

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13079	Date: March 28, 2025
	Change Request 13934

Transmittal 13044 issued January 10, 2025, is being rescinded and replaced by Transmittal 13079, dated March 28, 2025, to add an additional sub-Business Requirement (BR) (13934.13.3) and note to BR 13934.13 for the MACs for their work related to the implementation of the new CBSAs has been added. All other information remains the same. All other information remains the same.

SUBJECT: January 2025 Update of the Ambulatory Surgical Center [ASC] Payment System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the January 2025 ASC payment system update.

EFFECTIVE DATE: January 1, 2025

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

IMPLEMENTATION DATE: January 6, 2025

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: 13079	Date: March 28, 2025	Change Request: 13934
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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the January 2025 ASC payment system update.

II. GENERAL INFORMATION

A. Background: As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This Recurring Update Notification (RUN) applies to Chapter 14, Section 40 of Publication (Pub.) 100-04. The January 2025 Ambulatory Surgical Center Fee Schedule (ASCFS) File, a revised partial January 2024 ASCFS File, a January 2025 Ambulatory Surgical Center Payment Indicator (ASC PI) File, a revised October 2024 and revised January 2024 ASC Payment Indicator (PI) files, a January 2025 ASC Code Pair file, and a January 2025 Ambulatory Surgical Center Drug File will be issued with this transmittal. Cloud service updates will be implemented for new and restated ASC Drug pricing.

B. Policy: 1. New Device Category Effective January 1, 2025

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPPI, 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 2025 update, we approved five new devices for pass-through status under the OPPI, and are establishing the new device categories in the ASC payment system. Specifically, HCPCS codes C1735, C1736, C1737, C1738, and C9610 are effective January 1, 2025. Table 1 includes the HCPCS code, code descriptors, and ASC PI (see Attachment A: Policy Section Tables).

In addition, we note that HCPCS code C1739 (Tissue marker, imaging and non-imaging device (implantable)) which is newly approved for pass-through status under the OPPI effective January 1, 2025, isn't eligible to be payable in ASCs because there isn't a covered surgical procedure you can perform with C1739. We package C1739 (ASCPI=N1) in the ASC setting beginning January 1, 2025.

These codes, as well as the descriptors and ASC payment indicators are included in Table 1 (see Attachment A: Policy Section Tables). The list of CPT codes that must be performed with these codes are included in the January 2025 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>.

a. Device Offset from Payment for the Following HCPCS Codes Effective January 1, 2025

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPPS 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 from payment 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 2025 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 C1735-C1738 and C9610 should always be billed with one of the paired CPT codes that are included in Table 2.

b. Expiring Separate Payment Status for Two Device Category HCPCS Codes, Effective January 1, 2025

As specified in section 1833(t)(6)(B) of the Social Security Act, under the OPPS, categories of devices are eligible for transitional pass-through payments for at least two, but not more than three years. The two codes listed in Table 3 (see Attachment A: Policy Section Tables) are expiring beginning January 1, 2025, in the OPPS. These codes have been separately payable in the ASC setting and will be packaged (ASC PI=N1) in the ASC setting beginning January 1, 2025. 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. Payment for CPT Codes 0660T and 0661T, iDose TR (travoprost intracameral implant) for the Treatment of Glaucoma, Retroactive to January 1, 2024

For the July 2021 Update, the CPT Editorial Panel established CPT codes 0660T and 0661T to describe the service associated with the implantation, removal, and reimplantation of the iDose TR, which is a prostaglandin analog used for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT). On December 13, 2023, the iDose TR received FDA NDA approval. Based on the December 2023 FDA approval, these codes are separately payable under the OPPS effective retroactive to January 1, 2024. These codes are also payable in the ASC.

Table 4 lists the CPT codes, descriptors, and ASC payment indicators for CPT codes 0660T and 0661T (see Attachment A: Policy Section Tables).

3. New HCPCS Code Describing the Automated Preparation of a Skin Cell Suspension Autograft, Effective January 1, 2025

CMS is establishing a new HCPCS code, C8002, to describe the automated preparation of a skin cell suspension autograft.

Table 5 lists the HCPCS code, descriptors, and ASC payment indicator for HCPCS code C8002 (see Attachment A: Policy Section Tables).

