

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12439	Date: January 2, 2024
	Change Request 13481

Transmittal 12420 issued December 21, 2023, is being rescinded and replaced by Transmittal 12439, dated January 2, 2024, to correct the ASC payment indicator for C9734 in table 7, delete HCPCS J1246 in table 8, add HCPCS codes A9601 and J2690 to table 8, add HCPCS A2025 to table 10, and add conforming changes to the associated policy sections. Correct policy section numbering and to update website link and correct date error in business requirement 13481.9.1. All other information remains the same.

SUBJECT: January 2024 Update of the Ambulatory Surgical Center (ASC) Payment System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to describe changes to and billing instructions for various payment policies implemented in the January 2024 ASC update.

EFFECTIVE DATE: January 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 12439	Date: January 2, 2024	Change Request: 13481
-------------	--------------------	-----------------------	-----------------------

Transmittal 12420 issued December 21, 2023, is being rescinded and replaced by Transmittal 12439, dated January 2, 2024, to correct the ASC payment indicator for C9734 in table 7, delete HCPCS J1246 in table 8, add HCPCS codes A9601 and J2690 to table 8, add HCPCS A2025 to table 10, and add conforming changes to the associated policy sections. Correct policy section numbering and to update website link and correct date error in business requirement 13481.9.1. All other information remains the same.

SUBJECT: January 2024 Update of the Ambulatory Surgical Center (ASC) Payment System

EFFECTIVE DATE: January 1, 2024

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to describe changes to and billing instructions for various payment policies implemented in the January 2024 ASC update. Included in this transmittal are Calendar Year (CY) 2024 payment rates for separately payable procedures/services, drugs and biologicals, including descriptors for newly created Current Procedural Terminology (CPT®) and Level II Healthcare Common Procedure Coding System (HCPCS) codes. A January 2024 Ambulatory Surgical Center Fee Schedule (ASCFS) File, a January 2024 Ambulatory Surgical Center Payment Indicator (ASC PI) File, a January 2024 ASC Code Pair file, and a January 2024 Ambulatory Surgical Center Drug File will be issued with this transmittal.

B. Policy: 1. a. New OPSS Device Pass-Through Category Payable in ASCs Effective January 1, 2024

Section 1833(t)(6)(B) of the Social Security Act requires that, under the hospital Outpatient Prospective Payment System (OPSS), categories of devices be eligible for transitional pass-through payments for at least two, but not more than three years. In addition, section 1833(t)(6)(B)(ii)(IV) of the Act requires that we create additional categories for transitional pass-through payment of new medical devices not described by existing or previously existing categories of devices. This policy is also implemented in the ASC payment system.

For the January 2024 update, we approved five new devices for pass-through status under the OPSS and are establishing the new device categories in the ASC payment system. Specifically, HCPCS codes C1600, C1601, C1602, and C1603 are effective January 1, 2024. Table 1 includes the HCPCS code, code descriptors, and ASC PI (see Attachment A: Policy Section Tables). We note that HCPCS code C1604 (Grft, trnsmlr/trnsvens byps), which was newly approved for pass-through status under the OPSS effective January 1, 2024, is not eligible to be payable in ASCs as there is no covered surgical procedure that can be performed with C1604. Therefore, HCPCS code C1604 will be packaged (ASCPI=N1) in the ASC setting beginning January 1, 2024.

b. New Device Offset from Payment for the Following HCPCS Codes Effective January 1, 2024

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPSS pass-through payments for devices an amount that reflects the device portion of the Ambulatory Payment Classification (APC) payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated

with the cost of the pass-through device. This device offset policy is also implemented in ASCs. In ASCs, the device offset represents a deduction from the ASC procedure payment for the applicable pass-through device.

We have determined that offsets are associated with the costs of the new device categories described by the HCPCS codes in Table 2 (see Attachment A: Policy Section Tables). The device in these categories should always be billed in the ASC setting with one of the associated CPT codes that are included in Table 2. The associated new devices, procedures, and offset percentages, as well as existing ASC code pairs, are included in the January 2024 ASC code pair file, which is accessible on the CMS website at:

<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs>

Device category HCPCS Codes C1600-C1603 should always be billed with one of the following paired CPT codes that are included in Table 2.

c. Expiration of OPSS Pass-through Status for Eight Device Category HCPCS Codes Effective January 1, 2024

As specified in section 1833(t)(6)(B) of the Social Security Act, under the OPSS, categories of devices are eligible for transitional pass-through payments for at least two but not more than three years. The three codes listed below in Table 3 (see Attachment A: Policy Section Tables) are expiring beginning January 1, 2024, in the OPSS. These codes have been separately payable in the ASC setting and will be packaged (ASC PI=N1) in the ASC setting beginning January 1, 2024. The payment for these codes will be included in the primary service.

