding cycle where the information presented to CMS in the

application is consistent with written feedback obtained from the FDA's TRG. Information for submitting questions to the FDA's TRG is located at: <https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products/tissue-reference-group>.

## **Amnio Tri-Core - HCP22070193GMR**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Amnio Tri-Core.

Applicant's suggested language: XXXXX, "Amnio Tri-Core, per sq cm"

### **Applicant's Summary**

Stability Biologics submitted a request to establish a new HCPCS Level II code to identify Amnio Tri-Core amnion patch. Amnio Tri-Core is comprised of donated human tissue. Amnio Tri-Core is a triple layer amniotic tissue allograft, providing a safe, natural, biologic barrier. Amnio Tri-Core is a minimally manipulated, dehydrated, non-viable cellular amniotic membrane allograft that contains multiple extracellular matrix proteins, growth factors, cytokines and other specialty proteins present in amniotic tissue to provide a barrier membrane that enhances healing. Amnio Tri-Core allografts are processed based upon strict, quality-controlled protocols and is initially disinfected to a 10-6 log reduction with a validated disinfecting process. An additional assurance of safety is achieved by terminally sterilizing each allograft. Based upon validations, each graft has been effectively sterilized using E-beam irradiation to achieve a 10-6 sterility assurance level. According to the applicant, existing HCPCS codes do not adequately describe Amnio Tri-Core. Currently, providers must utilize HCPCS code Q4100, "skin substitute, not otherwise specified", which results in delayed claims processing, additional documentation, and the inability for providers to specifically report which product is being used for treatment. Amnio Tri-Core is primarily and customarily used to treat acute and chronic wounds as well as burns. It is restricted to homologous use as a soft tissue barrier or wound covering. The regenerative properties inherent in amniotic tissue provide a matrix which is anti-inflammatory and anti-scarring. Amnio Tri-Core is used to promote healing in patients with acute and chronic wounds and burns.

### **CMS Final HCPCS Coding Decision**

The Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant does not identify Amnio Tri-Core as the product that was reviewed by the TRG. Instead, the TRG letter references AmnioCore as the subject of FDA's review. CMS refers the applicant to the FDA's TRG to obtain written feedback regarding how Amnio Tri-Core is appropriately regulated. After obtaining the FDA's written feedback, the applicant is welcome to submit a complete HCPCS code application in a subsequent coding cycle. Information for submitting questions to the TRG is located at:

<https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products/tissue-reference-group>.

## **Amnio Quad-Core - HCP220701YW6GX**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Amnio Quad-Core.

Applicant's suggested language: XXXXX, "Amnio Quad-Core, per sq cm"

### **Applicant's Summary**

Stability Biologics submitted a request to establish a new HCPCS Level II code to identify Amnio Quad-Core amnion patch. Amnio Quad-Core is comprised of donated human tissue. Amnio Quad-Core is a triple layer amniotic tissue allograft, providing a safe, natural, biologic barrier. Amnio Quad-Core is a minimally manipulated, dehydrated, non-viable cellular amniotic membrane allograft that contains multiple extracellular matrix proteins, growth factors, cytokines and other specialty proteins present in amniotic tissue to provide a barrier membrane that enhances healing. Amnio Quad-Core allografts are processed based upon strict, quality-controlled protocols and is initially disinfected to a 10-6 log reduction with a validated disinfecting process. An additional assurance of safety is achieved by terminally sterilizing each allograft. Based upon validations, each graft has been effectively sterilized using E-beam irradiation to achieve a 10-6 sterility assurance level. According to applicant, existing HCPCS codes do not adequately describe Amnio Quad-Core. Currently, providers must utilize HCPCS Q4100, "Skin substitute, not otherwise specified", which results in delayed claims processing, additional documentation, and the inability for providers to specifically report which product is being used for treatment. Amnio Quad-Core is primarily and customarily used to treat acute and chronic wounds as well as burns. It is restricted to homologous use as a soft tissue barrier or wound covering. The regenerative properties inherent in amniotic tissue provide a matrix which is anti-inflammatory and anti-scarring. Amnio Quad-Core is used to promote healing in patients with acute and chronic wounds and burns.

### **CMS Final HCPCS Coding Decision**

The Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant does not identify Amnio Quad-Core as the product that was reviewed by the TRG. Instead, the TRG letter references AmnioCore as the subject of FDA's review. CMS refers the applicant to the FDA's TRG to obtain written feedback regarding how Amnio Quad-Core is appropriately regulated. After obtaining the FDA's written feedback, the applicant is welcome to submit a complete HCPCS code application in a subsequent coding cycle. Information for submitting questions to the TRG is located at: <https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products/tissue-reference-group>.

