



## Hospital Outpatient Prospective Payment System: April 2026 Update

Related Change Request (CR) Information	
<b>Number:</b> 14380 Revised	<b>Release Date:</b> March 27, 2026
<b>Effective Date:</b> April 1, 2026	<b>Implementation Date:</b> April 6, 2026
<b>Transmittal Numbers:</b> <a href="#">R13686CP</a> & <a href="#">R13702CP</a>	
<b>Title:</b> April 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)	

### What's Changed?

We revised this article to change the status indicator for HCPCS code Q5099 from status indicator "E1" to status indicator "K." We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (page 5).

### Affected Providers

- Hospitals
- Physicians
- Other providers billing Medicare Administrative Contractors (MACs) for outpatient hospital services

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## Action Needed

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Make sure your billing staff knows about these Hospital Outpatient Prospective Payment System (OPPS) updates, effective April 1, 2026:

- New COVID-19 monoclonal antibody products and administration codes
- New proprietary laboratory analyses (PLA) codes and Hospital OPPS device categories
- Status indicator revisions and ambulatory payment classification assignments
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitute products

## Key Updates

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### New COVID-19 Monoclonal Antibody Products & Administration Codes

CMS approved TYENNE® (tocilizumab-aazg), a biosimilar to ACTEMRA® (tocilizumab), for intravenous administration in hospitalized adults with COVID-19 who get systemic corticosteroids and require either:

- Supplemental oxygen
- Non-invasive or invasive mechanical ventilation
- Extracorporeal membrane oxygenation

FDA approved TYENNE® on February 28, 2025. Effective April 1, 2026, we established HCPCS code Q0238 to describe TYENNE® to treat COVID-19 and the associated administrative HCPCS codes M0233 and M0234:

- Q0238: Injection, tocilizumab-aazg, for hospitalized adult patients 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
- M0233: Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients 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
- M0234: Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients 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

Note: You could bill by reporting a not otherwise classified (NOC) COVID-19 monoclonal antibody product HCPCS code and associated administrative codes (Q0235, M0235, and M0236). See [CR 14195](#) for more information on NOC COVID-19 monoclonal antibody product HCPCS codes.

Effective April 1, 2026, in the April 2026 Integrated Outpatient Code Editor (I/OCE), we're assigning:

- Q0238 to status indicator L
- M0233 and M0234 to status indicator S and ambulatory payment classification (APC) 1506

## CPT PLA Coding Changes

The American Medical Association (AMA) CPT Editorial Panel established 17 new PLA codes, CPT codes 0614U–0630U, effective April 1, 2026.

See [Table 1](#) for the long descriptors and status indicators. Refer to the April 2026 Hospital OPPS [Addendum B](#) for short descriptors and status indicators. We also added these codes to the April 2026 I/OCE with an April 1, 2026, effective date.

## Hospital OPPS Device Pass-Through

### New Device Pass-Through Category

Section 1833(t)(6)(B) of the [Social Security Act](#) requires that, under the Hospital OPPS, device categories be eligible for transitional pass-through payments for at least 2 but not more than 3 years. Also, section 1833(t)(6)(B)(ii)(IV) of the Social Security 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.

Through our quarterly review process, we preliminarily approved 1 new device HCPCS code (C1743) for pass-through status under the Hospital OPPS with an effective date of April 1, 2026. We'll include and discuss the device application associated with C1743 in the CY 2027 Hospital OPPS and Ambulatory Surgical Center (ASC) proposed and final rules.

See [Table 2A](#) for the long descriptor, status indicator, APC, and offset amount. See [Table 3](#) for the complete list of device category HCPCS codes and definitions we use for present and previous transitional pass-through payment.

### Device Offset from Payment

Section 1833(t)(6)(D)(ii) of the [Social Security Act](#) requires that we deduct an amount that reflects the device portion of the APC amount from pass-through payments for devices. This deduction is the device offset or the portion of the APC amount that's 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.

## New HCPCS Codes Describing Insertion, Revision or Replacement & Removal of Hypoglossal Nerve Neurostimulators Retroactive to January 1, 2026

We're establishing 6 new HCPCS codes, C8007–C8009 and C8011–C8013, retroactive to January 1, 2026, to describe:

- The open implantation, revision or replacement, and removal of a hypoglossal nerve neurostimulator that doesn't include or require insertion of a separate distal respiratory sensor electrode or electrode array
- A hypoglossal nerve neurostimulator that doesn't have an implantable battery or pulse generator

See [Table 4](#) for the long descriptors, status indicators, and APC assignments. Refer to Addendum B for the short descriptors, status indicators, and payment rates.

