

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12665</b>	<b>Date: May 31, 2024</b>
	<b>Change Request 13632</b>

**SUBJECT: July 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**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 July 2024 Outpatient Prospective Payment System (OPPS) update. The July 2024 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later).

The July 2024 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2024 I/OCE CR.

**EFFECTIVE DATE: July 1, 2024**

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

**IMPLEMENTATION DATE: July 1, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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: 12665	Date: May 31, 2024	Change Request: 13632
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**SUBJECT: July 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**EFFECTIVE DATE: July 1, 2024**

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

**IMPLEMENTATION DATE: July 1, 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 July 2024 Outpatient Prospective Payment System (OPPS) update.

This Recurring Update Notification (RUN) provides instructions on coding changes and policy updates that are effective July 1, 2024, for the Hospital OPPS. The updates include coding and policy changes for COVID-19 monoclonal antibody therapy product and administration code, new services, pass-through drug and devices, new Category III codes, PLA codes, and other items and services. The July 2024 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2024 I/OCE CR.

## B. Policy: 1. Update for COVID-19 Monoclonal Antibody Therapy Product and Administration Code

On March 22, 2024, the Food and Drug Administration (FDA) released an Emergency Use Authorization (EUA) "... for the emergency use of PEMGARDA (pemivibart) for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in certain adults and adolescents, pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act)." The EUA states that PEMGARDA is to be administered as a single intravenous infusion over at minimum of 60 minutes.

CMS is creating new Healthcare Common Procedure Coding System (HCPCS) Level II codes for PEMGARDA and its affiliated administration.

The HCPCS code describing PEMGARDA, is Q0224.

The HCPCS code describing the service to administer PEMGARDA in healthcare settings is M0224. These codes along with their descriptors are included in table 1, attachment A.

Effective 03/22/24, Q0224 is assigned to status indicator "L" (Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance) in the July 2024 I/OCE Update.

Effective 03/22/24, M0224 is assigned to status indicator "S" (Paid under OPPS; separate APC payment), APC 1506 (New Technology - Level 6 (\$401 - \$500)) in the July 2024 I/OCE Update.

Note: CMS did not create an HCPCS code describing the service to administer PEMGARDA in the home or residence setting since the EUA states, "PEMGARDA should only be administered **in settings** in which healthcare providers have immediate access to medications to treat a severe hypersensitivity reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary."

Beneficiary cost-sharing does not apply to the PEMGARDA product code (as described by HCPCS code Q0224) or the administration of the dose of PEMGARDA in a healthcare setting (as described by HCPCS code M0224).

## **2. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective July 1, 2024**

The AMA CPT Editorial Panel established 26 new PLA codes, specifically, CPT codes 0450U through 0475U, effective July 1, 2024.

Table 2, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the July 2024 I/OCE with an effective date of July 1, 2024. In addition, the codes, along with their short descriptors and status indicators, are listed in the July 2024 OPSS Addendum B that is posted on the CMS website. For more information on OPSS status indicators, refer to OPSS Addendum D1 of the Calendar Year 2024 OPSS/ASC final rule for the latest definitions.

## **3. OPSS Device Pass-through**

### **a. New Device Pass-Through Categories Effective July 1, 2024**

Section 1833(t)(6)(B) of the Social Security Act requires that, under the 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.

We note that we preliminarily approved two new devices for pass-through status under the OPSS with an effective date of July 1, 2024, specifically, HCPCS codes C1605 and C1606. We note that HCPCS codes C1605 and C1606 were preliminarily approved as part of the device pass-through quarterly review process. The device applications associated with HCPCS codes C1605 and C1606 will be included and discussed in the CY 2025 OPSS/ASC proposed and final rules. Refer to Table 3A attachment A, for the long descriptor, status indicator, APC, and offset amount for these two HCPCS codes.

Furthermore, we are adding these two new device category codes and their pass-through expiration dates to Table 4, attachment A. Refer to Table 4 for the complete list of device category HCPCS codes and definitions used for present and previous transitional pass-through payment.

### **b. Clarification for an Existing Device Pass-through Category C1601**

As discussed in section IV.A.2. New Device Pass-Through Applications for CY 2024 of the CY 2024 OPSS/ASC final rule with comment period, we approved HCPCS code C1601 (Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)), as a new device category for pass-through status under the OPSS, with an effective date of January 1, 2024. For the full discussion on the criteria used to evaluate device pass-through applications, refer to the CY 2024 OPSS/ASC final rule with comment period, which was published in the **Federal Register** on November 22, 2023.

We note that as referenced in the code descriptor for HCPCS code C1601, this category is specific to devices that are “single-use (i.e., disposable)” devices and does not include reprocessed devices, including devices that may be referred to as “reprocessed single-use devices” or any other devices that are used more than once regardless of how the device is described.

### **c. Clarification for an Existing Device Pass-through Category C1602**

As discussed in section IV.A.2. New Device Pass-Through Applications for CY 2024 of the CY 2024 OPSS/ASC final rule with comment period, we approved HCPCS code C1602 (Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)), as a new device category for pass-through status under the OPSS, with an effective date of January 1, 2024. For the full discussion on the criteria used to evaluate device pass-through applications, refer to the CY 2024 OPSS/ASC final rule with comment period, which was published in the **Federal Register** on November 22, 2023.

#### **d. Updates for Device Offset Amounts to an Existing Device Code C1604**

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices an amount that reflects the device portion of the 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. The device offset from payment represents a deduction from pass-through payments for the applicable pass-through device.

We note that effective January 1, 2024, we are pairing CPT code 0505T to be billed with HCPCS Code C1604, as listed in the “January 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)”, Change Request 13488, Transmittal 12421, dated December 21, 2023.

We note that the device offset amount for the CPT code that is paired with HCPCS code C1604 is being updated to \$0.00, effective January 1, 2024.