Section 4141 of the Consolidated Appropriations Act of 2023 amended Section 1833(t)(6) of the Social Security Act to extend pass-through status for certain devices for a 1-year period beginning on January 1, 2023. The OPSS pass-through status of the devices that received this extension are expiring on December 31, 2023. These five codes are also displayed in Table 3. These codes have been separately payable in the ASC setting and will be packaged (ASC PI=N1) in the ASC setting beginning January 1, 2024. The payment for these codes will be included in the primary service.

ASCs should not separately bill for packaged codes (ASC PI=N1) since they are not reportable under the ASC payment system.

2. New HCPCS Code Describing Biology-Guided Radiation Therapy Service Effective January 1, 2024

CMS is establishing one new separately payable HCPCS code, C9794, to describe a biology-guided radiation therapy service in the ASC setting.

Table 4 lists the HCPCS code, descriptors, and ASC payment indicator status indicator for HCPCS code C9794 (see Attachment A: Policy Section Tables).

3. Payment for HCPCS code G0330 and CDT (Current Dental Terminology) Dental codes added to the ASC Payment System effective January 1, 2024

HCPCS code G0330 describes facility services for dental rehabilitation procedure(s) furnished to patients who require monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care)) and use of an operating room. HCPCS code G0330 does not describe the professional services of dentists and other dental professionals; rather, HCPCS code G0330 only describes facility services furnished by hospital outpatient departments and ambulatory surgery centers paid under the OPSS or ASC payment systems,

respectively. Additionally, HCPCS code G0330 must only be used to describe facility fees for rehabilitation services that meet Medicare payment and coverage requirements. Table 5 lists the HCPCS code, descriptors, and ASC payment indicator (PI) for HCPCS code G0330 (see Attachment A: Policy Section Tables).

In the CY 2024 OPPTS/ASC final rule, CMS finalized the addition of 104 dental procedures to the ASC Covered Procedures List (CPL), including those procedures that when performed, are billed with G0330, to the ASC Covered Procedures List (CPL). The dental codes effective January 1, 2024, are included in table 6 below.

In support of this policy, CMS also finalized the addition of two new ASC PIs. The first payment indicator is ASC PI = D1 (Ancillary dental service/item; no separate payment made), which distinguishes packaged dental HCPCS D-codes from packaged medical codes that are assigned to ASC PI=N1 (Packaged service/item; no separate payment made). D-codes with an ASC PI= D1 assignment indicate ancillary dental services. Unlike ASC PI= N1 codes, which are not billed, ASCs are expected to bill these packaged ASC PI= D1 code(s) with HCPCS G0330, when performed. CMS added 78 ancillary dental services to the list of covered ancillary services, and each such ancillary service has a packaged payment indicator of D1. The complete list of dental services assigned to ASC PI =D1 can be found in ASC Addendum BB.

The second payment indicator is ASC PI = D2 (Non office-based dental procedure added in CY 2024 or later), and it is assigned to separately payable HCPCS D-code surgical procedures. In addition to G0330, CMS finalized 26 dental procedures as separately payable dental surgical procedures on the ASC CPL with ASC PI=D2. The complete list of dental services assigned to ASC PI = D2 can be found in ASC Addendum AA.

HCPCS code G0330 is also assigned to an ASC PI=D2. However, as noted above, the code is utilized and processed in a manner that is different from the other D2 codes. The G0330 code can only be billed once in an encounter and only with one or more ancillary dental services with ASC PI=D1 when these dental services are inextricably linked to the clinical success of an otherwise covered medical service, and therefore, are substantially related and integral to that primary medical service. They may be performed prior to or contemporaneously with certain covered medical services. Likewise, ASC billing of HCPCS code G0330 without one or more codes with ASC PI=D1 is not permitted and will result in the denial of the G-code. Since the payment policy does not require that the dental service be performed during the same encounter as covered medical services, it is permissible for the G-code and accompanying D1-code(s) to be the only services performed and billed during an encounter.

Please see the CY 2024 OPPTS/ASC final rule for more information related to these dental policies.

