



## Ambulatory Surgical Center Payment System: April 2026 Update

Related Change Request (CR) Information	
<b>Number:</b> <a href="#">14445</a>	<b>Release Date:</b> April 7, 2026
<b>Effective Date:</b> April 1, 2026	<b>Implementation Date:</b> April 6, 2026
<b>Transmittal Number:</b> R13704CP	

### Affected Providers

- Ambulatory surgical centers (ASCs)
- Physicians
- Suppliers

### Action Needed

Make sure your billing staff knows about these ASC payment system updates, effective April 1, 2026:

- New Hospital Outpatient Prospective Payment System (OPPS) device pass-through category payable in ASCs
- New HCPCS codes and payment status changes for:
  - ASC surgical procedures
  - Drugs, biologicals, and radiopharmaceuticals
  - Skin substitute products
  - Qualifying non-opioid treatments for pain relief

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## Key Updates

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### New Hospital OPPS Device Pass-Through Category

CMS approved HCPCS code C1743 for device pass-through status under the Hospital OPPS, and we're establishing the new device category in the ASC payment system, effective April 1, 2026. See [Table 1](#) for the code descriptor and the ASC payment indicator (PI).

### Newly Payable ASC Surgical Procedures

#### New HCPCS Codes Describing Insertion, Revision, or Replacement & Removal of Hypoglossal Nerve Neurostimulators

We're establishing 6 new HCPCS codes, 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 2](#) for the codes, code descriptors, and ASC PIs.

#### 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 replacement of common carotid artery filters for Medicare coverage on July 20, 2024, as a Category B Investigational Device Exemption study. We're creating HCPCS code C8010, effective April 1, 2026, to enable us to track and pay appropriately for the study in the hospital outpatient setting. We're also adding this procedure to the ASC covered procedures list. See [Table 3](#) for the code, code descriptor, and ASC PI.

#### PI Revisions for CPT Codes 0941T, 0942T & 0943T

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

Since January 1, 2025, we assign 0941T–0943T to status indicator E5 (Surgical procedure not valid for Medicare purposes because of coverage, regulation and/or statute; no payment made), to indicate that we don't pay for the codes in the ASC setting because the device involved doesn't have FDA approval. With the recent FDA approval, these codes are now separately payable under the Hospital OPPS and ASC payment system. See [Table 4](#) for the codes, code descriptors, and ASC PIs.

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## Payment Status & Rate Changes for Existing ASC Surgical Procedures

### PI Changes for CPT Codes 1013T, 1014T & 1015T

Effective January 1, 2026, the AMA's CPT Editorial Panel created CPT codes 1013T–1015T to describe the laparoscopic procedure to implant or remove a lower esophageal sphincter neurostimulator electrode array and pulse generator or receiver and the related esophageal sphincter neurostimulator procedures.

FDA hasn't approved the device associated with these codes. Without FDA approval, we're revising the status indicators for CPT codes 1013T–1015T to E5, retroactive to January 1, 2026. See [Table 5](#) for the codes, code descriptors, and ASC PIs.

## Drugs, Biologicals & Radiopharmaceuticals

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

We're establishing 6 new drug, biological, and radiopharmaceutical HCPCS codes that are separately payable under the ASC payment system, effective April 1, 2026. See [Table 6](#) for the codes, code descriptors, and ASC PIs.

### Deleted HCPCS Codes for Drugs, Biological & Radiopharmaceuticals

We're deleting 3 drug, biological, and radiopharmaceutical HCPCS codes on March 31, 2026. See [Table 7](#) for the codes, code descriptors, and ASC PIs.

### PI Changes to Certain Drug, Biological & Radiopharmaceutical HCPCS Codes

We're changing the ASC PIs for 13 drug, biological, and radiopharmaceutical HCPCS codes, effective April 1, 2026. See [Table 8](#) for the codes, code descriptors, and ASC PIs.

We're changing the ASC PI for 1 drug, biological, and radiopharmaceutical HCPCS code, retroactive to January 1, 2026. See [Table 9](#) for the code, code descriptor, and ASC PI.

### Descriptor Changes to Drug, Biological & Radiopharmaceutical HCPCS Codes

We're making substantial descriptor changes to 2 drug, biological, and radiopharmaceutical HCPCS codes as of April 1, 2026. See [Table 10](#) for the codes, code descriptors, and ASC PIs.

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

For CY 2026, we pay for most non-pass-through drugs, biologicals, and 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 to pay 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'll update payments for drugs and biologicals quarterly based on ASPs 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 OPSS and ASC [final rule](#) because of the new ASP calculations based on sales price submissions from the fourth quarter of CY 2025. For the updated payment rates, effective April 1, 2026, see the [April 2026 ASC Addendum BB](#).

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## Drugs & Biologicals 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 [corrected payment rates](#) on the first day of the quarter.

You may resubmit claims affected by adjustment to a prior quarter's payment files.

## Skin Substitutes

### New HCPCS Codes for Skin Substitute Products

We're creating 22 new HCPCS Level II codes describing various skin substitute products starting April 1, 2026. We're assigning these new codes an ASC PI = S2 (Skin substitute supply group; paid separately when provided integral to a surgical procedure on ASC list; payment based on Hospital OPPS rate).

See [Table 11](#) for the codes, code descriptors, ASC PIs, and ambulatory payment classifications.

### PI Changes for Certain Skin Substitute Product HCPCS Codes

In the January 2026 ASC payment system update, we inadvertently assigned certain HCPCS Level II codes an ASC PI = S2, which aren't separately payable under the Hospital OPPS. Starting April 1, 2026, we're revising these HCPCS codes to package them under the ASC payment system.

See [Table 12](#) for the codes, code descriptors, and ASC PIs.

## HCPCS Codes, PIs & Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief

Section 4135 of the [Consolidated Appropriations Act, 2023](#) established the eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief. We evaluated relevant non-opioid treatments against this eligibility criteria and determined 1 product meets the criteria and should be payable according to the CY 2026 Hospital OPPS and ASC final rule.

- We're creating HCPCS code C9818 to describe the drug Journavx (suzetrigine, oral, 1 mg), effective January 23, 2026
- We're revising the long descriptor for HCPCS code C9814, which became effective January 1, 2026, to include the E-Cath device, which newly met the section 4135 eligibility criteria, effective February 1, 2026
  - For dates of service on January 1, 2026 – January 31, 2026, C9814 only describes the SonoLong device
  - For dates of service on or after February 1, 2026, C9814 describes both the SonoLong and E-Cath devices
  - See Table 10 for the revised long descriptor

See [Table 13](#) for the code descriptor, ASC PI, and payment limitation for C9818.

## Coverage Determinations

When we assign a HCPCS code and payment rate under the ASC payment system to a drug, device, procedure, or service, it doesn't imply Medicare coverage. It only indicates how we pay for the product, procedure, or service if covered. Medicare Administrative Contractors (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.

## Background

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CR 14445 provides changes to and billing instructions for various payment policies we implemented in the April 2026 ASC payment system update. For more information about the ASC payment system, see the [Medicare Claims Processing Manual, Chapter 14](#), section 40.

## Hospital OPPS Device Pass-Through Devices

Section 1833(t)(6)(B) of the [Social Security Act](#) requires that device categories qualify for transitional pass-through payments for at least 2 but not more than 3 years under the Hospital OPPS. 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 device categories. We also apply this policy in the ASC payment system.

## More Information

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We issued CR 14445 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

## Document History

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Date of Change	Description
April 8, 2026	Initial article released.

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