4. New HCPCS Code Describing the Implantation Procedure of a Medial Knee Shock Absorber, Effective January 1, 2025

CMS is establishing a new HCPCS code, C8003, to describe the implantation procedure of a medial knee extraarticular shock absorber.

Table 5 lists the HCPCS code, descriptors, and ASC payment indicator for HCPCS code C8003 (see Attachment A: Policy Section Tables).

5. Newly Payable ASC Surgical Procedures Effective January 1, 2025

We added 32 new separately payable procedures to the ASC covered procedures and covered ancillary lists. See Table 5 for the CPT codes, descriptors, and ASC PIs.

Additionally, we added 33 separately payable procedures to the ASC covered procedures list that were previously non-payable or packaged (ASC PI=N1/S1). This includes 19 dental procedures we are adding to the ASC covered procedures list. See Table 6 for the CPT codes, descriptors, and ASC PIs.

The ASC payment rates for the codes in Tables 5 and 6 can be found in the January 2025 ASC Addenda AA and BB.

6. Drugs, Biologicals, and Radiopharmaceuticals

a. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of January 1, 2025

We are establishing 33 new drug, biological, and radiopharmaceutical HCPCS codes on January 1, 2025. There are also several old HCPCS codes that will be deleted December 31st, 2024. These HCPCS codes, as well as the descriptors and ASC PIs, are listed in Table 7 (see Attachment A: Policy Section Tables).

b. Unpackaging Certain Diagnostic Radiopharmaceuticals as of January 1, 2025

Twenty-two (22) diagnostic radiopharmaceuticals that previously been packaged (ASCPI=N1/S1) will be separately payable (ASCPI=K2) as of January 1, 2025. These HCPCS codes are also listed in Table 8, attachment A.

c. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted or Discontinued as of December 31, 2024

Sixteen (16) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on December 31, 2024. These HCPCS code are listed in table 9, attachment A.

We note that HCPCS code J9036 will replace both J9058 and J9059 for the reporting of these therapeutically equivalent bendamustine; J9058 and J9059 will be deleted on December 31, 2024.

One drug, biological and radiopharmaceutical HCPCS code (J9198) will be changing to a non-payable payment indicator on January 1, 2025, as that product has been discontinued by the manufacturer. Therefore, effective January 1, 2025, the payment indicator for this code is changing from ASCPI = “K2” to ASCPI= “Y5.” The descriptor and updated PI for this HCPCS code are listed in table 9, attachment A.

d. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Indicators Retroactive to October 1, 2024

Two (2) drug, biological and radiopharmaceutical HCPCS codes will be changing payment indicators retroactive to October 1, 2024. These HCPCS codes are listed in table 10, attachment A.

e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of January 1, 2025

Four (4) drug, biological, and radiopharmaceutical HCPCS codes have had a substantial descriptor change as of January 1, 2025. These HCPCS codes are listed in table 11, attachment A.

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

For CY 2025, payment for the majority of non pass-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 2025, 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 January 1, 2025, payment rates for many drugs and biologicals have changed from the values published in the CY 2025 OPPTS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from third quarter of CY 2024. Updated payment rates effective January 1, 2025, can be found in the January 2025 update of the 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>

g. 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.

7. Skin Substitutes

The payment for skin substitute products that do not qualify for hospital OPPS pass-through status are packaged into the OPPS 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. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has OPPS pricing data that demonstrates that the cost of the product is above either the mean unit cost of \$50 or the per day cost of \$833 for CY 2025.

a. New Skin Substitute Products as of January 1, 2025

There are eight new skin substitute HCPCS codes that will be active as of January 1, 2025. The codes are packaged and are assigned to the low-cost skin substitute group. These new packaged codes are listed in Table 12, (see Attachment A: Policy Section Tables).

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

b. Skin Substitute assignments to High Cost and Low Costs Groups for CY 2025

There are four skin substitute HCPCS codes that will be reassigned from the low-cost skin substitute group to the high-cost skin substitute group as of January 1, 2025. The codes are listed in Table 13 (see Attachment A: Policy Section Tables).

8. HCPCS Codes, Payment Indicators, APC Assignments and Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief Starting January 1, 2025.