4. New ASC Surgical Procedures Effective January 1, 2024

The following forty one new procedures are separately payable and added to the ASC covered procedure list. The CPT codes, descriptors, and ASC PIs are listed in Table 7 (see Attachment A: Policy Section Tables). The ASC payment rates for the codes can be found in the January 2024 ASC Addenda AA and BB.

5. Drugs, Biologicals, and Radiopharmaceuticals

a. Newly Established HCPCS Codes for Drugs and Biologicals as of January 1, 2024

Twenty-seven new drug and biological HCPCS codes will be established on January 1, 2024. The former codes included in the “old HCPCS code” column will be deleted on December 31, 2023. These HCPCS codes as well as the descriptors and ASC PIs are listed in Table 8 (see Attachment A: Policy Section Tables).

b. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)

For CY 2024, payment for the majority of nonpass-through drugs and biologicals is made at a single rate of ASP + 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars). In CY 2024, a single payment of ASP plus 6 percent for pass-through drugs and biologicals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Effective January 1, 2024, payment rates for many drugs and biologicals have changed from the values published in the CY 2024 OPPTS/ASC final rule with comment period as a result of later ASP data. Updated payment rates effective January 1, 2024, can be found in the January 2024 update of ASC Addendum BB on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

c. Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates

Some drugs and biologicals paid based on ASP methodology will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payments rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/restated-drug-biological-payment-rates>

Suppliers who think they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

6. Skin Substitutes

The payment for skin substitute products that do not qualify for hospital OPPTS pass-through status are packaged into the OPPTS payment for the associated skin substitute application procedure. This policy is also implemented in the ASC payment system. The skin substitute products are divided into two groups: 1) high-cost skin substitute products and 2) low-cost skin substitute products for packaging purposes. High-cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low-cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS codes C5271-C5278. All OPPTS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT codes 15271-15278. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has OPPTS pricing data that demonstrates that the cost of the product is above either the mean unit cost of \$47 or the per day cost of \$807 for CY 2024.

a. New Skin Substitute Products as of January 1, 2024

There are nineteen new skin substitute HCPCS codes that will be active as of January 1, 2024. The codes are packaged and are assigned to the low-cost skin substitute group. These new packaged codes are listed in Table 9, (see Attachment A: Policy Section Tables).

Note that ASCs should not separately bill for packaged skin substitutes since packaged codes (ASC PI=N1)

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
13481.7	CWF shall remove the TOS F records for the CY 2023 HCPCS/CPT codes in table 3 as appropriate, effective December 31, 2023.								X
13481.8	Medicare contractors shall download and install the revised October 2023 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY23.DRUG.OCTB.V1215 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC
13481.8.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service October 1, 2023 - December 31, 2023, and; 2) Were originally processed prior to the installation of the revised October 2023 ASC DRUG File.		X						
13481.9	Medicare contractors shall download and install the revised July 2023 ASC DRUG file, if released by CMS. FILENAME: MU00.@BF12390.ASC.CY23.DRUG.JULC.V1215 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC
13481.9.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:		X						

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<p>1) Have dates of service July 1, 2023 - September 30, 2023, and;</p> <p>2) Were originally processed prior to the installation of the revised July 2023 ASC DRUG File.</p>										
13481.10	<p>Medicare contractors shall download and install the revised April 2023 ASC DRUG file, if released by CMS.</p> <p>FILENAME: MU00.@BF12390.ASC.CY23.DRUG.APRD.V1215</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							VDC	
13481.10.1	<p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service April 1, 2023 - June 30, 2023, and;</p> <p>2) Were originally processed prior to the installation of the revised April 2023 ASC DRUG File.</p>		X								
13481.11	<p>Medicare contractors shall download and install the revised January 2023 ASC DRUG file, if released by CMS.</p>		X							VDC	

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	<p>FILENAME: MU00.@BF12390.ASC.CY23.DRUG.JAND.V1215</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>										
13481.11.1	<p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service January 1, 2023 - March 31, 2023, and;</p> <p>2) Were originally processed prior to the installation of the revised January 2023 ASC DRUG File.</p>		X								
13481.12	<p>Medicare contractors shall download and install the revised October 2022 ASC DRUG file.</p> <p>FILENAME: MU00.@BF12390.ASC.CY22.DRUG.OCTE.V1215</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							VDC	
13481.12.1	<p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service October 1, 2022 - December 31, 2022, and;</p> <p>2) Were originally processed prior to the installation of the revised October 2022 ASC DRUG File.</p>		X								