#### **e. Expiring Pass-through Status for Device Category HCPCS Code C1761 Effective July 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. For the July 2024 update, the pass-through status period for one device category, specifically, HCPCS code C1761, will expire on June 30, 2024. We note this device category HCPCS code will remain active; however, its payment will be included in the primary service. Refer to Table 3B, attachment A and Table 4, attachment A, for the long descriptor associated with HCPCS code C1761.

As a reminder, for OPSS billing, because charges related to packaged services are used for outlier and future rate setting, hospitals are advised to report the device category HCPCS codes on the claim whenever they are provided in the HOPD setting. As we state in Chapter 4 of the Medicare Claims Processing Manual, specifically, section 10.4, it is extremely important that hospitals report all HCPCS codes consistent with their descriptors, CPT and/or CMS instructions, and correct coding principles, as well as all charges for all services they furnish, whether payment for the services is made separately or is packaged.

For the entire list of current and historical device category codes created since August 1, 2000, which is the implementation date of the hospital OPSS, refer to Table 4, attachment A. We note this list can also be found in Chapter 4 of the Medicare Claims Processing Manual (Pub.100-04), specifically, Section 60.4.2 (Complete List of Device Pass-through Category Codes).

#### **4. New CPT Category III Codes Effective July 1, 2024**

The AMA releases CPT Category III codes twice per year: in January, for implementation beginning the following July, and in July, for implementation beginning the following January.

For the July 2024 update, CMS is implementing 34 new CPT Category III codes that the AMA released in January 2024 for implementation on July 1, 2024. The status indicators and APC assignments for these codes are shown in Table 5, attachment A. CPT codes 0867T through 0900T have been added to the July 2024 I/OCE with an effective date of July 1, 2024. These codes, along with their short descriptors, Status Indicators (SI), and payment rates (where applicable) are also listed in the July 2024 OPSS Addendum B that is posted on the CMS website. For more information on the OPSS SI, refer to OPSS Addendum D1 of the CY 2024 OPSS/ASC final rule for the latest definitions.

#### **5. Medicare Category B Investigational Device Exemption (IDE) Coverage of Elios System to Reduce Intraocular Pressure in Patients with Primary Open-Angle Glaucoma**

On November 30, 2023, CMS granted Medicare coverage, as a Category B IDE study, for the clinical trial associated with Elios Vision’s Elios System to reduce intraocular pressure in patients with primary open-angle glaucoma as a standalone surgical procedure. Currently, the code to describe this standalone surgical

procedure is CPT code 0621T (Trabeculostomy ab interno by laser). Based on the Medicare coverage approval, we are revising the code payment assignment from status indicator “E1” (not covered/not payable by Medicare) to APC 5492 (Level 2 Intraocular Procedures) and OPSS status indicator “J1” (Hospital Part B Services Paid Through a Comprehensive APC; paid under OPSS.) effective January 1, 2024.

Table 6, attachment A, shows the information associated with the clinical study, which is also posted on the CMS approved IDE studies website, specifically, at <https://www.cms.gov/Medicare/Coverage/IDE/Approved-IDE-Studies>.

In addition, Table 7, attachment A, lists the long descriptor, status indicator, and APC assignment for CPT code 0621T. The code, along with its short descriptor, status indicator, and payment rate is also listed in the July 2024 OPSS Addendum B that is posted on the CMS website. For information on the OPSS status indicators, refer to OPSS Addendum D1 of the CY 2024 OPSS/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

## **6. New HCPCS Code Describing Endoscopic Defect Closure Within the Entire Gastrointestinal Tract Including Upper Endoscopy or Colonoscopy When Performed**

CMS created HCPCS code C9901 to describe endoscopic defect closure within the entire gastrointestinal tract including upper endoscopy or colonoscopy when performed. Table 8, attachment A, lists the official long descriptor, status indicator, and APC assignment for HCPCS code C9901. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the July 2024 OPSS Addendum B that is posted on the CMS website. For information on OPSS status indicators, refer to OPSS Addendum D1 of the CY 2024 Outpatient Prospective Payment System (OPSS)/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

## **7. Drugs, Biologicals, and Radiopharmaceuticals**

### **a. New CY 2024 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective July 1, 2024**

Six (6) new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available starting on July 1, 2024. These drugs and biologicals will receive drug pass-through status starting July 1, 2024. These HCPCS codes are listed in Table 9, attachment A.

### **b. Existing CY 2024 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Retroactive to January 1, 2024**

HCPCS code J7353 will receive drug pass-through status retroactive to January 1, 2024. This HCPCS code is listed in Table 10, attachment A.

### **c. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on June 30, 2024**

There are eleven (11) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on June 30, 2024. These HCPCS codes are listed in Table 11, attachment A. Therefore, effective July 1, 2024, the status indicator for these codes is changing from “G” to “K” or “N”. For more information on OPSS status indicators, refer to OPSS Addendum D1 of the CY 2024 OPSS/ASC final rule for the latest definition. These codes, along with their short descriptors and status indicators are also listed in the July 2024 Update of the OPSS Addendum B.

### **d. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of July 1, 2024**

Forty-nine (49) new drug, biological, and radiopharmaceutical HCPCS codes will be established on July 1, 2024. These HCPCS codes are listed in Table 12, attachment A.

#### **e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of June 30, 2024**

Four (4) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on June 30, 2024. These HCPCS codes are listed in Table 13, attachment A.

#### **f. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status on July 1, 2024**

Nine (9) drug, biological, and radiopharmaceutical HCPCS codes will be changing payment status on July 1, 2024. These HCPCS codes are listed in Table 14, attachment A. Please note that it was too late to change the status indicator for the HCPCS code J9324 from status indicator “E2” to status indicator “K”, APC 0782, in the July 2024 I/OCE Update, due to the operational timelines; and therefore, we are including this change in the October 2024 I/OCE Update retroactive to July 1, 2024.