## **CYGNUS® Dual - HCP220630W2QL9**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify CYGNUS® Dual.

Applicant's suggested language: QXXXX, "CYGNUS Dual, per square centimeter"

### **Applicant's Summary**

VIVEX® Biologics submitted a request to establish a new HCPCS Level II code to identify CYGNUS® Dual. The CYGNUS® Dual amnion allograft is derived from the amnion layer of the fetal membranes and is processed using aseptic techniques. The product is offered in a dehydrated state. The product is terminally sterilized via electron-beam irradiation (validated under VDmax15 method following ISO 11137). CYGNUS® Dual is shipped in a single use package with one unit per package and may be stored at ambient conditions for up to 5 years. A variety of sizes are available. According to applicant, existing HCPCS codes do not adequately describe CYGNUS® Dual since Q-codes are product specific. Currently, providers must utilize HCPCS code Q4100, "Skin substitute, not otherwise specified", which results in delayed claims processing, additional documentation, and the inability for providers to specifically report which product is being used for treatment. According to the applicant, a product-specific Q-code would allow VIVEX® Biologics to work directly with third party payers to establish medical necessity criteria and coverage for CYGNUS® Dual for the treatment of complex acute and chronic wounds and burns. CYGNUS® Dual is a placental tissue allograft used most often to treat acute and chronic complex wounds and burns and can serve as a barrier or covering, protecting injured tissue from the external environment.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, the CYGNUS® Dual product information submitted to CMS as part of the HCPCS Level II application appears to differ from the information that was submitted to the FDA's TRG. Based on the TRG letter, "CYGNUS® Dual, for use as a tissue barrier or wound covering, appears to be regulated solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." However, in the HCPCS Level II application, it is indicated that "CYGNUS® Dual is a placental tissue allograft used most often to treat acute and chronic complex wounds and burns." Based on this information, it appears that the CYGNUS® Dual may not be suitable for registration as a human cells, tissues, and cellular and tissue-based product (HCT/P) under section 361 of the PHS Act and the regulations in 21 CFR part 1271. CMS refers the applicant back to the FDA's TRG to obtain written feedback regarding how the product, consistent with its intended uses described in the HCPCS Level II application, is appropriately regulated. The applicant is welcome to submit a complete HCPCS Level II application in a subsequent coding cycle where the information presented to CMS in the application is consistent with written feedback obtained from the FDA's TRG. Information for submitting questions to the FDA's TRG is located at: <https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products/tissue-reference-group>.

## **Biovance® 3L - HCP220628N605N**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Biovance® 3L.

Applicant's suggested language: Q41XX, "Biovance 3L, 1 sq cm"

### **Applicant's Summary**

Celularity Inc. submitted a request to establish a new HCPCS Level II code to identify Biovance® 3L. Biovance® 3L is a tri-layer decellularized human amniotic membrane allograft. The processing of the tissue involves the separation of the amniotic membrane from the chorionic membrane; the amniotic membrane is then cleaned using a mild detergent, scraping, and rinsing. The membrane is folded upon itself to create a tri-layer, dehydrated scaffold. It is then packaged and sterilized using e-beam irradiation. The intended use is to provide a cover to protect from the surrounding environment in wound and reconstruction procedures. Dehydrated human membrane allografts are human tissue allografts intended for use as a cover to protect from the surrounding environment in wound; and surgical repair and reconstruction procedures. Applications include, but are not limited to, application to partial- and full-thickness acute and chronic wounds (such as traumatic and complex wounds, burns, surgical, and Mohs surgery sites; and diabetic, venous, arterial, pressure, and other ulcers); including wounds with exposed tendon, muscle, bone, or other vital structures. The indication for use is as follows: as an inert barrier membrane, Biovance® 3L is intended to cover and protect from the surrounding environment. Indications include, but are not limited to, surgical covering, wrap or barrier, application to partial- and full-thickness, acute and chronic wounds (such as, traumatic and complex wounds, burns, surgical and Mohs surgery sites; and diabetic, venous, arterial, pressure and other ulcers), including wounds with exposed tendon, muscle, bone or other vital structures. Biovance® 3L is a decellularized, dehydrated tri-layer amnion. All detectable growth factors, residual DNA, and cells are removed from the scaffold. This leaves an intact matrix that provides no physiologic activity. The mechanism of action is that upon application to the wound, the product acts as a cover or barrier from the surrounding environment. The quantity and size of the product used will vary based upon wound size and physician recommendation. Biovance® 3L units are measured by determination of the dimension of the wounded area and selecting the sheet size that provides at least a 2 mm overlap around the entire perimeter of the wound. Biovance® 3L sheets may be trimmed to customize for the shape of the wound. Biovance® 3L is packaged as a sterile product in sealed, single-use pouches.