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
13481.13	Contractors shall make January 2024 ASCFS fee data for their ASC payment localities available on their web sites.		X								
13481.14	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X							VDC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C E D I		
		A	B	H H H			M A C	
13481.15	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.		X					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1,3-8	Attachment A: Policy Section Tables

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Attachment A – Policy Section Tables

Table 1. – New OPPS Device Pass-Through Category Payable in ASCs

Effective January 1, 2024

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1600	Cath, bladed, vasc prep	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	J7
C1601	Endo, single, pulmonary	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)	J7
C1602	Orth/matrix/bn fill drug-elut	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	J7
C1603	Ret dev, laser, ivc filter	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	J7

Table 2.- New Device Offset from Payment for the Following HCPCS Codes Effective January 1, 2024

Device category HCPCS Codes C1600-C1603 should always be billed with one of the following paired CPT codes:

Device HCPCS Code	HCPCS Code	Long Descriptor	ASC PI
C1600	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava,	G2

		fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	
C1600	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	J8
C1600	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation	J8

		necessary to perform the angioplasty	
C1600	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	J8
C1601	31615	Tracheobronchoscopy through established tracheostomy incision	A2
C1601	31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	A2
C1601	31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	A2
C1601	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	A2
C1601	31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or	A2

		endobronchial biopsy(s), single or multiple sites	
C1601	31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	G2
C1601	31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	A2
C1601	31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	A2
C1601	31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	A2
C1601	31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	A2
C1601	31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	G2
C1601	31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	A2
C1601	31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes	J8

		tracheal/bronchial dilation as required), initial bronchus	
C1601	31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	A2
C1601	31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	A2
C1601	31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	A2
C1601	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	A2
C1601	31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	A2
C1601	31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	A2
C1601	31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	J8
	31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance,	G2

C1601		when performed; with removal of bronchial valve(s), initial lobe	
C1601	31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	G2
C1601	31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	G2
C1601	31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	G2
C1602	23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	A2
C1602	23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	J8
C1602	23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	A2
C1602	23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	A2

C1602	23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	A2
C1602	23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	A2
C1602	23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	A2
C1602	23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	A2
C1602	24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	A2
C1602	24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	A2
C1602	24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	A2
C1602	24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	A2
C1602	24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	A2
C1602	24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	A2
C1602	25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	A2

C1602	25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	A2
C1602	25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	A2
C1602	26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	A2
C1602	27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	A2
C1602	27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	A2
C1602	27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	A2
C1602	27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	A2
C1602	28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	A2
C1602	28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	A2
C1602	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	A2
C1603	37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation,	G2

		intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	
--	--	--	--

Additionally, we provide the following guidance for code C1601: Single-use (i.e., disposable) endoscope with imaging (including linked color imaging if utilized), illumination, and working channels. This single-use (i.e., disposable) endoscope can be used for procedures that take place in the tracheobronchial tree.

Table 3. – Expiration of OPSS Pass-through Status for Eight Device Category HCPCS Code Effective January 1, 2024

HCPCS Code	Long Descriptor	ASC PI effective January 1, 2024
C1825*	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	N1
C1052*	Hemostatic agent, gastrointestinal, topical	N1
C1062*	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	N1
C1734^	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	N1
C1824^	Generator, cardiac contractility modulation (implantable)	N1
C1839^	Iris prosthesis	N1
C1982^	Catheter, pressure-generating, one-way valve, intermittently occlusive	N1
C2596^	Probe, image-guided, robotic, waterjet ablation	N1

*OPSS Pass-through codes that are expiring after receiving transitional pass-through payments for three years. These codes are packaged in the ASC setting effective January 1, 2024.

^OPSS Pass-through codes that are expiring after 1-year extension of the pass-through status. These codes are packaged in the ASC setting effective January 1, 2024.