#### **g. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of July 1, 2024**

Three (3) drug, biological, and radiopharmaceutical HCPCS codes have had a substantial descriptor change as of July 1, 2024. These HCPCS codes are listed in Table 15, attachment A.

#### **h. HCPCS Code for Drugs, Biologicals, and Radiopharmaceuticals with a Descriptor Change Retroactive to April 1, 2024**

The descriptor for HCPCS code C9167 has been changed retroactive to April 1, 2024. The old and new descriptors for HCPCS code C9167 are listed in Table 16, attachment A.

#### **i. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)**

For CY 2024, payment for the majority of nonpass-through drugs, biologicals, and therapeutic radiopharmaceuticals 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, biologicals, and radiopharmaceuticals 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 July 1, 2024, payment rates for many drugs and biologicals have changed from the values published in the CY 2024 OPSS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from third quarter of CY 2023. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the July 2024 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the July 2024 update of the OPSS. However, the updated payment rates effective July 1, 2024, can be found in the July 2024 update of the OPSS Addendum A and Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

#### **j. 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>

Providers may resubmit claims that were affected by adjustments to a previous quarter’s payment files.

## 8. Skin Substitutes

The payment for skin substitute products that do not qualify for pass-through status will be packaged into the payment for the associated skin substitute application procedure. For payment packaging purposes, the skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has 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 July 1, 2024

There are twenty-three (23) new skin substitute HCPCS codes that will be active as of July 1, 2024. These HCPCS codes are listed in Table 17, attachment A.

### b. Skin Substitute Product Codes Deleted Effective June 30, 2024

Two (2) skin substitute product codes have been deleted as of June 30, 2024. These codes are reported in Table 18, attachment A.

## 9. Coverage Determinations

As a reminder, the fact that a drug, device, procedure, or service is assigned a HCPCS code and a payment rate under the OPSS does not imply coverage by the Medicare program but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary’s condition and whether it is excluded from payment.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13632.1	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the July 2024 OPSS I/OCE	X		X						
13632.2	A/B MACs (A) shall suspend institutional outpatient claims with HCPCS code J9324 that have a Line-Item Date of Service (LIDOS) on or after 07/01/2024 so that they can apply the IOCE bypass as needed until the issue is corrected in the October 2024	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	IOCE quarterly release. Apply the IOCE bypass MAP103N screen to claim lines with HCPCS code J9324 until each code is updated in the IOCE:  BP1 BP2 BP3 BP4 APC FLAG 1* 2 3 4 5 6 7 8  013 00782 K 2 0 0 0 00 Z 00									

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13632.3	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X		X		

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**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 – Tables for the Policy Section

**Table 1. – COVID-19 Monoclonal Antibody Therapy  
Products and Administration Codes**

CPT Code	Type	Long Descriptor
M0220	Administration/Injection Code	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring
M0221	Administration/Injection Code	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency
Q0220	Product Code	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 300 mg
Q0221	Product Code	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older

		weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg
M0222	Administration/Injection Code	Intravenous injection, bebtelovimab, includes injection and post administration monitoring
M0223	Administration/Injection Code	Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency
M0224	Administration Code	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring
Q0222	Product Code	Injection, bebtelovimab, 175 mg
Q0224	Product Code	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg
M0240	Administration/Infusion Code	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses
M0241	Administration/Infusion Code	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses
M0243	Administration/Infusion Code	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring
M0244	Administration/	Intravenous infusion or subcutaneous injection,

	Infusion Code	casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency
Q0240	Product Code	Injection, casirivimab and imdevimab, 600 mg
Q0243	Product Code	Injection, casirivimab and imdevimab, 2400 mg
Q0244	Product Code	Injection, casirivimab and imdevimab, 1200 mg
M0245	Administration/ Infusion Code	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring
M0246	Administration/ Infusion Code	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider based to the hospital during the covid 19 public health emergency
Q0245	Product Code	Injection, bamlanivimab and etesevimab, 2100 mg
M0247	Administration/ Infusion Code	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring
M0248	Administration/ Infusion Code	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.
Q0247	Product Code	Injection, sotrovimab, 500 mg
M0249	Administration/ Infusion Code	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose
M0250	Administration/ Infusion Code	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose
Q0249	Product Code	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with

		covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg
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**Table 2. – PLA Coding Changes Effective July 1, 2024**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	Q4
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Q4
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	A
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	A
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	A
0455U	Infectious agents (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, multiplex amplified probe technique, vaginal, endocervical, gynecological specimens, oropharyngeal swabs, rectal swabs, female or male urine, each pathogen reported as detected or not detected	Q4

0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	A
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Q4
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Q4
0459U	$\beta$ -amyloid (A $\beta$ 42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Q4
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	A
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	A
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	Q4
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	A

0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	E1
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	A
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	A
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	A
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Q4
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants,duplications/deletions, inversions, unbalanced translocations,regions of homozygosity (ROH),inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception),identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	A

0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	A
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	A
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjögren syndrome	Q4
0473U	Oncology (solid tumor), next generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	A
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	A
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic	A

	mutations reported with a genetic risk score for prostate cancer	
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**Table 3A. -- Device Pass-Through Category HCPCS Codes and Associated Device Offset Amounts**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>CY 2024 Device Offset Amount(s)</b>
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	H	2046	CPT code 0801T \$1451.86
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	H	2047	CPT code 43231 \$47.68

**(1) HCPCS Code C1605**

**Device category HCPCS code C1605 should always be billed with the following CPT codes:**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>CY 2024 Device Offset Amount</b>
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	J1	5224	\$0.00
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	J1	5224	\$0.00