### **CMS Final HCPCS Coding Decision**

After review of the Food and Drug Administration's (FDA's) Tissue Reference Group (TRG) letter submitted by the applicant, the Biovance® 3L product information submitted to CMS appears to differ from the information that was submitted to the FDA's TRG. Based on the TRG, Biovance® 3L, "when intended for use as a cover or to protect from the surrounding environment, meets all the criteria for regulation solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271." However, in the HCPCS Level II application for Biovance® 3L, the applicant referenced additional intended uses. The application stated that "[i]t is for these difficult-to-heal wounds and patients with a history of delayed healing that advanced biologic products such as are particularly well-suited.

Biovance® 3L has an opportunity to contribute to the reduction of amputations and hospital admissions associated with the chronic non-healing wound of not only diabetic patient, but patients with complicated full thickness wounds.” Based on this information, it appears that Biovance® 3L may not be suitable for registration as a human cells, tissues, and cellular and tissue-based product (HCT/P). CMS refers the applicant back to the FDA’s TRG to obtain written feedback regarding how the product, consistent with its intended uses described in the HCPCS Level II application, is appropriately regulated. After obtaining the FDA’s written feedback, the applicant is welcome to submit a complete HCPCS Level II application in a subsequent coding cycle. Information for submitting questions to the FDA’s TRG is located at: <https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products/tissue-reference-group>.

## **proMATRIX™ - HCP2207056WGDQ**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify proMATRIX™ Placental Derived Wound Cover.

Applicant's suggested language: "proMATRIX per sq centimeter"

### **Applicant's Summary**

Extremity Care LLC, submitted a request to establish a new HCPCS Level II code to identify proMATRIX™. proMATRIX™ is a hydrated amniotic tissue allograft intended to be used as a wound cover or protective wound barrier. proMATRIX™ is intended only for homologous use as a barrier or cover that protects wounds from the surrounding environment.

proMATRIX™ is intended to be used to serve a protective wound cover or barrier to offer protection from the surrounding environment in wounds, including surgically created wounds such as ocular repair and reconstruction. According to the applicant, this intended use is consistent with the homologous uses of amniotic membranes that the Food and Drug Administration (FDA) explicitly identified in its guidance on homologous uses of human cells, tissues, and cellular and tissue-based products (HCT/Ps). proMATRIX™ is intended only for homologous use as a barrier that protects wounds, including surgically created wounds, from the surrounding environment during the wound healing process. According to the applicant, specifically, FDA has stated that when amniotic membrane is used as a covering to offer protection from the surrounding environment, such use is consistent with the basic function the amniotic membrane performs in its donor. proMATRIX™ is topically applied over a wound site following wound preparation in a physician office, home health or outpatient setting. proMATRIX™ is for topical application in one patient on one single occasion. proMATRIX™ is provided in a sterile vial and is intended for single use. The allograft is stored at room temperature throughout transport and storage.

### **CMS Final HCPCS Coding Decision**

The applicant submitted a letter from the FDA's Tissue Reference Group (TRG) for Procenta® but not for proMATRIX™. The applicant stated that "proMATRIX™, under its generic name Procenta®, was presented to the [TRG]." CMS would like to be certain that proMATRIX™ and Procenta® are the same product. As a result, CMS refers the applicant to the FDA to confer with the TRG to make sure the product they reviewed is the same product that is the subject of the HCPCS Level II application request. After obtaining the FDA's feedback pertaining to proMATRIX™, the applicant is welcome to submit a complete HCPCS code application in a subsequent coding cycle.

## Procenta® - HCP220705R195N

### Topic/Issue

Request to revise the existing HCPCS Level II code Q4244, “Procента, per 200 mg”.

The applicant did not submit any suggested language.