NOTE: As a reminder, ASCs should not bill ASC PI=N1 packaged codes

Table 4. – New HCPCS Code Describing Biology-Guided Radiation Therapy Service

Effective January 1, 2024

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
------------	------------------	-----------------	--------

C9794	Complex simulation w/PET-CT	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	Z2
-------	-----------------------------	---	----

Table 5. – Payment for HCPCS code G0330 in the ASC Payment System

HCPCS Code	Short Descriptor	Long Descriptor	Final CY 2024 ASC PI
G0330	Facility svcs dental rehab	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care)) and use of an operating room.	D2

Table 6. – Dental Codes Added to the ASC Payment System for CY 2024

HCPCS Code	Short Descriptor	Long Descriptor	Final CY 2024 ASC PI
D0120	Periodic oral evaluation	Periodic oral evaluation - established patient	D1
D0140	Limit oral eval problm focus	Limited oral evaluation - problem focused	D1
D0150	Comprehensve oral evaluation	Comprehensive oral evaluation - new or established patient	D1
D0160	Extensv oral eval prob focus	Detailed and extensive oral evaluation - problem focused, by report	D1
D0170	Re-eval,est pt,problem focus	Re-evaluation-limited, problem focused (established patient; not post-operative visit)	D1
D0171	Re-eval post-op visit	Re-evaluation - post-operative office visit	D1

D0180	Comp periodontal evaluation	Comprehensive periodontal evaluation - new or established patient	D1
D0191	Assessment of a patient	Assessment of a patient	D1
D0210	Intraor comprehensive series	Intraoral - comprehensive series of radiographic images	D1
D0220	Intraoral periapical first	Intraoral - periapical first radiographic image	D1
D0230	Intraoral periapical ea add	Intraoral - periapical each additional radiographic image	D1
D0240	Intraoral occlusal film	Intraoral - occlusal radiographic image	D1
D0250	Extraoral 2d project image	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	D1
D0251	Extraoral posterior image	Extra-oral posterior dental radiographic image	D1
D0270	Dental bitewing single image	Bitewing - single radiographic image	D1
D0272	Dental bitewings two images	Bitewings - two radiographic images	D1
D0273	Bitewings - three images	Bitewings - three radiographic images	D1
D0274	Bitewings four images	Bitewings - four radiographic images	D1
D0277	Vert bitewings 7 to 8 images	Vertical bitewings - 7 to 8 radiographic images	D1
D0330	Panoramic image	Panoramic radiographic image	D1
D0340	2d cephalometric image	2d cephalometric radiographic image - acquisition, measurement and analysis	D1
D0350	Oral/facial photo images	2d oral/facial photographic image obtained intra-orally or extra-orally	D1
D0367	Cone beam ct interp both jaw	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	D1
D0383	Cone beam ct both jaws	Cone beam ct image capture with field of view of both jaws, with or without cranium	D1
D0393	Trtmnt simulation 3d image	Virtual treatment simulation using 3d image volume or surface scan	D1

D1110	Dental prophylaxis adult	Prophylaxis - adult	D1
D1354	Int caries med app per tooth	Application of caries arresting medicament - per tooth	D1
D2140	Amalgam one surface permanen	Amalgam-one surface, primary or permanent	D1
D2150	Amalgam two surfaces permane	Amalgam-two surfaces, primary or permanent	D1
D2160	Amalgam three surfaces perma	Amalgam-three surfaces, primary or permanent	D1
D2161	Amalgam 4 or > surfaces perm	Amalgam-four or more surfaces, primary or permanent	D1
D2330	Resin one surface-anterior	Resin-one surface, anterior	D1
D2331	Resin two surfaces-anterior	Resin-two surfaces, anterior	D1
D2332	Resin three surfaces-anterio	Resin-three surfaces, anterior	D1
D2335	Resin 4/> surf or w incis an	Resin-four or more surfaces or involving incisal angle (anterior)	D1
D2390	Ant resin-based cmpst crown	Resin-based composite crown, anterior	D1
D2391	Post 1 srfc resinbased cmpst	Resin-based composite - one surface, posterior	D1
D2392	Post 2 srfc resinbased cmpst	Resin-based composite - two surfaces, posterior	D1
D2393	Post 3 srfc resinbased cmpst	Resin-based composite - three surfaces, posterior	D1
D2394	Post >=4srfc resinbase cmpst	Resin-based composite - four or more surfaces, posterior	D1
D2740	Crown porcelain/ceramic	Crown - porcelain/ceramic	D1
D2750	Crown porcelain w/ h noble m	Crown-porcelain fused to high noble metal	D1
D2751	Crown porcelain fused base m	Crown-porcelain fused to predominantly base metal	D1
D2752	Crown porcelain w/ noble met	Crown-porcelain fused to noble metal	D1
D2791	Crown full cast base metal	Crown-full cast predominantly base metal	D1