**(2) HCPCS Code C1606**

**Device category HCPCS code C1606 should always be billed with the following CPT codes:**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>CY 2024 Device Offset Amount</b>
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	J1	5302	\$47.68
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	J1	5302	\$14.50
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	J1	5302	\$21.76
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	J1	5302	\$28.65
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	J1	5302	\$23.75
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	J1	5302	\$20.67
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	J1	5331	\$3286.89
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or	J1	5302	\$80.68

	therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)			
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**Device category HCPCS code C1601 should always be billed with the following CPT codes:**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>Device Offset Amount</b>
31615	Tracheobronchoscopy through established tracheostomy incision	T	5162	\$0.16
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	J1	5153	\$8.57
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	J1	5153	\$6.47
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	J1	5153	\$2.91
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	J1	5153	\$14.88
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	J1	5155	\$652.77
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	J1	5154	\$36.04
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	J1	5154	\$44.96
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	J1	5154	\$421.03

31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	J1	5155	\$1,688.99
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	J1	5155	\$1,161.42
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	J1	5153	\$14.39
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	J1	5155	\$2,808.68
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)	J1	5155	\$907.75
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	J1	5154	\$132.02
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)	J1	5154	\$251.90
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	J1	5153	\$10.51
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	J1	5153	\$12.61
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	T	5152	\$0.00
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed,	J1	5155	\$3,704.69

	assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe			
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	J1	5154	\$87.77
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	J1	5154	\$27.12
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	J1	5154	\$27.83
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	J1	5155	\$3,220.16
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	J1	5155	\$3,055.83
31785	Excision of tracheal tumor or carcinoma; cervical	J1	5165	\$83.14
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	N	NA	\$0.00
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	N	NA	\$0.00
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure)	N	NA	\$0.00
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed;	N	NA	\$0.00

	each additional major bronchus stented (list separately in addition to code for primary procedure)			
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)	Q2	5153	\$0.00
31651	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), each additional lobe (list separately in addition to code for primary procedure[s])	N	NA	\$0.00
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	N	NA	\$0.00
31780	Excision tracheal stenosis and anastomosis; cervical	C	NA	\$0.00
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	C	NA	\$0.00
31786	Excision of tracheal tumor or carcinoma; thoracic	C	NA	\$0.00
31800	Suture of tracheal wound or injury; cervical	C	NA	\$0.00
31805	Suture of tracheal wound or injury; intrathoracic	C	NA	\$0.00
32815	Open closure of major bronchial fistula	C	NA	\$0.00

**Device category HCPCS code C1602 should always be billed with the following CPT codes:**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>Device Offset Amount</b>
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	C	NA	\$0.00
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	J1	5112	\$0.00
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	J1	5113	\$779.03
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	J1	5113	\$0.00

23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	J1	5114	\$0.00
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	J1	5114	\$0.00
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	J1	5114	\$411.71
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	J1	5114	\$0.00
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	J1	5113	\$97.15
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	J1	5114	\$647.55
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	J1	5113	\$0.00
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	J1	5114	\$165.64
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	J1	5113	\$143.72
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	J1	5114	\$0.00
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	J1	5113	\$66.31
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	J1	5114	\$805.01
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	J1	5113	\$18.20
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	J1	5113	\$101.46
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	J1	5113	\$64.76
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	C	NA	\$0.00
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	C	NA	\$0.00

27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	C	NA	\$0.00
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	C	NA	\$0.00
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	J1	5113	\$169.00
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	J1	5113	\$557.28
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	J1	5113	\$329.37
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	J1	5113	\$72.78
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	J1	5113	\$214.65
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	J1	5113	\$218.35
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	J1	5113	\$104.86
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	J1	5113	\$0.00
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	J1	5112	\$7.20
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	J1	5113	\$54.28

**Device category HCPCS code C1604 should always be billed with the following CPT codes:**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>Device Offset Amount</b>
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0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	J1	5193	\$0.00
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**Table 3B. -- Expiring Pass-through Status for Device Category HCPCS Code C1761 Effective June 30, 2024**

HCPCS Code	Long Descriptor	Device Pass-through Status Expiration Date
C1761	Catheter, transluminal intravascular lithotripsy, coronary	06/30/2024

**Table 4. -- List of Device Category HCPCS Codes and Definitions Used for Present and Previous Pass-Through Payment \*\*\***

	HCPCS Codes	Category Long Descriptor	Date First Populated	Pass-Through Expiration Date***
1.	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	08/01/2000	12/31/2002
2.	C1765	Adhesion barrier	10/01/00 – 3/31/2001;07/01/2001	12/31/2003
3.	C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	08/01/2000	12/31/2002
4.	L8690	Auditory osseointegrated device, includes all internal and external components	01/01/2007	12/31/2008
<b>5.</b>	<b>C1832</b>	<b>Autograft suspension, including cell processing and application, and all system components</b>	<b>01/01/2022</b>	<b>12/31/2024</b>
6.	C1715	Brachytherapy needle	08/01/2000	12/31/2002
7.	C1716	Brachytherapy source, non-stranded, Gold-198, per source	10/01/2000	12/31/2002