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## New HCPCS Code for Placement of Permanent Common Carotid Artery Filter

We approved the clinical study associated with Javelin Medical's carotid implants for permanent placement of common carotid artery filters on July 30, 2024, as a Category B investigational device exemption (IDE) study. We're establishing HCPCS code C8010, effective April 1, 2026, to enable Medicare to track and pay appropriately for this IDE study in the hospital outpatient setting.

See [Table 5](#) for the information associated with this [clinical study](#). See [Table 6](#) for the long descriptor, APC assignment, and status indicator. Refer to Addendum B for the short descriptor, status indicator, and payment rate.

## New HCPCS Code Describing Algorithmic Analysis of Coronary Artery Calcium & Aortic Valve Calcification from Chest Computed Tomography Scan

We're establishing HCPCS code G0680 to describe the procedure associated with software analysis of coronary artery calcium and aortic valve calcification from chest computed tomography scans. See [Table 7](#) for the long descriptor, status indicator, and APC assignment. Refer to Addendum B for the short descriptor, status indicator, and payment rate.

## Retroactive Status Indicator Changes for CPT Codes 1013T–1018T

The AMA's CPT Editorial Panel established CPT codes 1013T–1018T to describe the laparoscopic procedure to implant a lower esophageal sphincter neurostimulator electrode array and pulse generator or receiver and the related esophageal sphincter neurostimulator procedures. Our review concluded the device associated with these codes doesn't have full FDA approval. In addition, we haven't gotten any claims for these codes since the January 1, 2026, effective date.

We're revising the status indicators to E1, retroactive to January 1, 2026, because the device associated with these CPT codes doesn't have FDA approval.

See [Table 8](#) for the long descriptors and status indicators. Refer to Addendum B for the short descriptors and status indicators.

## Status Indicator Revisions & APC Assignments for CPT Codes 0941T–0943T

The AMA's CPT Editorial Panel established CPT codes 0941T–0943T in the January 2025 update to describe the service associated with the insertion and removal of a prostatic urethral scaffold to treat obstructive lower urinary tract symptoms secondary to benign prostatic hyperplasia. On December 11, 2025, FDA approved the Zenflow Spring® Implant and Delivery System.

Since January 1, 2025, we assigned CPT codes 0941T–0943T to status indicator E1 to indicate the codes aren't payable under the Hospital OPPS because the device associated with these codes didn't have FDA approval. Based on the recent FDA approval, we assigned these codes as separately payable under the Hospital OPPS, effective April 1, 2026.

See [Table 9](#) for the long descriptors, APCs, and status indicators. Refer to Addendum B for the short descriptors, status indicators, and payment rates.

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## APC Assignments for CPT Codes 0823T & 0796T Describing the Insertion of a Single-Chamber Leadless Pacemaker & Upgrade to a Dual-Chamber Leadless Pacemaker

Effective April 1, 2026, we're revising the APC assignments for CPT codes 0823T and 0796T that describe the:

- Insertion of a permanent single-chamber leadless pacemaker
- Insertion of a permanent dual-chamber leadless pacemaker when a right ventricular single leadless pacemaker already exists

See [Table 10](#) for the long descriptors, status indicators, and APC assignments. Refer to Addendum B for the short descriptors, status indicators, and payment rates.

## Drugs, Biologicals & Radiopharmaceuticals

### New CY 2026 HCPCS Codes & Dosage Descriptors for Certain Drugs, Biologicals & Radiopharmaceuticals Getting Pass-Through Status

We created 5 new HCPCS codes for reporting drugs and biologicals in the hospital outpatient setting where specific codes weren't previously available, starting on April 1, 2026. These drugs and biologicals will get pass-through status on April 1, 2026. See [Table 11](#) for the list of codes.

### Existing HCPCS Codes for Certain Drugs, Biologicals & Radiopharmaceuticals with Pass-Through Status Ending

Twelve HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the hospital outpatient setting will have their pass-through status end on March 31, 2026. Starting April 1, 2026, we're changing the status indicator for these codes from G to either K or N. See [Table 12](#) for the list of codes.

### Newly Established HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're establishing 16 new drug, biological, and radiopharmaceutical HCPCS codes on April 1, 2026. See [Table 13](#) for these codes.

### Descriptor Changes to HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're making substantial descriptor changes to 2 drug, biological, and radiopharmaceutical HCPCS codes as of April 1, 2026. See [Table 14](#) for the list of codes.

### Payment Status Indicator Changes to HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals

We're changing the payment status indicator for 15 drug, biological, and radiopharmaceutical HCPCS codes to E1, starting April 1, 2026. See [Table 15](#) for the list of codes.