D2799	Interim crown	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	D1
D2920	Re-cement or re-bond crown	Re-cement or re-bond crown	D1
D2929	Prefab porc/ceram crown pri	Prefabricated porcelain/ceramic crown - primary tooth	D1
D2930	Prefab stnlss steel crwn pri	Prefabricated stainless steel crown-primary tooth	D1
D2931	Prefab stnlss steel crown pe	Prefabricated stainless steel crown-permanent tooth	D1
D2932	Prefabricated resin crown	Prefabricated resin crown	D1
D2933	Prefab stainless steel crown	Prefabricated stainless steel crown with resin window	D1
D2934	Prefab steel crown primary	Prefabricated esthetic coated stainless steel crown - primary tooth	D1
D2940	Protective restoration	Protective restoration	D1
D2941	Int therapeutic restoration	Interim therapeutic restoration - primary dentition	D1
D2950	Core build-up incl any pins	Core build-up, including any pins when required	D1
D2951	Tooth pin retention	Pin retention-per tooth, in addition to restoration	D1
D2952	Post and core cast + crown	Post and core in addition to crown, indirectly fabricated	D1
D2954	Prefab post/core + crown	Prefabricated post and core in addition to crown	D1
D3110	Pulp cap direct	Pulp cap-direct (excluding final restoration)	D1
D3120	Pulp cap indirect	Pulp cap-indirect (excluding final restoration)	D1
D3220	Therapeutic pulpotomy	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	D1
D3221	Gross pulpal debridement	Pulpal debridement, primary and permanent teeth	D1

D3222	Part pulp for apexogenesis	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	D1
D3230	Pulpal therapy anterior prim	Pulpal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration)	D1
D3240	Pulpal therapy posterior pri	Pulpal therapy (resorbable filling)- posterior, primary tooth (excluding final restoration)	D1
D3310	End thxpy, anterior tooth	Endodontic therapy, anterior tooth (excluding final restoration)	D1
D3320	End thxpy, premolar tooth	Endodontic therapy, premolar tooth (excluding final restoration)	D1
D3330	End thxpy, molar tooth	Endodontic therapy, molar tooth (excluding final restoration)	D1
D3460	Endodontic endosseous implan	Endodontic endosseous implant	D1
D3910	Isolation- tooth w rubb dam	Surgical procedure for isolation of tooth with rubber dam	D1
D4341	Periodontal scaling & root	Periodontal scaling and root planing - four or more teeth per quadrant	D1
D4342	Periodontal scaling 1-3teeth	Periodontal scaling and root planing - one to three teeth, per quadrant	D1
D4346	Scaling gingiv inflammation	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	D1
D4355	Full mouth debridement	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	D1
D4381	Localized delivery antimicro	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	D1
D4910	Periodontal maint procedures	Periodontal maintenance	D1
D7922	Place intra-socket bio dress	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	D1

D4210	Gingivectomy/plasty 4 or mor	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	D2
D4211	Gingivectomy/plasty 1 to 3	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	D2
D4212	Gingivectomy/plasty rest	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	D2
D4260	Osseous surgery 4 or more	Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	D2
D4263	Bone replce graft first site	Bone replacement graft - retained natural tooth - first site in quadrant	D2
D4270	Pedicle soft tissue graft pr	Pedicle soft tissue graft procedure	D2
D4273	Auto tissue graft 1st tooth	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	D2
D7111	Extraction coronal remnants	Extraction, coronal remnants - primary tooth	D2
D7140	Extraction erupted tooth/exr	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D2
D7210	Rem imp tooth w mucoper flp	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D2
D7220	Impact tooth remov soft tiss	Removal of impacted tooth-soft tissue	D2
D7230	Impact tooth remov part bony	Removal of impacted tooth-partially bony	D2
D7240	Impact tooth remov comp bony	Removal of impacted tooth-completely bony	D2
D7241	Impact tooth rem bony w/comp	Removal of impacted tooth-completely bony, with unusual surgical complications	D2

D7250	Tooth root removal	Removal of residual tooth roots (cutting procedure)	D2
D7270	Tooth reimplantation	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	D2
D7310	Alveoplasty w/ extraction	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D2
D7311	Alveoplasty w/extract 1-3	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D2
D7472	Removal of torus palatinus	Removal of torus palatinus	D2
D7473	Remove torus mandibularis	Removal of torus mandibularis	D2
D7510	I&d absc intraoral soft tiss	Incision and drainage of abscess- intraoral soft tissue	D2
D7511	Incision/drain abscess intra	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	D2
D7520	I&d abscess extraoral	Incision and drainage of abscess- extraoral soft tissue	D2
D7550	Removal of sloughed off bone	Partial ostectomy/sequestrectomy for removal of non-vital bone	D2
D7950	Mandible graft	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	D2