Section 4135 of the Consolidated Appropriations Act (CAA), 2023 established the eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief, and was finalized in the CY 2025 OPPS/ASC final rule with comment period. CMS has fully evaluated applicable non-opioid treatments against the statutory eligibility criteria and determined that the products in Table 14, attachment A, meet the statutory definition of a Non-opioid Treatment for Pain Relief and should be paid according to the finalized policy beginning January 2025. Section 1833(t)(16)(G)(iii) of the Act states that the separate payment amount specified in clause (ii), shall not exceed the estimated average of 18 percent of the OPD fee schedule amount for the OPD service (or group of services) with which the non-opioid treatment for pain relief is furnished, as determined by the Secretary. The finalized payment limitation amount for each product can be found in Table 15, attachment A, and will be updated annually.

The ASC payment indicator “L6” (“New Technology Intraocular Lens (NTIOL); special payment” has been redefined as “Special payment; New Technology Intraocular Lens (NTIOL) or qualifying non-opioid devices”) and accounts for non-opioid devices paid for under the ASC payment system, pursuant to section 4135 of the CAA, 2023.

9. CY 2025 ASC Wage Index

As discussed and finalized in the FY 2025 IPPS/LTCH PPS final rule with comment period (89 FR 69252 through 69266), we finalized our proposal to use the new Core Based Statistical Area delineations issued by the Office of Management and Budget (OMB) in OMB Bulletin 23-01, dated July 21, 2023, for the IPPS hospital wage index beginning in CY 2025. As discussed in the CY 2025 OPPS/ASC final rule with comment period (89 FR 94362), we finalized our proposal to use the new CBSA delineations for the ASC payment system because

the ASC wage indexes for the calendar years are the pre-floor and pre-reclassified IPPS hospital wage indexes for the fiscal year. Attachment B provides a comprehensive list of all county-to-CBSA delineations for CY 2025.

Additionally, for CY 2025 and subsequent years, we finalized our policy to limit year-to-year wage index decreases for each facility to 5 percent of the previous year's wage index value. Therefore, as we adopt the new CBSA delineations for the ASC payment system, facilities in certain counties (or county equivalents) may be subject to the 5 percent limit and the counties of a CBSA may have different CY 2025 ASC wage indexes. Attachment B provides the final CY 2025 ASC wage index for each county (or county equivalent) that is inclusive of the 5 percent limit.

10. 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 ASC payment system 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.

III. BUSINESS REQUIREMENTS TABLE

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

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		
13934.1	Medicare contractors shall use the cloud service or MCS to process ASC Fee Schedule (FS) claims, based on CMS direction. NOTE: As a reminder, Contractors get the January 2025 ASC FS pricing, as well as restated quarterly ASC FS payment rates, as applicable, from the cloud. Mainframe ASC FS files are no longer issued. Date of retrieval will be provided in a separate email communication from CMS		X								
13934.2	Medicare contractors shall use the cloud service to process ASC drug claims. NOTE: As a reminder, Contractors get the January 2025 ASC Drug pricing, as well as restated quarterly ASC drug payment rates, as		X								

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	
	applicable, from the cloud. Mainframe ASC Drug files are no longer issued. NOTE: Date of retrieval will be provided in a separate email communication from CMS									
13934.2.1	Medicare contractors shall use the cloud fee schedule, as appropriate, to adjust claims brought to their attention that: 1) Have dates of service January 1, 2024 – December 31, 2024 and; 2) Were originally processed prior to the installation of the revised cloud fee schedule.		X							
13934.3	Medicare contractors shall ensure that the updated cloud service payment rate is applied to effected claims.		X							
13934.4	Medicare contractors shall download and install the January 2025 ASC Payment Indicator (PI) file. FILENAME: MU00.@BF12390.ASC.CY25.PI.JANA.V1206 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							
13934.5	Medicare contractors shall download and install the January 2025 ASC Code Pair file. FILENAME:		X							

[illegible]