### Applicant’s Summary

Lucina BioSciences, LLC submitted a request to revise the existing HCPCS Level II code Q4244, “Procenta, per 100mg.” According to the applicant, HCPCS code Q4244, for Procenta®, pre-dates receipt by Lucina BioSciences of the final response letter from the Food and Drug Administration (FDA) Tissue Reference Group (TRG) on August 19, 2020. The TRG concluded that Procenta® meets all criteria to be regulated solely under section 361 of the Public Health Service (PHS) Act and the regulations in 21 CFR part 1271, which also meet the definition of structural tissue (processing that does not alter the original relevant characteristics of the tissue relating to the tissue’s utility for reconstruction, repair, or replacement) (human cells, tissues, and cellular and tissue-based product (HCT/P)). The applicant requested the revisions to ensure that the language in the CMS summary is consistent with that of the TRG final response letter. Procenta® is a sterile, human placental tissue allograft, which is non-viable, hydrated, fully conformable, and intended to serve as a cover, to offer protection from the surrounding environment, or to retain fluid when applied to soft tissue defects. According to the applicant, the allograft meets the FDA criteria to be used for the repair and reconstruction of the recipient’s soft tissue(s) consistent with the same basic function or functions in the donor. When Procenta® is placed in the soft tissue defect, it acts as a hydrophilic extracellular matrix scaffold (ECM). The ECM provides 3-dimensional structural support for the natural healing process to occur. Procenta® is supplied in a single-use vial. Once removed from the vial, a physician applies it onto the site. Procenta® is packaged as an acellular human placental-derived allograft in a vial that is contained in a peel pouch placed in an outer box. It is packaged sterile, pre-hydrated, ready-to-use, and shelf-stable for four years at ambient temperature.

### CMS Final HCPCS Coding Decision

After review of the FDA’s TRG letter submitted by the applicant, the Procenta® information submitted to CMS as part of the HCPCS Level II application appears to differ from the information that was submitted to the FDA’s TRG. Based on the TRG, “Procenta®, when intended to serve as a cover, to offer protection from the surrounding environment, or to retain fluid, would meet the criteria for regulation solely under section 361 of the PHS Act and the regulations in 21 CFR part 1271.” However, in the HCPCS Level II application for the Procenta®, the applicant referenced additional intended uses. Specifically, the application stated that “[i]t is intended to be used for the repair and reconstruction of the recipient’s soft-tissue consistent with the same basic function or functions in the donor.” Based on this information, it appears that the Procenta® may not be suitable for registration as an HCT/P under section 361 of the PHS Act and the regulations in 21 CFR part 1271. CMS refers the applicant back to the FDA’s TRG to obtain written feedback regarding how the product, consistent with its intended uses described in the HCPCS Level II application, is appropriately regulated. The applicant is welcome to submit a complete HCPCS Level II application in a subsequent coding cycle where the information presented to CMS in the

application is consistent with written feedback obtained from the FDA's TRG. Information for submitting questions to the FDA's TRG is located at: <https://www.fda.gov/vaccines-blood-biologics/tissue-tissue-products/tissue-reference-group>.

## Trudhesa™ - HCP220701RQ8TW

### Topic/Issue

Request to establish a new HCPCS Level II code to identify Trudhesa™ nasal spray.

Applicant's suggested language: JXXXX, "Dihydroergotamine mesylate (TRUDHESA) nasal spray, 1.45 mg"

### Applicant's Summary

Impel Pharmaceuticals Inc. submitted a request to establish a HCPCS Level II code to identify Trudhesa™, dihydroergotamine mesylate nasal spray. Trudhesa™ was approved by the Food and Drug Administration (FDA) under the 505(b)(2) New Drug Application (NDA) pathway on September 2, 2021. Trudhesa™ is an ergotamine derivative indicated for the acute treatment of migraine with or without aura in adults. Trudhesa™ is packaged as a single-dose, drug-device combination product that contains a vial of dihydroergotamine mesylate with a clear and colorless to faintly yellow solution and an intranasal delivery device. The recommended dose of Trudhesa™ is 1.45 mg, administered as one metered spray of 0.725 mg into each nostril. The dose may be repeated, if needed, a minimum of 1 hour after the first dose. The potential for cardiac adverse reactions and events exists with Trudhesa™ treatment. Prior to initiation of Trudhesa™, a cardiovascular evaluation is recommended to assess for underlying cardiovascular disease. Patients with significant medical history and/or cardiovascular findings consistent with vasospasm (i.e., quick tightening or constriction) of the coronary artery(ies) should not receive Trudhesa™. Patients with risk factors of coronary artery disease (i.e., high blood pressure, high cholesterol, smoker, obesity, diabetes, strong family history of coronary artery disease, etc.) who have a satisfactory cardiovascular evaluation may receive treatment with Trudhesa™; however, it is strongly recommended that administration of the first dose of Trudhesa™ take place in their doctor's office or other healthcare facility where the patient can be monitored. An electrocardiogram is recommended for monitoring these patients in the interval immediately following the first use of Trudhesa™. According to the applicant, creating a unique J code for Trudhesa™ will remove access barriers allowing providers to buy and bill the product in cases where the first dose must be supervised. Currently, unless an unclassified code is used, patients are white-bagging product into the medical office or healthcare facility, which limits the ability of the provider to ensure the first dose is supervised for appropriate patients.