8.	C1717	Brachytherapy source, non-stranded, high dose rate Iridium-192, per source	01/01/2001	12/31/2002
9.	C1718	Brachytherapy source, Iodine 125, per source	08/01/2000	12/31/2002
10.	C1719	Brachytherapy source, non-stranded, non-high dose rate Iridium-192, per source	10/01/2000	12/31/2002
11.	C1720	Brachytherapy source, Palladium 103, per source	08/01/2000	12/31/2002
12.	C2616	Brachytherapy source, non-stranded, Yttrium-90, per source	01/01/2001	12/31/2002
13.	C2632	Brachytherapy solution, iodine – 125, per mCi	01/01/2003	12/31/2004
14.	C1721	Cardioverter-defibrillator, dual chamber (implantable)	08/01/2000	12/31/2002
15.	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	08/01/2000	12/31/2002
16.	C1722	Cardioverter-defibrillator, single chamber (implantable)	08/01/2000	12/31/2002
17.	C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	07/01/2002	12/31/2004
18.	C1726	Catheter, balloon dilatation, non-vascular	08/01/2000	12/31/2002
19.	C1727	Catheter, balloon tissue dissector, non-vascular (insertable)	08/01/2000	12/31/2002
20.	C1728	Catheter, brachytherapy seed administration	01/01/2001	12/31/2002
21.	C1729	Catheter, drainage	10/01/2000	12/31/2002
22.	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	08/01/2000	12/31/2002
23.	C1731	Catheter, electrophysiology, diagnostic, other than 3d mapping (20 or more electrodes)	08/01/2000	12/31/2002
24.	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	08/01/2000	12/31/2002
25.	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	08/01/2000	12/31/2002
26.	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	10/01/2000	12/31/2002
27.	C1886	Catheter, extravascular tissue ablation, any modality (insertable)	01/01/2012	12/31/2013
28.	C1887	Catheter, guiding (may include infusion/perfusion capability)	08/01/2000	12/31/2002
29.	C1750	Catheter, hemodialysis/peritoneal, long-term	08/01/2000	12/31/2002
30.	C1752	Catheter, hemodialysis/peritoneal, short-term	08/01/2000	12/31/2002
31.	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	08/01/2000	12/31/2002
32.	C1759	Catheter, intracardiac echocardiography	08/01/2000	12/31/2002
33.	C1754	Catheter, intradiscal	10/01/2000	12/31/2002
34.	C1755	Catheter, intraspinal	08/01/2000	12/31/2002
35.	C1753	Catheter, intravascular ultrasound	08/01/2000	12/31/2002
36.	C2628	Catheter, occlusion	10/01/2000	12/31/2002
37.	C1756	Catheter, pacing, transesophageal	10/01/2000	12/31/2002
38.	C2627	Catheter, suprapubic/cystoscopic	10/01/2000	12/31/2002

39.	C1757	Catheter, thrombectomy/embolectomy	08/01/2000	12/31/2002
40.	C2623	Catheter, transluminal angioplasty, drug-coated, non- laser	04/01/2015	12/31/2017
41.	C1885	Catheter, transluminal angioplasty, laser	10/01/2000	12/31/2002
42.	C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	08/01/2000	12/31/2002
43.	C1714	Catheter, transluminal atherectomy, directional	08/01/2000	12/31/2002
44.	C1724	Catheter, transluminal atherectomy, rotational	08/01/2000	12/31/2002
45.	C1761	Catheter, transluminal intravascular lithotripsy, coronary	07/01/2021	06/30/2024
46.	C1760	Closure device, vascular (implantable/insertable)	08/01/2000	12/31/2002
47.	L8614	Cochlear implant system	08/01/2000	12/31/2002
48.	C1762	Connective tissue, human (includes fascia lata)	08/01/2000	12/31/2002
49.	C1763	Connective tissue, non-human (includes synthetic)	10/01/2000	12/31/2002
50.	C1881	Dialysis access system (implantable)	08/01/2000	12/31/2002
51.	C1884	Embolization protective system	01/01/2003	12/31/2004
52.	C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	10/01/2010	12/31/2012
53.	C1748	Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable)	07/01/2020	06/30/2023
54.	C1764	Event recorder, cardiac (implantable)	08/01/2000	12/31/2002
55.	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	01/01/2016	12/31/2017
56.	C1767*	Generator, neurostimulator (implantable), non- rechargeable	08/01/2000	12/31/2002
57.	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	01/01/2006	12/31/2007
58.	C1825	Generator, neurostimulator (implantable), non- rechargeable with carotid sinus baroreceptor stimulation lead(s)	01/01/2021	12/31/2023
59.	C1823	Generator, neurostimulator (implantable), nonrechargeable , with transvenous sensing and stimulation leads	01/01/2019	12/31/2022
60.	C1768	Graft, vascular	01/01/2001	12/31/2002
61.	C1769	Guide wire	08/01/2000	12/31/2002
62.	C1052	Hemostatic agent, gastrointestinal, topical	01/01/2021	12/31/2023
63.	C1770	Imaging coil, magnetic resonance (insertable)	01/01/2001	12/31/2002
64.	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	01/01/2015	12/31/2016
65.	C1891	Infusion pump, non-programmable, permanent (implantable)	08/01/2000	12/31/2002
66.	C2626	Infusion pump, non-programmable, temporary (implantable)	01/01/2001	12/31/2002
67.	C1772	Infusion pump, programmable (implantable)	10/01/2000	12/31/2002

68.	C1818	Integrated keratoprosthesis	07/01/2003	12/31/2005
69.	C1821	Interspinous process distraction device (implantable)	01/01/2007	12/31/2008
70.	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	01/01/2021	12/31/2023
71.	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	10/01/2000	12/31/2002
72.	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	01/01/2001	12/31/2002
73.	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	01/01/2001	12/31/2002
74.	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	08/01/2000	12/31/2002
75.	C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	01/01/2001	12/31/2002
76.	C1776	Joint device (implantable)	10/01/2000	12/31/2002
77.	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	08/01/2000	12/31/2002
78.	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	08/01/2000	12/31/2002
79.	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	08/01/2000	12/31/2002
80.	C1900	Lead, left ventricular coronary venous system	07/01/2002	12/31/2004
81.	C1778	Lead, neurostimulator (implantable)	08/01/2000	12/31/2002
82.	C1897	Lead, neurostimulator test kit (implantable)	08/01/2000	12/31/2002
83.	C1898	Lead, pacemaker, other than transvenous VDD single pass	08/01/2000	12/31/2002
84.	C1779	Lead, pacemaker, transvenous VDD single pass	08/01/2000	12/31/2002
85.	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	01/01/2001	12/31/2002
86.	C1780	Lens, intraocular (new technology)	08/01/2000	12/31/2002
87.	C1840	Lens, intraocular (telescopic)	10/01/2011	12/31/2013
88.	C2613	Lung biopsy plug with delivery system	07/01/2015	12/31/2017
89.	C1878	Material for vocal cord medialization, synthetic (implantable)	10/01/2000	12/31/2002
90.	C1781	Mesh (implantable)	08/01/2000	12/31/2002
<b>91.</b>	<b>C1833</b>	<b>Monitor, cardiac, including intracardiac lead and all system components (implantable)</b>	<b>01/01/2022</b>	<b>12/31/2024</b>
92.	C1782	Morcellator	08/01/2000	12/31/2002
93.	C1784	Ocular device, intraoperative, detached retina	01/01/2001	12/31/2002
94.	C1783	Ocular implant, aqueous drainage assist device	07/01/2002	12/31/2004
95.	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)	08/01/2000	12/31/2002
96.	C1785	Pacemaker, dual chamber, rate-responsive (implantable)	08/01/2000	12/31/2002
97.	C2621	Pacemaker, other than single or dual chamber (implantable)	01/01/2001	12/31/2002