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	
	that are associated to a CBSA Code conversion are current/active and end-dated.), (3) County Code (as stored in PECOS on the MCS Screen), (4) 2021 CBSA, and; (5) 2025 CBSA									
13934.10.1.1	CGI/PECOS shall provide an additional list to MACs of the ASC providers that could not be successfully converted to the 2025 CBSA values.								PECOS	
13934.11	PECOS shall update the tool-tip reference document available in PECOS to remove the complete 2021 CBSA Code set and add the complete 2025 CBSA Code set based on the data.								PECOS	
13934.12	PECOS/CGI shall gather the list of all impacted supplier records AND make the necessary CBSA updates based off Attachment B.								PECOS	
13934.12.1	PECOS/CGI shall convert the impacted CBSA records in PECOS.								PECOS	
13934.13	If applicable upon making any manual CBSA update related to this change request, contractors should default to any required PECOS sections to their best ability to avoid development to the provider until their normal revalidation period. This should include marking an AO as the Managing Employee, marking the MRCA as the correspondence, bypassing a site visit requirement, or similar action (e.g., 'Right Now' ticket to bypass the errors).		X						PECOS	

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	
	NOTE: PECOS will expedite any RightNow tickets submitted for any errors.									
13934.13.1	MACs shall update the CBSA assignment in PECOS as needed, if applicable for their jurisdictional ASCs, including for any non-automated 2025 CBSA conversion that may be required.		X							
13934.13.2	MACs shall perform manual updates in PECOS as needed for providers not listed on the CBSA master file in BR 13934.11.1.		X							
13934.13.3	PECOS shall extract the converted records with the revised CBSA codes and the ‘Original’ tab to the shared system.									PECOS
13934.14	<p>RRB shall convert the 2024 CBSA Codes that have changed to the appropriate 2025 CBSA Codes for all impacted records as appropriate in the Provider Enrollment System (PES), based on the list of 2024/2025 CBSA Codes received.</p> <ul style="list-style-type: none">RRB shall end-date the 2024 CBSA Codes that have been converted to a 2025 CBSA Code and apply the end date of December 31, 2024 to the 2024 CBSA CodeRRB shall apply the Effective Date of January 1, 2025 to the new 2025 CBSA Codes on each ASC record that has been converted <p>NOTE: Reference Attachment B for CBSA crosswalk</p>									RRB-SMAC

IV. PROVIDER EDUCATION

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.

Impacted Contractors: A/B MAC Part B

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information:N/A

VI. CONTACTS

Pre-Implementation Contact(s): Marina Kushnirova, marina.kushnirova@cms.hhs.gov

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

VII. 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: 2

Attachment A – Policy Section Tables

Table 1. – New OPPS Device Category Payable or Packaged in ASCs, Effective January 1, 2025

HCPSC Code	Short Descriptor	Long Descriptor	ASC PI
C1735	Cath renal denerv radiofreq	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	J7
C1736	Cath renal denerv ultrasnd	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	J7
C1737	SI&pelvis fusn&fixn dev	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	J7
C1738	Power endo us-guid bx dev	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	J7
C1739	Tissue marker, detectable	Tissue marker, imaging and non-imaging device (implantable)	N1
C9610	Cath coronary drug-delivery	Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)	J7

Table 2. – New Device Offset from Payment for the Following HCPCS Codes Effective January 1, 2025

Device category HCPCS codes C1735-C1738, C9610 should always be billed with the following CPT codes:

Device HCPCS Code	HCPCS Code	Long Descriptor	ASC PI
C1735	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	G2
C1735	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	J8
C1736	0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and	G2

		interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	
C1736	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	J8
C1737	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	J8
C1737	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	J8
C1738	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)	A2
C1738	43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(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)	A2
C1738	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	A2
C9610	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	J8
C9610	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J8
C9610	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	J8
C9610	0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	J8

Table 3 – Expiring Separate Payment Status for Two Device Category HCPCS Codes, Effective January 1, 2025

HCPCS Code	Long Descriptor	ASC PI effective January 1, 2025
C1832	Autograft suspension, including cell processing and application, and all system components	N1
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	N1

Table 4. – Payment for CPT Codes 0660T and 0661T in the ASC Payment System, Retroactive to January 1, 2024

CPT Code	Short Descriptor	Long Descriptor	ASC PI
0660T	Implt ant sgm io nbio rx sys	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	G2
0661T	Rmvl&rimpltj ant sgm implt	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	G2

Table 5. – New ASC Surgical Procedures and Ancillary Services, Effective January 1, 2025

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
0915T	Insj perm ccm-d sys pg&eltrd	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	J8
0913T	Prq tcat ther rx ntrac balo1	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	J8
0916T	Insj perm ccm-d sys pg only	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	J8
0917T	Insj perm ccm-d sys 1 lead	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	J8