Table 7. - New ASC Surgical Procedures Effective January 1, 2024

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
0784T	Ins/rplmt eltrd ra spi nstim	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator , including imaging guidance, when performed	J8

0785T	Revj/rmvl nea spi w/nstim	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	G2
0786T	Insj/rplcmt prq ra sac nstim	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	J8
0787T	Revj/rmvl nea sac w/nstim	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	G2
0810T	Subrta njx rx agt w/vtrc	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	G2
0813T	Egd vol adjmt bariatric balo	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	G2
0816T	Opn insj/rplcmt ins ptn subq	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	J8
0817T	Opn insj/rplcmt ins ptn subf	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	J8
0818T	Revj/rmvl ins ptn subq	Revision or removal of integrated neurostimulation system for bladder dysfunction , including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	G2
0819T	Revj/rmvl ins ptn subf	Revision or removal of integrated neurostimulation system for bladder dysfunction , including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	G2

0864T	Low intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	R2
21194	Reconst lwr jaw w/graft	Reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; with bone graft (includes obtaining graft)	G2
21195	Reconst lwr jaw w/o fixation	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	J8
23470	Reconstruct shoulder joint	Arthroplasty, glenohumeral joint; hemiarthroplasty	J8
23472	Reconstruct shoulder joint	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	J8
27006	Incision of hip tendons	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	G2
27278	Arthrd si jt prq wo tfix dev	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	J8
27702	Reconstruct ankle joint	Arthroplasty, ankle; with implant (total ankle)	J8
29868	Meniscal trnspl knee w/scpe	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	G2
31242	Nsl/sinus ndsc rf abltj pnn	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	J8

31243	Nsl/sinus ndsc cryoabl tj pnn	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	J8
33276	Insj phrnc nrv stim sys	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	J8
33278	Rmvl phrnc nrv stim sys	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	G2
33279	Rmvl phrnc nrv stim transvns	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	J8
33280	Rmvl phrnc nrv stim pg only	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	G2
33281	Reposg phrnc nrv stim trnsvsn	Repositioning of phrenic nerve stimulator transvenous lead(s)	G2
33287	Rmv&rplcmt phrnc nrv stim pg	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	J8
33288	Rmv&rplcmt phrnc nrv stim ld	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	J8
33289	Tcat impl wrls p-art prs snr	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and	J8

		interpretation, and pulmonary artery angiography, when performed	
37192	Redo endovas vena cava filtr	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	J8
52284	Cysto rx balo cath urtl strx	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	G2
58580	Transcrv abltj utrn fibrd rf	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	J8
60260	Repeat thyroid surgery	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	G2
64596	Ins/rplcmt prq eltrd ra pn 1	<u>Insertion or replacement of percutaneous electrode array, peripheral nerve</u> , with integrated neurostimulator, including imaging guidance, when performed; <u>initial electrode array</u>	J8
64598	Revj/rmvl nea pn w/int nstim	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	R2
67516	Sprchoroidal spc njx rx agt	Suprachoroidal space injection of pharmacologic agent (separate procedure)	P3
C7556	Bronch lavage w/ebus	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (ebus) during	G2

		bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed.	
C7557	Cor angio/vent w/ffr	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (ffr) with 3d functional mapping of color-coded ffr values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention.	G2
C7558	Cor angio/vent w/drug admin	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed	G2
C7560	Ercp remove forgn body&endo	Endoscopic retrograde cholangiopancreatography (ercp) with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s)	G2
C9734	U/s trtmt, not leiomyomata	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance	J8

Table 8. – Newly Established HCPCS Codes for Drugs and Biologicals as of January 1, 2024