98.	C2620	Pacemaker, single chamber, non rate-responsive (implantable)	08/01/2000	12/31/2002
99.	C1786	Pacemaker, single chamber, rate-responsive (implantable)	08/01/2000	12/31/2002
100.	C1787	Patient programmer, neurostimulator	08/01/2000	12/31/2002
<b>101.</b>	<b>C1831</b>	<b>Interbody cage, anterior, lateral or posterior, personalized (implantable)</b>	<b>10/01/2021</b>	<b>09/30/2024</b>
102.	C1788	Port, indwelling (implantable)	08/01/2000	12/31/2002
103.	C1830	Powered bone marrow biopsy needle	10/01/2011	12/31/2013
104.	C2618	Probe, cryoablation	04/01/2001	12/31/2003
105.	C2614	Probe, percutaneous lumbar discectomy	01/01/2003	12/31/2004
106.	C1789	Prosthesis, breast (implantable)	10/01/2000	12/31/2002
107.	C1813	Prosthesis, penile, inflatable	08/01/2000	12/31/2002
108.	C2622	Prosthesis, penile, non-inflatable	10/01/2001	12/31/2002
109.	C1815	Prosthesis, urinary sphincter (implantable)	10/01/2000	12/31/2002
110.	C1816	Receiver and/or transmitter, neurostimulator (implantable)	08/01/2000	12/31/2002
111.	C1771	Repair device, urinary, incontinence, with sling graft	10/01/2000	12/31/2002
112.	C2631	Repair device, urinary, incontinence, without sling graft	08/01/2000	12/31/2002
113.	C1841	Retinal prosthesis, includes all internal and external components	10/01/2013	12/31/2015
114.	C1814	Retinal tamponade device, silicone oil	04/01/2003	12/31/2005
115.	C1773	Retrieval device, insertable	01/01/2001	12/31/2002
116.	C2615	Sealant, pulmonary, liquid (implantable)	01/01/2001	12/31/2002
117.	C1817	Septal defect implant system, intracardiac	08/01/2000	12/31/2002
118.	C1874	Stent, coated/covered, with delivery system	08/01/2000	12/31/2002
119.	C1875	Stent, coated/covered, without delivery system	08/01/2000	12/31/2002
120.	C1876	Stent, non-coated/non-covered, with delivery system	08/01/2000	12/31/2002
121.	C1877	Stent, non-coated/non-covered, without delivery system	08/01/2000	12/31/2002
122.	C2625	Stent, non-coronary, temporary, with delivery system	10/01/2000	12/31/2002
123.	C2617	Stent, non-coronary, temporary, without delivery system	10/01/2000	12/31/2002
124.	C1819	Tissue localization excision device	01/01/2004	12/31/2005
125.	C1879	Tissue marker (implantable)	08/01/2000	12/31/2002
126.	C1880	Vena cava filter	01/01/2001	12/31/2002
<b>127.</b>	<b>C1826</b>	<b>Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system</b>	<b>01/01/2023</b>	<b>12/31/2025</b>
<b>128.</b>	<b>C1827</b>	<b>Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller</b>	<b>01/01/2023</b>	<b>12/31/2025</b>
<b>129.</b>	<b>C1747</b>	<b>Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)</b>	<b>01/01/2023</b>	<b>12/31/2025</b>
130.	C1824^	Generator, cardiac contractility modulation (implantable)	01/01/2020	12/31/2023

131.	C1982^	Catheter, pressure-generating, one-way valve, intermittently occlusive	01/01/2020	12/31/2023
132.	C1839^	Iris prosthesis	01/01/2020	12/31/2023
133.	C1734^	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)	01/01/2020	12/31/2023
134.	C2596^	Probe, image-guided, robotic, waterjet ablation	01/01/2020	12/31/2023
<b>135.</b>	<b>C1600</b>	<b>Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>136.</b>	<b>C1601</b>	<b>Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>137.</b>	<b>C1602</b>	<b>Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>138.</b>	<b>C1603</b>	<b>Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>139.</b>	<b>C1604</b>	<b>Graft, transmural transvenous arterial bypass (implantable), with all delivery system components</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>140.</b>	<b>C1605</b>	<b>Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation</b>	<b>07/01/2024</b>	<b>06/30/2027</b>
<b>141.</b>	<b>C1606</b>	<b>Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope</b>	<b>07/01/2024</b>	<b>06/30/2027</b>

**BOLD** codes are still actively receiving pass-through payment.

\* Effective 1/1/06 C1767 descriptor was changed for succeeding claims. See CR 4250, Jan. 3, 2006 for details.

^ Sec. 4141. Extension of Pass-Through Status Under the Medicare Program for Certain Devices Impacted by COVID-19 of the Consolidated Appropriations Act, 2023 has extended pass-through status for a 1-year period beginning on January 1, 2023.