0918T	Insj perm ccm-d sys dual ld	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	J8
0919T	Rmvl perm ccm-d sys pg only	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	G2
0920T	Rmvl perm ccm-d sys 1 pac ld	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	G2
0921T	Rmvl perm ccm-d sys 1 dfb ld	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	G2
0922T	Rmvl perm ccm-d sys dual ld	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	G2
0923T	Rmvl&rplcmt perm ccm-d pg	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	J8
0924T	Rpos prv ccm-d trnsvns eltrd	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	G2
0925T	Rlcj skin pocket ccm-d pg	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	G2
0933T	Tcat impl wrls l atr prs snr	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	J8
0946T	Ortho impl mvmt alys pair ct	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	Z2
15011	Hrv skn cll ssp agrft 1st 25	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	G2
15013	Prepj skn cll ssp agrft 1st	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	R2
15015	App skn cl ssp agrft t/a/l 1	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	G2
15017	App skn cll ssp f/n/g/hf 1st	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face,	G2

		scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	
25448	Arthrp ntrcrpl/crp/mtrcp ssp	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	G2
55882	Ablt trurl prst8 tis trnsdcr	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	J8
53865	Cysto insj dev ischmc rmdlg	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	J8
53866	Cathj rmvl dev ischmc rmdlg	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	P3
66683	Implantation iris prosthesis	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	J8
60660	Abltj 1/+thyr ndul 1lobe prq	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	G2
C7562	R&I hrt angio w/ffr & 3d map	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 with 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
C7563	Trluml ballo angiop all art	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, initial artery and all additional arteries.	J8
C7564	Vein mech throm w/intrvas us	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation.	J8

C7565	Rpr aa hrn < 3 rdc w/ rmvl	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair,	G2
G0564	365 d implant glucose sensor	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	R2
G0565	Rem/ins glu snsr 365 dif sit	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation	R2
C8002	Prep skin cell susp, automtd	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	R2
C8003	Imp extar knee shck absrb	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (eg, fluoroscopy)	J8

Table 6. – Newly Separately Payable ASC Surgical Procedures Previously Nonpayable or Packaged, Effective January 1, 2025

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
0674T	Laps insj nw/rpcmt prm isdss	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s)	J8
0675T	Laps insj nw/rpcmt isdss 1ld	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead	J8
0677T	Laps repos lead isdss 1st ld	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead	J8
0679T	Laps rmvl lead isdss	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	G2

0680T	Insj/rplcmt pg only isdss	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s)	J8
0681T	Rlcj pulse gen only isdss	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads	G2
0682T	Removal pulse gen only isdss	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	G2
0717T	Adrc ther prtl rc tear	Autologous adipose-derived regenerative cell (adrc) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing, and concentration of adrcs	G2
0718T	Adrc ther prtl rc tear njx	Autologous adipose-derived regenerative cell (adrc) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	G2
C7518	Cor/gft angio w/ ivus or oct	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (ivus) or optical coherence tomography (oct) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report	G2
C7519	Cor/gft angio w/ flow resrv	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	G2
C7546	Rep nph/urt cath w/dil stric	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	G2
C7549	Chge urtr stent w/ dil stric	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon	G2

		dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	
C7555	Rmvl thyrd w/autotran parath	Thyroidectomy, total or complete with parathyroid autotransplantation	G2
D7251	Coronectomy	Coronectomy - intentional partial tooth removal, impacted teeth only	D2
D7280	Exposure of unerupted tooth	Exposure of an unerupted tooth	D2
D7320	Alveoplasty w/o extraction	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	D2
D7321	Alveoplasty not w/extracts	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D2
D7410	Rad exc lesion up to 1.25 cm	Excision of benign lesion up to 1.25 cm	D2
D7411	Excision benign lesion>1.25c	Excision of benign lesion greater than 1.25 cm	D2
D7412	Excision benign lesion compl	Excision of benign lesion, complicated	D2
D7413	Excision malig lesion<=1.25c	Excision of malignant lesion up to 1.25 cm	D2
D7414	Excision malig lesion>1.25cm	Excision of malignant lesion greater than 1.25 cm	D2
D7415	Excision malig les complicat	Excision of malignant lesion, complicated	D2
D7450	Rem odontogen cyst to 1.25cm	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	D2
D7451	Rem odontogen cyst > 1.25 cm	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	D2
D7460	Rem nonodonto cyst to 1.25cm	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	D2
D7461	Rem nonodonto cyst > 1.25 cm	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	D2
D7471	Rem exostosis any site	Removal of lateral exostosis (maxilla or mandible)	D2
D7485	Surg reduct osseoustuberosit	Reduction of osseous tuberosity	D2
D7521	Incision/drain abscess extra	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	D2
D7530	Removal fb skin/areolar tiss	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	D2