### CMS Final HCPCS Coding Decision

CMS is denying the applicant's request to establish a new HCPCS Level II code to identify Trudhesa™ nasal spray as this product appears to be a self-administered drug (SAD). In most cases, Medicare Part B does not cover and/or pay for SADs in the hospital outpatient and office-based settings.

## **CYTALUX™ - HCP220705CNACY**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify pafolacianine.

Applicant's suggested language: "Infusion, pafolacianine, 3.2 mg/1.6 mL"

### **Applicant's Summary**

Hull Associates submitted a request on behalf of On Target Laboratories to establish a new HCPCS Level II code to identify Cytalux™. On November 29, 2021, the Food and Drug Administration (FDA) approved the New Drug Application (NDA) for this drug as an optical imaging agent indicated in adult patients with cancer as an adjunct for intraoperative identification of malignant lesions. Cytalux™ (pafolacianine) injection is a sterile, non-pyrogenic, dark bluish green, clear aqueous solution for intravenous use. Each vial contains 3.2 mg (2 mg/mL) pafolacianine (equivalent to 3.4 mg pafolacianine sodium), 14.4 mg sodium chloride, 0.23 mg potassium phosphate monobasic, 1.27 mg sodium phosphate dibasic heptahydrate in 1.6 mL volume. The pH is adjusted with sodium hydroxide and/or hydrochloric acid and is between 7.1 to 7.8. Cytalux™ is an optical imaging agent to be used in adult patients with ovarian cancer as an adjunct for intraoperative identification of malignant lesions. It is comprised of a folic acid analog conjugated with an indocyanine green-like dye for use as a tumor-specific imaging agent which targets folate receptors that are overexpressed in most ovarian cancers. Cytalux™ is to be used with a near-infrared (NIR) imaging system cleared by the FDA for specific use with Cytalux™. Cytalux™ is the first targeted intraoperative molecular imaging agent that illuminates ovarian cancer in real time, enabling the detecting of more cancer for resection. According to the applicant, there is no existing HCPCS Level II code available to describe any drug of the same chemical composition, mechanism of action, and function, and they are requesting to establish a novel code. Cytalux™ is an optical imaging agent indicated in adult patients with ovarian cancer as an adjunct for intraoperative identification of malignant lesions. Cytalux™ is a fluorescent drug that targets folate receptor (FR) which may be overexpressed in ovarian cancer. Pafolacianine binds to FR-expressing cancer cells with nearly 1nM affinity, internalizes via receptor mediated endocytosis, and concentrates in FR-positive cancer tissues. Pafolacianine absorbs light in the NIR region within a range of 760 nm to 785 nm with peak absorption of 776 nm and emits fluorescence within a range of 790 nm to 815 nm with a peak emission of 796 nm. The recommended dose of Cytalux™ is a single intravenous infusion of 0.025 mg/kg diluted in 250 mL of 5% Dextrose Injection, administered over 60 minutes using a dedicated infusion line, 1 hour to 9 hours prior to surgery. Cytalux™ is supplied as a single dose vial for IV administration; Cytalux™ is dark bluish-green, clear aqueous liquid solution provided in an amber glass vial with a rubber closure and crimp seal and each vial contains 3.2 mg of pafolacianine free acid in total 1.6 mL volume to achieve a 2.0 mg/mL concentration.

### **CMS Final HCPCS Coding Decision**

This request is being deferred to a subsequent coding cycle because the scope of the request necessitates that additional consideration be given before CMS reaches a final decision.

## **Kollourion Eyesalve™ Eyewash - HCP220427CQD4D**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Kollourion Eyesalve™ Eyewash.