\*\*\* Although the pass-through payment status for device category codes has expired, these codes are still active and hospitals are still required to report the device category C-codes (except the brachytherapy source codes, which are separately paid under the OPSS) on claims when such devices are used in conjunction with procedures billed and paid under the OPSS.

**Table 5. – CPT Category III Codes Effective July 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater than or equal to 50 mL	J1	5375

0868T	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	S	5723
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	J1	5113
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	E2	N/A
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	E2	N/A
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	E2	N/A
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	E2	N/A
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	E2	N/A
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	E2	N/A
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	E1	N/A
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	S	1508

0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	S	1508
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	N	N/A
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	M	N/A
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Q1	5735
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve	N	N/A
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve	N	N/A
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	J1	5303
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	J1	5313
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon	J1	5313

	catheter for colonic stricture, including fluoroscopic guidance, when performed		
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery	N	N/A
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	S	1576
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation	S	1511
0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	S	1522
0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	S	1522
0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	S	1522
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Q1	5733
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	C	N/A
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of	C	N/A

	monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)		
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	C	N/A
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	S	5724
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	S	5724
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from <u>augmentative algorithmic analysis</u> of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional	E1	N/A
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional	E1	N/A

**Table 6. — Elios System to Reduce Intraocular Pressure in Patients with Primary Open-Angle Glaucoma Category B Investigational Device Exemption (IDE) Study**

<b>Study Title</b>	<b>Sponsor Name</b>	<b>NCT Number</b>	<b>IDE Number</b>	<b>CMS Approval Date</b>	<b>Category</b>
A Prospective, Multicenter, Clinical Trial Designed to Evaluate the Safety and Feasibility of the ELIOS System to Reduce Intraocular Pressure in Patients With Primary Open-Angle Glaucoma as a Standalone Procedure	Elios Vision, Inc.	NCT05999006	G200311	2023-11-30	B

**Table 7. – CPT Code 0621T Assignment to APC 5492 Effective January 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>APC Effective Date</b>
0621T	Trabeculectomy ab interno by laser	J1	5492	January 1, 2024

**Table 8. – OPPS Status Indicator and APC Assignment for HCPCS Code C9901**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>CY 2024 OPPS SI</b>	<b>CY 2024 OPPS APC</b>	<b>CY 2024 OPPS APC Group Title</b>
C9901	Endoscopic defect closure within the entire gastrointestinal tract, including upper endoscopy (including diagnostic, if performed) or colonoscopy (including diagnostic, if performed), with all system and tissue anchoring components	J1	5362	Level 2 Laparoscopy and Related Services

**Table 9. — New CY 2024 HCPCS Codes Effective July 1, 2024, for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective July 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>CY 2024 SI</b>	<b>CY 2024 APC</b>
A9506	Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, each	G	0760
J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	G	0744
J3263	Injection, toripalimab-tpzi, 1 mg	G	0745
J3393	Injection, betibeglogene autotemcel, per treatment	G	0746
J3394	Injection, lovotibeglogene autotemcel, per treatment	G	0748
J7355	Injection, travoprost, intracameral implant, 1 microgram	G	0749

**Table 10. — Existing CY 2024 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Retroactive to January 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>Old January 2024 SI</b>	<b>New January 2024 SI</b>	<b>New January 2024 APC</b>
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	N	G	0742

**Table 11. — HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective June 30, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>April 2024 SI</b>	<b>July 2024 SI</b>	<b>July 2024 APC</b>
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie	G	N	N/A
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie	G	N	N/A
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	G	K	9414
J1305	Injection, evinacumab-dgnb, 5mg	G	K	9416
J1426	Injection, casimersen, 10 mg	G	K	9412

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>April 2024 SI</b>	<b>July 2024 SI</b>	<b>July 2024 APC</b>
J1448	Injection, trilaciclib, 1mg	G	K	9415
J9247	Injection, melphalan flufenamide, 1mg	G	K	9417
J9348	Injection, naxitamab-gqgk, 1 mg	G	K	9408
J9353	Injection, margetuximab-cmkb, 5 mg	G	K	9418
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	K	9413
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	G	K	9411

**Table 12. – Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of July 1, 2024**

<b>New HCPCS Code</b>	<b>Old HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>
90637		Influenza virus vaccine, quadrivalent (qIRV), mRNA; 30 mcg/0.5 mL dosage, for intramuscular use	E1	
90638		Influenza virus vaccine, quadrivalent (qIRV), mRNA; 60 mcg/0.5 mL dosage, for intramuscular use	E1	
J0211		Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	K	0750
J0687		Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	K	0753
J0872		Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	K	0754
J0911		Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	G	0744
J1597		Injection, glycopyrrolate (glyrx-pf), 0.1 mg	N	
J1598		Injection, glycopyrrolate (fresenius kabi), not therapeutically equivalent to J1596, 0.1 mg	N	
J1748		Injection, infliximab-dyyb (zymfentra), 10 mg	N	
J2183		Injection, meropenem (wg critical care), not therapeutically equivalent to j2185, 100 mg	N	
J2246		Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	E2	
J2267	C9168	Injection, mirikizumab-mrkz, 1 mg	G	0728

