



## Ambulatory Surgical Center Payment System: October 2026 Update

| Related Change Request (CR) Information                                                  |                                             |
|------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Number:</b> <a href="#">14634</a>                                                     | <b>Release Date:</b> October 8, 2026        |
| <b>Effective Date:</b> October 1, 2026                                                   | <b>Implementation Date:</b> October 5, 2026 |
| <b>Transmittal Number:</b> R13983CP                                                      |                                             |
| <b>Title:</b> October 2026 Update of the Ambulatory Surgical Center (ASC) Payment System |                                             |

### Affected Providers

- Ambulatory surgical centers (ASCs)
- Physicians
- Suppliers

### Action Needed

Make sure your billing staff knows about new HCPCS codes, revised code descriptors, and ASC payment indicator (PI) changes, effective October 1, 2026, for:

- ASC surgical procedures
- Drugs, biologicals, and radiopharmaceuticals
- Skin substitute products
- Non-opioid treatments for pain relief

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## Key Updates

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### New ASC Surgical Procedures & Revised HCPCS C-Code Descriptors

#### New Category III CPT Codes

CMS is implementing 10 new CPT Category III codes that the American Medical Association (AMA) released in early August 2026 for implementation under the ASC Payment System on October 1, 2026. Refer to [Table 1](#) for the new CPT Category III codes, code descriptors, and ASC PIs.

#### New Category III CPT Code to Replace HCPCS Code C8010

We're deleting HCPCS code C8010, which describes the Category B Investigational Device Exemption clinical study associated with Javelin Medical's carotid implants for permanent placement of common carotid artery filters because the AMA created CPT code 1091T, effective October 1, 2026, to describe the same procedure.

Refer to [Table 2](#) for code C8010, code descriptor, and ASC PI.

#### Descriptor Revisions for HCPCS Codes C1982, C9797 & C8004

We're revising the long descriptors for HCPCS codes C1982, C9797, and C8004, which describe the vascular embolization or occlusion procedure or the stimulation angiogram service using a pressure-generating catheter. Refer to [Table 3](#) for the codes and their new long descriptors.

### Drugs, Biologicals & Radiopharmaceuticals

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

We're creating 12 new HCPCS codes to report drugs and biologicals in the hospital outpatient setting starting October 1, 2026. They'll also get drug pass-through status starting October 1, 2026. Refer to [Table 4](#) for the codes, code descriptors, and ASC PIs.

#### Deleted Drug, Biological & Radiopharmaceutical HCPCS Codes

We're deleting 10 drug, biological, and radiopharmaceutical HCPCS codes on September 30, 2026. Refer to [Table 5](#) for the codes, code descriptors, and ASC PIs.

#### Changing Payment Status for Drug, Biological & Radiopharmaceutical HCPCS Codes

We're changing the payment status of 21 drug, biological, and radiopharmaceutical HCPCS codes, effective October 1, 2026. We also changed the payment status for 1 drug, biological, and radiopharmaceutical HCPCS code, effective July 1, 2026. Refer to [Table 6](#) for the codes, code descriptors, and ASC PIs.

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

We're making substantial descriptor changes to 3 drug, biological, and radiopharmaceutical HCPCS codes as of October 1, 2026. Refer to [Table 7](#) for the codes, code descriptors, and ASC PIs.

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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 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 we published in the CY 2026 Hospital Outpatient Prospective Payment System (OPPS) and ASC [final rule](#) because of the new ASP calculations based on sales price submissions from the fourth quarter of CY 2025. Refer to the [October 2026 ASC Addendum BB](#) for the updated payment rates, effective October 1, 2026.

## 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 [corrected payment rates](#) on the first date of the quarter.

You may resubmit claims when adjustments to a prior quarter's payment files affect them.

## Skin Substitutes

### New HCPCS Codes for Skin Substitute Products

We're creating 8 new HCPCS codes describing various skin substitute products, effective October 1, 2026. Refer to [Table 8](#) for the codes, code descriptors, and ASC PIs.

### Revised HCPCS Codes for Skin Substitute Products

Retroactive to April 1, 2026, we're revising the long descriptors for 5 HCPCS codes that describe various skin substitute products. We revised these code descriptors to include the parenthetical "add-on, list separately in addition to the primary procedure."

Refer to [Table 9](#) for the codes and code descriptors.

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

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 that the product in Table 10 meets the criteria. We'll pay for the product according to the CY 2026 Hospital OPPS and ASC final rule.

We're temporarily giving Stimuplex® needles additional payment, effective April 30, 2026. To carry out this change, we're updating the long descriptor of HCPCS code C9812 to list Stimuplex needles among the approved non-opioid devices described by this code. We didn't make any changes to C9812's PI. Refer to [Table 10](#) for the finalized code descriptor.

## 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 we cover it. Medicare Administrative Contractors (MACs) determine 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 we exclude it from payment.

Within 30 days of this transmittal's implementation, your MAC will reprocess claims that include:

- HCPCS code A9521 with dates of service from May 14, 2026 – September 30, 2026
- HCPCS code J9161 with dates of service from July 1, 2026 – September 30, 2026

## Background

CR 14634 provides changes to billing instructions for various payment policies included in the October 2026 ASC payment systems update. For information about the ASC payment system, refer to the [Medicare Claims Processing Manual, Chapter 14](#), section 40.

## More Information

We issued CR 14634 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

## Document History

| Date of Change   | Description               |
|------------------|---------------------------|
| October 14, 2026 | Initial article released. |

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