Applicant's suggested language: KXXXX, "Ablution - Kollourion Eyesalve Eyewash Finger of God Eye Cleansing Treatment"

### **Applicant's Summary**

Miracle Eye Pharmaceuticals™ Kollourion Eyesalve™ Eyewash, purified water is indicated for cleansing the eye to help relieve irritation or burning by removing loose foreign material. Kollourion Eyesalve™ Eyewash, purified water is a sterile, isotonic, buffered, preservative free, and kosher certified eye wash containing Ethiopian "holy" water. The dosage is 1 fluid ounce (30 mL), the route of administration is topical ophthalmic, and the product is packaged in a 30mL bottle.

### **CMS Final HCPCS Coding Decision**

CMS is denying the applicant's request to establish a new HCPCS Level II code to identify Kollourion Eyesalve™ Eyewash. This product is not approved by the Food and Drug Administration (FDA) as a prescription drug; rather, it is an over-the-counter (OTC) product. Most OTC products are not reviewed and approved by the FDA; however, they may be marketed if they comply with applicable regulations and policies. Generally, insurers do not pay for OTC products, so CMS is not aware of a claims processing need to establish a HCPCS Level II code for Kollouroin Eyesalve™ Eyewash.

## **Tetracyte™ - HCP220608Q36D5**

### **Topic/Issue**

Request to establish a new HCPCS Level II code to identify Tetracyte™.

The applicant did not submit any suggested language.

### **Applicant's Summary**

Tetracyte™ is a topical ointment with a patent pending dual carrier delivery system that greatly enhances product penetration – the ViaDerma Transdermal Carrier (VTC) system. VTC permits rapid penetration of active ingredients through the skin and into cells. VTC enables Bacitracin to overcome the bacteria's efflux pumps, and rather influx the antibiotic – this means that Tetracyte™ has both a chemical and physical kill mechanism, which is called Advanced Biological Coverage. According to the applicant, the novel approach to overcome drug resistance of antibiotics is designed to sustain the effectiveness of Tetracyte™ for many years. In recent years, the dearth of new antibiotics has been largely due to the uncertain new-drug commercial lifetime which is diminished when bacteria develop immunity to that drug. The Bacitracin technology provides enhanced capabilities against antibiotic-resistant strains of pathogens. Tetracyte™ topical antibiotic has been shown to kill all harmful Gram positive and Gram negative bacteria that have been available for testing. Tetracyte™ is indicated for first-aid antibiotic to help prevent the risk of skin infection in minor cuts, scrapes, or burns.

### **CMS Final HCPCS Coding Decision**

CMS is denying the applicant's request to establish a new HCPCS Level II code to identify Tetracyte™. This product is not approved by the Food and Drug Administration (FDA) as a prescription drug; rather it is an over-the-counter (OTC) product. Most OTC products are not reviewed and approved by the FDA; however, they may be marketed if they comply with applicable regulations and policies. Generally, insurers do not pay for OTC products, so CMS is not aware of a claims processing need to establish a HCPCS Level II code for Tetracyte™.

**Request: Claims Processing Complexities for Chimeric Antigen Receptor (CAR) T-Cell Therapy - HCP220524MVK07**

**Topic/Issue**

Request to establish a new HCPCS Level II modifier code to identify fractionated payment for CAR-T therapy claims.

Applicant's suggested language: XX, "modifier for fractionated payment CAR-T therapy"

**Applicant's Summary**

Medicare fee-for-service claims for CAR T-cell product related HCPCS codes cannot be processed in the current Multi-Carrier System because the maximum field length for the dollar amount is only 7 digits (i.e., line item or total maximum is 99999.99) and the CAR T-cell product HCPCS codes are billed as one unit with a dollar amount of 8 to 9 digits (999999.99 or 9999999.99). Based on the current HCPCS code descriptors, the CAR T-cell products are billed as a single unit of one therapeutic dose and the charges are more than \$100,000.00 per dose.

Medicare Administrative Contractors have reported to CMS that non-hospital based physician offices are currently holding claims for CAR T-cell products due to the character length limitation of the Multi-Carrier System. A solution is sought while CMS develops future long-term enhancements to the Multi-Carrier System.