We're also changing the status indicator for:

- CPT code 90624 from E1 to M in the April 2026 I/OCE update, retroactive to February 14, 2025
- HCPCS code Q5099 from E1 to K, APC 0855, in the July 2026 I/OCE update, retroactive to January 1, 2026

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## Drugs & Biologicals with Payments Based on Average Sales Price

For CY 2026, we pay for most non-pass-through drugs, biologicals, and therapeutic radiopharmaceuticals at a single rate of average sales price (ASP) +6% (or ASP +6% or 8% of the reference product for biosimilars). In CY 2026, we make a single payment of ASP +6% for pass-through drugs, biologicals, and radiopharmaceuticals for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP +6% or 8% of the reference product for biosimilars). We update payment for drugs and biologicals based on ASPs quarterly as later-quarter ASP submissions become available.

Effective January 1, 2026, we changed the payment rates for many drugs and biologicals from the values published in the CY 2026 Hospital OPPS and ASC final rule with comment period because of new ASP calculations based on sales price submissions. When we need to adjust payment rates, we'll incorporate them into the April 2026 Fiscal Intermediary Standard System release. We aren't publishing the updated payment rates in this CR; however, you can find the updated payment rates, effective April 1, 2026, in the April 2026 update of the Hospital OPPS Addendums A and B.

## Drugs & Biologicals Paid Based on ASP Methodology with Restated Payment Rates

We retroactively correct payment rates for some drugs and biologicals on a quarterly basis. Find the latest list of drugs and biologicals with [corrected payment rates](#) on the first date of each quarter.

You may resubmit claims affected by adjustments to a previous quarter's payment files.

## Skin Substitutes

### New HCPCS Codes for Skin Substitute Products

We're creating new HCPCS Level II codes describing various skin substitute products, effective April 1, 2026, which we're assigning the status indicator S1, indicating we pay the skin substitute product separately under the Hospital OPPS, and either APC 6001 (510(k) Skin Substitute Products) or APC 6002 (361 HCT/P Skin Substitute Products). See [Table 16](#) for the list of codes.

### New HCPCS Codes for Application of Non-Sheet Form Skin Substitute Products

Effective April 1, 2026, we're creating new HCPCS Level II codes to describe the application of non-sheet form skin substitute products, including HCPCS codes G0681–G0684. We aren't finalizing changes to the current payment arrangement under the Hospital OPPS for products that aren't in sheet form at this time, and we'll continue to explore the issue for future rulemaking. Accordingly, we're assigning the new application codes to status indicator N to indicate we package payment for the application, effective April 1, 2026. See [Table 17](#) for the list of codes.

## HCPCS Codes, Status Indicator, APC Assignments & Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief

Section 4135 of the [Consolidated Appropriations Act, 2023](#) established eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief. We evaluated applicable non-opioid treatments against this eligibility criteria and determined that the products listed in [Table 18](#) newly meet the statutory definition of a non-opioid treatment for pain relief and that we should pay for them according to finalized policy in the CY 2026 Hospital OPPS and ASC final rule.

Specifically, we're creating HCPCS code C9818 to describe the drug Journavx (suzetrigine, oral, 1 mg), which met the section 4135 criteria, effective January 23, 2026.

We're revising the long descriptor for HCPCS code C9814, effective January 1, 2026, to include the E-Cath device, which newly met the section 4135 criteria, effective February 1, 2026. For dates of service from January 1, 2026 – January 31, 2026, C9814 only describes the SonoLong device. Effective February 1, 2026, C9814 describes both the SonoLong and E-Cath devices.

Section 1833(t)(16)(G)(ii) of the Social Security Act states that the separate payment amount specified in clause (ii) can't exceed the estimated average of 18% of the hospital outpatient department fee schedule amount for the hospital outpatient department service (or group of services) with which the provider uses non-opioid treatment for pain relief, as determined by the HHS Secretary. See Table 18 for the finalized payment limitation for each product.

## Coverage Determinations

When we assign a HCPCS code and payment rate to a drug, device, procedure, or service under the Hospital OPPS, it doesn't imply Medicare coverage. It only indicates how we pay for the product, procedure, or service if covered. MACs decide whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs decide if it's reasonable and necessary to treat the patient's condition and whether it's excluded from payment.

Note: MACs will adjust claims you bring to their attention with any retroactive changes from before implementing the April 2026 I/OCE and April 2026 Hospital OPPS Pricer.

## Background

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CR 14380 provides instructions on coding changes and policy updates, effective April 1, 2026, for the Hospital OPPS. This update relates to the [Medicare Claims Processing Manual, Chapter 4](#), section 50.8.

Note: Refer to the Hospital OPPS [Addendum D1](#) of the CY 2026 Hospital OPPS and ASC final rule to learn more about Hospital OPPS status indicators.

## More Information

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We issued transmittals R13686CP and **R13702CP** to your MAC as the official instructions for this change. For more information, find your [MAC's website](#).

## Document History

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Date of Change	Description
March 30, 2026	We revised this article to change the status indicator for HCPCS code Q5099 from status indicator "E1" to status indicator "K." We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (page 5).
March 18, 2026	Initial article released.

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