J2373		Injection, phenylephrine hydrochloride (immphentiv), 20 micrograms	N	
J2468		Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms	E2	
J2471		Injection, pantoprazole (hikma), not therapeutically equivalent to J2470, 40 mg	N	
J3247	C9166	Injection, secukinumab, intravenous, 1 mg	G	0725
J3263		Injection, toripalimab-tpzi, 1 mg	G	0745
J3393		Injection, betibeglogene autotemcel, per treatment	G	0746
J3394		Injection, lovotibeglogene autotemcel, per treatment	G	0748
J7171	C9167	Injection, adamts13, recombinant-krhn, 10 iu	G	0727
J7355		Injection, travoprost, intracameral implant, 1 microgram	G	0749
J8611		Methotrexate (jylamvo), oral, 2.5 mg	K	0755
J8612		Methotrexate (xatmep), oral, 2.5 mg	K	0756
J9361		Injection, efbemalenograstim alfa-vuxw, 0.5 mg	E2	
Q4311		Acesso, per square centimeter	N	
Q4312		Acesso ac, per square centimeter	N	
Q4313		Dermabind fm, per square centimeter	N	
Q4314		Reeva ft, per square centimeter	N	
Q4315		Regenelink amniotic membrane allograft, per square centimeter	N	
Q4316		Amchoplast, per square centimeter	N	
Q4317		Vitograft, per square centimeter	N	
Q4318		E-graft, per square centimeter	N	
Q4319		Sanograft, per square centimeter	N	
Q4320		Pellograft, per square centimeter	N	
Q4321		Renograft, per square centimeter	N	
Q4322		Caregraft, per square centimeter	N	
Q4323		Alloply, per square centimeter	N	
Q4324		Amniotx, per square centimeter	N	
Q4325		Acapatch, per square centimeter	N	
Q4326		Woundplus, per square centimeter	N	
Q4327		Duoamnion, per square centimeter	N	
Q4328		Most, per square centimeter	N	
Q4329		Singlay, per square centimeter	N	
Q4330		Total, per square centimeter	N	
Q4331		Axolotl graft, per square centimeter	N	
Q4332		Axolotl dualgraft, per square centimeter	N	
Q4333		Ardeograft, per square centimeter	N	
Q5137		Injection, ustekinumab-auub (wezlana), biosimilar, subcutaneous, 1 mg	N	

Q5138		Injection, ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg	N	
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**Table 13. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of June 30, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Long Descriptor</b>	<b>CY 2024 SI</b>	<b>APC</b>
J2780	Injection, ranitidine hydrochloride, 25 mg	D	N/A
J9371	Injection, vincristine sulfate liposome, 1 mg	D	N/A
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	D	N/A
Q4277	Woundplus membrane or e-graft, per square centimeter	D	N/A

**Table 14. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status on July 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Long Descriptor</b>	<b>April 2024 SI</b>	<b>April 2024 APC</b>	<b>July 2024 SI</b>	<b>July 2024 APC</b>
J1574	Injection, ganciclovir sodium (exela), not therapeutically equivalent to j1570, 500 mg	E2	N/A	N	N/A
J2184	Injection, meropenem (b. braun), not therapeutically equivalent to j2185, 100 mg	K	9168	N	N/A
J2251	Injection, midazolam hydrochloride (wg critical care), not therapeutically equivalent to j2250, per 1 mg	K	9170	N	N/A
J2272	Injection, morphine sulfate (fresenius kabi) not therapeutically equivalent to j2270, up to 10 mg	K	9211	N	N/A
J2599	Injection, vasopressin (american regent), not therapeutically equivalent to j2598, 1 unit	K	1234	N	N/A
J9172	Injection, docetaxel (ingenus), not therapeutically equivalent to j9171, 1 mg	E2	N/A	K	0757
J9258	Injection, paclitaxel protein-bound particles (teva), not therapeutically equivalent to j9264, 1 mg	N	N/A	E2	N/A
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	E2	N/A	K	0758
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	E2	N/A	K	0782

**Table 15. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of July 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>April 2024 Long Descriptor</b>	<b>July 2024 Long Descriptor</b>
J0401	Injection, aripiprazole, extended release, 1 mg	Injection, aripiprazole (abilify maintena), 1 mg
J0873	Injection, daptomycin (xellia) not therapeutically equivalent to j0878, 1 mg	Injection, daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

**Table 16. – HCPCS Code for Drugs, Biologicals, and Radiopharmaceuticals with a Descriptor Change Retroactive to April 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Old April 2024 Descriptor</b>	<b>New April 2024 Descriptor</b>
C9167	Injection, apadamtase alfa, 10 units	Injection, adamts13, recombinant-krhn, 10 iu

**Table 17. – New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective July 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Short Descriptor</b>	<b>CY 2024 SI</b>	<b>Low/High Cost Skin Substitute</b>
Q4311	Acesso, per sq cm	N	Low
Q4312	Acesso ac, per sq cm	N	Low
Q4313	Dermabind fm, per sq cm	N	Low
Q4314	Reeva, per sq cm	N	Low
Q4315	Regenelink amniotic mem allo	N	Low

Q4316	Amchoplast, per sq cm	N	Low
Q4317	Vitograft, per sq cm	N	Low
Q4318	E-graft, per sq cm	N	Low
Q4319	Sanograft, per sq cm	N	Low
Q4320	Pellograft, per sq cm	N	Low
Q4321	Renograft, per sq cm	N	Low
Q4322	Caregraft, per sq cm	N	Low
Q4323	Alloply, per sq cm	N	Low
Q4324	Amniotx, per sq cm	N	Low
Q4325	Acapatch, per sq cm	N	Low
Q4326	Woundplus, per sq cm	N	Low
Q4327	Duoamnion, per sq cm	N	Low
Q4328	Most, per sq cm	N	Low
Q4329	Singlay, per sq cm	N	Low
Q4330	Total, per sq cm	N	Low
Q4331	Axolotl graft, per sq cm	N	High
Q4332	Axolotl dualgraft, per sq cm	N	High
Q4333	Ardeograft, per sq cm	N	Low

**Table 18. — Skin Substitute Product Codes Deleted Effective June 30, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Short Descriptor</b>	<b>April CY 2024 SI</b>	<b>July CY 2024 SI</b>
Q4210	Axolotl graf dualgraf sq cm	N	D
Q4277	Woundplus e-grat, per sq cm	N	D