HCPCS Code	Old HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C9159		Inj, balfaxar, per i.u	Injection, Prothrombin complex concentrate (human), balfaxar, per i.u. of factor ix activity	K2
C9160		Inj daxibotulinumtoxinA-lanm	Injection, daxibotulinumtoxinA-lanm, 1 unit	K2
C9161		Inj, aflibercept hd, 1 mg	Injection, aflibercept hd, 1 mg	K2
C9162		Inj, avacincaptad peg 0.1 mg	Injection, avacincaptad pegol, 0.1 mg	K2
C9163		Inj talquetamab-tgvs 0.25 mg	Injection, talquetamab-tgvs, 0.25 mg	K2
C9164		Cantharidin top, applicator	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	K2
C9165		Inj, elranatamab-bcmm, 1 mg	Injection, elranatamab-bcmm, 1 mg	K2
J0217		Inj, amisulpride, 1 mg	Injection, velmanase alfa-tycv, 1 mg	K2
J2508		Pegunigalsidase alfa-iwxj	Injection, pegunigalsidase alfa-iwxj, 1 mg	K2
J3401		Vyjuvek 5x10 ⁹ pfu/ml, 0.1 ml	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ pfu/mL vector genomes, per 0.1 mL	K2
J9029		Inj, adstiladrin, per tx dos	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	K2
J9072		Inj cyclophos dr.reddy's 5mg	Injection, cyclophosphamide, (dr. reddy's), 5 mg	K2
J9286		Inj glofitamab gxbm, 2.5 mg	Injection, glofitamab-gxbm, 2.5 mg	K2
J9333		Inj ronzanolixizum-noli 1 mg	Injection, ronzanolixizumab-noli, 1 mg	K2
A9608	C9156	Flotufolastat f18 diag 1 mci	Flotufolastat F 18, diagnostic, 1 millicurie	K2

HCPCS Code	Old HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
J0184	C9153	Inj, amisulpride, 1 mg	Injection, amisulpride, 1 mg	K2
J0391		Inj, artesunate, 1mg	Injection, artesunate, 1 mg	K2
J0402	C9152	Inj, abilify asimtifii, 1 mg	Injection, aripiprazole (abilify asimtifii), 1 mg	K2
J0576	C9154	Inj buprenorph (brixadi) 1mg	Injection, buprenorphine extended-release (brixadi), 1 mg	K2
J1105		Dexmedetomidine film, 1 mcg	Dexmedetomidine, oral, 1 mcg	K2
J1304	C9157	Inj tofersen intrathec 1 mg	Injection, tofersen, 1 mg	K2
J2799	C9158	Inj, uzedy, 1 mg	Injection, risperidone (uzedy), 1 mg	K2
J9052		Inj, carmustine (accord)	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg	K2
J9321	C9155	Inj epcoritamab-bysp 0.16 mg	Injection, epcoritamab-bysp, 0.1 mg	K2
J9334		Inj efgart-alfa 2mg hya-qvfc	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	K2
J2690		Procainamide hcl injection	Injection, procainamide hcl, up to 1 gm	K2
A9601		Flortaucipir inj 1 millicuri	Flortaucipir f 18 injection, diagnostic, 1 millicurie	K2

Table 9. – New Skin Substitute Products as of January 1, 2024

CY 2024 HCPCS Code	Short Descriptor	CY 2024 ASC PI	Low-/High-Cost Skin Substitute
---------------------------	-------------------------	-----------------------	---------------------------------------

Q4279	Vendaje ac, per sq cm	N1	Low
Q4287	Dermabind dl, per sq cm	N1	Low
Q4288	Dermabind ch, per sq cm	N1	Low
Q4289	Revoshield+ amnio, per sq cm	N1	Low
Q4290	Membrane wrap hydr per sq cm	N1	Low
Q4291	Lamellas xt, per sq cm	N1	Low
Q4292	Lamellas, per sq cm	N1	Low
Q4293	Acesso dl, per sq cm	N1	Low
Q4294	Amnio quad-core, per sq cm	N1	Low
Q4295	Amnio tri-core, per sq cm	N1	Low
Q4296	Rebound matrix, per sq cm	N1	Low
Q4297	Emerge matrix, per sq cm	N1	Low
Q4298	Amnicore pro, per sq cm	N1	Low
Q4299	Amnicore pro+, per sq cm	N1	Low
Q4300	Acesso tl, per sq cm	N1	Low
Q4301	Activate matrix, per sq cm	N1	Low
Q4302	Complete aca, per sq cm	N1	Low
Q4303	Complete aa, per sq cm	N1	Low
Q4304	Grafix plus, per sq cm	N1	Low

Table 10. – Skin Substitute Products Assigned to the High Cost Skin Substitute Group as of January 1, 2024

CY 2024 HCPCS Code	CY 2023 Short Descriptor	CY 2024 ASC PI	Old Low-/High-Cost Skin Substitute Group	January 2024 Low-/High-Cost Skin Substitute Group
Q4278	Epieffect, per sq cm	N1	Low	High
A2025	Miro3d per cubic cm	N1	N/A	High