**CMS Final HCPCS Coding Decision**

Establish new modifier LU, "Fractionated payment of car-t therapy"

To avoid the character/digit limitation, the physician office would bill multiple claims for fractional units for the same date of service and the same procedure using the LU modifier. Each Medicare Administrative Contractor will issue instructions for the appropriate jurisdiction(s) to properly utilize this modifier when submitting claims. For instance, a Medicare Administrative Contractor may instruct the claimant to divide the Medicare allowed total payment by 10 and the provider will need to bill in 0.1 unit fractions. The provider would then need to bill a total of 10 fractional units to reach the total Medicare allowed payment amount of 1-unit. To avoid duplicate claim denials, Medicare Administrative Contractors may also provide instructions on the use of modifier 76 for the additional claims after the first claim.

CMS is not aware of any claims affected by hospitals billing under the Medicare Hospital Outpatient Prospective Payment System (OPPS) or Hospital Inpatient Prospective Payment System (IPPS); thus, this modifier is not intended for claims submission for OPPS or IPPS.

Other payers may or may not elect to utilize this modifier for a similar purpose. Please consult with the individual payer for instructions.

This modifier is retroactively effective for dates of service on or after January 1, 2022.

**Request: HCPCS Level II Codes for Various FDA Approvals under the 505(b)(2) or Biologics License Application Pathways and Products “Not Otherwise Classified” - HCP220517FAENJ**

**Topic/Issue**

Request to establish new HCPCS Level II codes to separately identify products approved under the 505(b)(2) New Drug Application (NDA) or the Biologics License Applications (BLA) pathways after October 2003, and not rated as therapeutically equivalent to a reference listed product in an existing code.

**Applicant’s Summary**

CMS has been reviewing its approach for establishing HCPCS Level II codes to identify products approved under the 505(b)(2) NDA or the BLA pathways after October 2003. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration’s (FDA) Orange Book<sup>2</sup>, and are therefore considered single source products. Also, this effort will help reduce use of the not otherwise classified (NOC) codes.

In order to conform with the general approach used for the assignment of products paid under section 1847A of the Social Security Act (the Act) to HCPCS codes as described at the following CMS link:

[https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/051807\\_coding\\_an\\_nouement.pdf](https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/051807_coding_an_nouement.pdf), CMS is making several code changes, including manufacturer specific codes to identify products approved under separate 505(b)(2) NDA or BLA pathways. Since the products are approved under separate 505(b)(2) NDAs and are not rated as therapeutically equivalent by the FDA in the Orange Book, they are single source drugs based on the statutory definition of “single source drug” in section 1847A(c)(6) of the Act. Because these are single source drugs, there is a programmatic need for each product to have a unique billing and payment code.

In cases where certain products meet the statutory definition of a “multiple source drug” in section 1847A(c)(6) of the Act, CMS will remove the brand name of the drug from any existing HCPCS code as needed (e.g. remove “velcade” from J9041) as it will accommodate any associated generic product(s), if approved and marketed, that are rated as therapeutically equivalent. Of note, Baxter Healthcare Inc. submitted a request to revise existing HCPCS Level II code J9041 to allow for use with recently approved therapeutic equivalents, which has been addressed as part of this review.

Due to the complexity and nuanced nature of the differences between each product, we encourage providers to rely on the Average Sales Price (ASP) HCPCS-NDC crosswalk<sup>3</sup> to identify the correct billing and payment code for each applicable product.

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<sup>2</sup> The FDA’s Orange Book, officially entitled, *Approved Drug Products With Therapeutic Equivalence Evaluations*, identifies drug products approved on the basis of safety and effectiveness by the FDA, and is published at the following FDA link: <https://www.accessdata.fda.gov/scripts/cder/ob/index.cfm>.

<sup>3</sup> The ASP crosswalks are maintained by CMS on a quarterly basis to support ASP-based Medicare Part B payments only. The quarterly ASP crosswalks are published at the following CMS link:

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/2022-asp-drug-pricing-files>.

## **CMS Final HCPCS Coding Decision**

1. Establish approximately 36 new HCPCS Level II codes to separately identify products approved under the 505(b)(2) NDA or the BLA pathways after October 2003, and not rated as therapeutically equivalent to a reference listed product in an existing code.
2. Revise existing HCPCS Level II codes, as needed, to separately identify multiple source drugs and single source drugs.

Effective January 1, 2023

See Appendix A for a complete list of new and revised HCPCS Level II codes that we are establishing. We will be accepting feedback on the language in the code descriptors for each code in an upcoming biannual public meeting.