D7540	Removal of fb reaction	Removal of reaction-producing foreign bodies-musculoskeletal system	D2
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Table 7. – New CY 2025 HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status, Effective January 1, 2025,

New HCPCS Code	Old HCPCS Code	Long Descriptor	ASC PI
C9173		Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	K2
J0870		Injection, imetelstat, 1 mg	K2
J9329		Injection, tislelizumab-jsgr, 1mg	K2
90684		Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	L1
A9615	C9171	Injection, pegulicianine, 1 mg	K2
J0139		Injection, adalimumab, 1 mg	K2
J0666	C9290	Injection, bupivacaine liposome, 1 mg	K2
J1307		Injection, crovalimab-akkz, 10 mg	K2
J1414	C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	B5
J1552		Injection, immune globulin (alyglo), 500 mg	K2
J2290		Injection, nafcillin sodium, 20 mg	N1
J2472		Injection, pantoprazole sodium in sodium chloride (baxter), 40 mg	N1
J2802		Injection, romiplostim, 1 microgram	K2
J3392		Injection, exagamglogene autotemcel, per treatment	B5
J7514		Mycophenolate mofetil (myhibbin), oral suspension, 100 mg	N1
J9026	C9170	Injection, tarlatamab-dlle, 1 mg	K2
J9028	C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	K2
J9076		Injection, cyclophosphamide (baxter), 5 mg	K5
J9292		Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	K5
Q0155		Dronabinol (syndros), 0.1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	N1
Q5139		Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	K5
Q5140		Injection, adalimumab-fkjp, biosimilar, 1 mg	K2
Q5141		Injection, adalimumab-aaty, biosimilar, 1 mg	K2
Q5142		Injection, adalimumab-ryvk biosimilar, 1 mg	K2
Q5143		Injection, adalimumab-adbm, biosimilar, 1 mg	K2
Q5144		Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	K2

Q5145		Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	K2
Q5146		Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	K5
Q9996		Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	K5
Q9997		Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	K5
Q9998		Injection, ustekinumab-aekn (selarsdi), 1 mg	K5

Table 8. – Diagnostic Radiopharmaceuticals Separately Payable as of January 1, 2025

New HCPCS Code	Long Descriptor	ASC PI
A9515	Choline C 11, diagnostic, per study dose	K2
A9521	technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries	K2
A9542	indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	K2
A9547	indium in-111 oxyquinoline, diagnostic, per 0.5 millicurie	K2
A9548	indium in-111 pentetate, diagnostic, per 0.5 millicurie	K2
A9557	technetium tc-99m bicatesate, diagnostic, per study dose, up to 25 millicuries	K2
A9568	technetium tc-99m arcitumomab, diagnostic, per study dose, up to 25 millicuries	K2
A9569	'Technetium TC-99M exametazime labeled autologous white blood cells, diagnostic, per study dose	K2
A9570	'Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose	K2
A9572	Indium IN-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries	K2
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	K2
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	K2
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	K2
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	K2
A9588	Fluciclovine f-18, diagnostic, 1 millicurie	K2
A9591	Fluoroestradiol F 18, diagnostic, 1 millicurie	K2
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie	K2
A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie	K2
A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie	K2
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi	K2
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	K2
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	K2

Table 9. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted or Discontinued as of December 31, 2024

CY 2025 HCPCS Code	Long Descriptor	ASC PI
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	D5
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	D5
J0135	injection, adalimumab, 20 mg	D5
J0570	Buprenorphine implant, 74.2 mg	D5
J2796	Injection, romiplostim, 10 micrograms	D5
J2806	Injection, sincalide (maia), not therapeutically equivalent to j2805, 5 micrograms	D5
J9058	Injection, bendamustine hydrochloride (apotex), 1 mg	D5
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	D5
J9259	Injection, paclitaxel protein-bound particles (american regent), not therapeutically equivalent to j9264, 1 mg	D5
Q0516	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 30-days	D5
Q0517	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 60-days	D5
Q0518	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 90-days	D5
Q0519	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 30-days	D5
Q0520	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 60-days	D5
Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	D5
Q5132	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	D5