CMS intends to continue our review in subsequent HCPCS code application quarterly cycles to separately identify products approved under the 505(b)(2) NDA or the BLA pathways after October 2003, and not rated as therapeutically equivalent to a reference listed product in an existing code, as well as products that have been “not otherwise classified”.

**Appendix A: HCPCS Level II Codes for Products Approved by the FDA Under the 505(b)(2) NDA or BLA Pathways and Products “Not Otherwise Classified”**

<b>HCPCS Code</b>	<b>Action</b>	<b>Long Descriptor</b>
C9046	Revise	Cocaine hydrochloride nasal solution (goprelto), 1 mg
C9143	Add	Cocaine hydrochloride nasal solution (numbrino), 1 mg
J0131	Revise	Injection, acetaminophen, not otherwise specified, 10 mg
J0134	Add	Injection, acetaminophen (fresenius kabi) not therapeutically equivalent to J0131, 10 mg
J0136	Add	Injection, acetaminophen (b braun) not therapeutically equivalent to J0131, 10 mg
J0173	Add	Injection, epinephrine (belcher) not therapeutically equivalent to J0171, 0.1 mg
J0283	Add	Injection, amiodarone hydrochloride (nexerone), 30 mg
J0610	Revise	Injection, calcium gluconate (fresenius kabi), per 10 ml
J0611	Add	Injection, calcium gluconate (wg critical care), per 10 ml
J0689	Add	Injection, cefazolin sodium (baxter), not therapeutically equivalent to J0690, 500 mg
J0701	Add	Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg
J0703	Add	Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg
J0877	Add	Injection, daptomycin (hospira), not therapeutically equivalent to J0878, 1 mg
J0891	Add	Injection, argatroban (accord), not therapeutically equivalent to J0883, 1 mg (for non-esrd use)
J0892	Add	Injection, argatroban (accord), not therapeutically equivalent to J0884, 1 mg (for esrd on dialysis)
J0893	Add	Injection, decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg
J0898	Add	Injection, argatroban (auromedics), not therapeutically equivalent to J0883, 1 mg (for non-esrd use)
J0899	Add	Injection, argatroban (auromedics), not therapeutically equivalent to J0884, 1 mg (for esrd on dialysis)
J1456	Add	Injection, fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg
J1574	Add	Injection, ganciclovir sodium (exela) not therapeutically equivalent to J1570, 500 mg
J1611	Add	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to J1610, per 1 mg
J1643	Add	Injection, heparin sodium (pfizer), not therapeutically equivalent to J1644, per 1000 units
J2021	Add	Injection, linezolid (hospira) not therapeutically equivalent to J2020, 200 mg
J2184	Add	Injection, meropenem (b. braun) not therapeutically equivalent to J2185, 100 mg

J2247	Add	Injection, micafungin sodium (par pharm) not therapeutically equivalent to J2248, 1 mg
J2251	Add	Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to J2250, per 1 mg
J2272	Add	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to J2270, up to 10 mg
J2281	Add	Injection, moxifloxacin (fresenius kabi) not therapeutically equivalent to J2280, 100 mg
J2311	Add	Injection, naloxone hydrochloride (zimhi), 1 mg
J2400	Delete	Injection, chlorprocaine hydrochloride, per 30 ml
J2401	Add	Injection, chlorprocaine hydrochloride, per 1 mg
J2402	Add	Injection, chlorprocaine hydrochloride (clorotekal), per 1 mg
J3244	Add	Injection, tigecycline (accord) not therapeutically equivalent to J3243, 1 mg
J3371	Add	Injection, vancomycin hcl (mylan) not therapeutically equivalent to J3370, 500 mg
J3372	Add	Injection, vancomycin hcl (xellia) not therapeutically equivalent to J3370, 500 mg
J9041	Revise	Injection, bortezomib, 0.1 mg
J9044	Delete	Injection, bortezomib, not otherwise specified, 0.1 mg
J9046	Add	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9048	Add	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg
J9049	Add	Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg
J1954 <sup>4</sup>	Add	Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg
J9314 <sup>5</sup>	Add	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg
J9393	Add	Injection, fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg
J9394	Add	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg

<sup>4</sup> Revised November 4, 2022 to add the HCPCS Level II coding changes for MEARIS™ application HCP22070101NT9 that are to become effective January 1, 2023.

<sup>5</sup> Revised November 4, 2022 to add the HCPCS Level II coding changes for MEARIS™ application HCP220701F5U63 that are to become effective January 1, 2023.