Table 10. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Indicators Retroactive to October 1, 2024

CY 2024 HCPCS Code	CY 2024 Long Descriptor	Old October 2024 ASC PI	New October 2024 ASC PI	January 2025 ASC PI
J9059	Injection, bendamustine hydrochloride (baxter), 1 mg	K5	K2	D5
J9329	Injection, tislelizumab-jsgr, 1mg	Y5	K2	K2

Table 11. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of January 1, 2025

CY 2025 HCPCS Code	October 2024 Long Descriptor	January 2025 Long Descriptor
90661	Influenza virus vaccine, trivalent (ccIIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Influenza virus vaccine, trivalent (ccIIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
J2468	Injection, palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 micrograms	Injection, palonosetron hydrochloride (posfrea), 25 micrograms
J9033	Injection, bendamustine hcl, not otherwise specified, 1 mg	Injection, bendamustine hydrochloride, 1 mg
J9072	Injection, cyclophosphamide, (dr. reddy's), 5 mg	Injection, cyclophosphamide (avyxa), 5 mg

Table 12. New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective January 1, 2025

CY 2025 HCPCS Code	Short Descriptor	CY 2025 ASC PI	Low/High Cost Skin Substitute
Q4346	Shelter dm matrix per sq cm	N1	Low
Q4347	Rampart dl matrix per sq cm	N1	Low
Q4348	Sentry sl matrix per sq cm	N1	Low
Q4349	Mantle dl matrix per sq cm	N1	Low
Q4350	Palisade dm matrix per sq cm	N1	Low
Q4351	Enclose tl matrix, per sq cm	N1	Low
Q4352	Overlay sl matrix, per sq cm	N1	Low
Q4353	Xceed tl matrix per sq cm	N1	Low

Table 13. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of January 1, 2025

CY 2025 HCPCS Code	CY 2025 Short Descriptor	CY 2025 ASC PI	CY 2024 High/Low Cost Assignment	CY 2025 High/Low Cost Assignment
Q4216	Artacent cord per sq cm	N1	Low	High
Q4252	Vendaje, per square centimet	N1	Low	High
Q4262	Dual layer impax, per sq cm	N1	Low	High
Q4268	Surgraft ft per sq cm	N1	Low	High

Table 14. HCPCS Codes, Payment Indicator and APC Assignments for Qualifying Non-Opioid Treatments for Pain Relief Effective January 1, 2025.

HCPCS Code	Long Descriptor	ASC PI	CY 2025 APC
C9290	Injection, bupivacaine liposome, 1mg	D5	N/A
J0666	Injection, bupivacaine liposome, 1mg	K2	0763
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	K2	9324
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	K2	9308

HCPCS Code	Long Descriptor	ASC PI	CY 2025 APC
C9089	Bupivacaine, collagen-matrix implant, 1 mg	K2	0762
J1885	Injection, ketorolac tromethamine, per 15 mg	K2	0764
C9804	Elastomeric infusion pump (e.g., ON-Q* Pump with Bolus), including catheter and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6	2048
C9807	Nerve stimulator, percutaneous, peripheral (e.g., SPRINT Peripheral Nerve Stimulation System), including electrode and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6	2057
C9808	Nerve cryoablation probe (e.g., cryoICE, cryoSPHERE, cryoSPHERE MAX, cryoICE cryoSPHERE, cryoICE Cryo2), including probe and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6	2058
C9806	Rotary peristaltic infusion pump (e.g., ambIT Pump), including catheter and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6	2056
C9809	Cryoablation needle (e.g., iovera System), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	L6	2059

Table 15. HCPCS Codes and Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief Effective January 1, 2025

HCPCS Code	CY 2025 Payment Limit
C9089	\$700.48
J0666	\$2,368.14
J1096	\$427.57
J1097	\$425.89
J1885	\$1,214.30

C9804	\$2,284.98
C9806	\$2,284.98
C9808	\$985.94
C9809	\$255.85
C9807	\$2,483.16