

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12697	Date: June 25, 2024
	Change Request 13656

Transmittal 12673 issued June 13, 2024, is being rescinded and replaced by Transmittal 12697, dated June 25, 2024, to remove HCPCS J3393, J3394, J9172, J9322, and J9324 from attachment A, table 2, and make a conforming change to Policy section 2. All other information remains the same.

SUBJECT: July 2024 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 July 2024 ASC payment system update.

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

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: 12697	Date: June 25, 2024	Change Request: 13656
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SUBJECT: July 2024 Update of the Ambulatory Surgical Center [ASC] Payment System

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the July 2024 ASC payment system update. 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. A July 2024 Ambulatory Surgical Center Fee Schedule (ASC FS) File, a July 2024 Ambulatory Surgical Center Payment Indicator (PI) File, a July 2024 ASC Code Pair file, a July 2024 Ambulatory Surgical Center Drug File, a revised January 2024 ASC FS, and a revised March 2024 ASC FS file will be issued with this transmittal.

B. Policy: 1. ASC Device Offset from Payment Changes Effective January 1, 2024

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices in the hospital Outpatient Prospective Payment System (OPPS) an amount that reflects the device portion of the Ambulatory Payment Classifications (APC) payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. The device offset from payment represents a deduction from pass-through payments for the applicable pass-through device. This policy is implemented in the ASC payment system.

a. New Device HCPCS Code C1606 Effective July 1, 2024

We note that we preliminarily approved a new device for pass-through status under the OPPS with an effective date of July 1, 2024, specifically, HCPCS code C1606. This code is also payable in the ASC setting. The device application associated with HCPCS code C1606 will be discussed in the CY 2025 OPPS/ASC proposed and final rules. The code, as well as the descriptors and ASC payment indicator are included in table 1 (see Attachment A: Policy Section Tables). The list of CPT codes that must be performed with C1606 is included in the July 2024 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> .

b. Expiring OPPS Pass-through Status for Device Category HCPCS Code C1761 Effective July 1, 2024

As specified in section 1833(t)(6)(B) of the Social Security Act, under the OPPS, categories of devices are eligible for transitional pass-through payments for at least two (2), but not more than three (3) years. This policy

is also implemented in the ASC payment system. We note that the device category HCPCS code C1761 will remain active, however, its payment will be included in the primary service beginning July 1, 2024. The payment indicator for HCPCS C1761 will change from ASCPI=J7 to ASCPI=N1 effective July 1, 2024.

ASCs are reminded to not separately bill for packaged codes (ASC PI=N1) since they are not reportable under the ASC payment system.

2. Separately Payable HCPCS Codes for Drugs and Biologicals Effective July 1, 2024

Twelve new drug and biological HCPCS codes are established effective July 1, 2024 and are separately payable under the ASC payment system. There are also several old HCPCS codes that will be deleted June 30, 2024. These HCPCS codes, as well as the descriptors and ASC PIs, are listed in Table 2 (see Attachment A: Policy Section Tables).

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

On November 30, 2023, CMS granted Medicare coverage, as a Category B IDE study, for the clinical trial associated with Elios Vision's Elios System to reduce intraocular pressure in patients with primary open-angle glaucoma as a standalone surgical procedure. Currently, the code to describe this standalone surgical procedure is CPT code 0621T (Trabeculostomy ab interno by laser). Based on Medicare coverage approval, we are assigning the ASC payment indicator to an ASCPI=J8 retroactive to January 1, 2024.

Information associated with the clinical study is posted on the CMS approved IDE studies webpage at: <https://www.cms.gov/Medicare/Coverage/IDE/Approved-IDE-Studies>.

In addition, Table 3 lists the code, descriptors, and ASC PI for CPT code 0621T (see Attachment A: Policy Section Tables).

a. HCPCS J7353 Separately Payable Retroactive to January 1, 2024

The ASC PI for HCPCS code J7353 is reassigned from ASC PI=N1 to ASCPI=K2 retroactive to January 1, 2024. The code, descriptors, and ASC PIs are listed in Table 4 (see Attachment A: Policy Section Tables).

b. Expiring OPPS Pass-through for Certain Drugs and Biologicals Packaged in ASCs Effective July 1, 2024

HCPCS codes for certain drugs and biologicals in the OPPS will have their pass-through status end on June 30, 2024, at which point they will be packaged. This policy is implemented in ASCs also. These HCPCS codes are currently separately payable in the ASC and will also be packaged (ASC PI=N1) effective July 1, 2024. The effected codes are listed in Table 5 (see Attachment A: Policy Section Tables).

As a reminder ASCs do not bill packaged codes.

c. New CPT Category III Codes Effective July 1, 2024

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

For the July 2024 update, CMS is implementing six new separately payable CPT Category III codes in the ASC setting that the AMA released in January 2024 for implementation on July 1, 2024. The codes, along with their descriptors and ASC PIs are identified in table 6 (see Attachment A: Policy Section Tables).

d. HCPCS Codes for Certain Drugs Deleted as of June 30, 2024

Four additional drug HCPCS codes will be deleted on June 30, 2024. These HCPCS codes are also listed in Table 7 (see Attachment A: Policy Section Tables).

e. HCPCS Codes for Drugs and Biologicals with Payment Indicator Changes to Packaged effective July 1, 2024

In conformance with OPSS policy, four drug and biological HCPCS codes will be packaged effective July 1, 2024. The ASC PI assignment will be changed effective July 1, 2024 to ASC PI= N1. These HCPCS codes and ASC PIs are listed in Table 8 (see Attachment A: Policy Section Tables).

As a reminder, ASCs do not bill packaged codes.

f. HCPCS J0401 Descriptor Change as of July 1, 2024

HCPCS J0401 had a descriptor change effective July 1, 2024. The old and new descriptors for HCPCS code J0401 are listed in Table 9 (see Attachment A: Policy Section Tables).

g. HCPCS C9167 Descriptor Change Retroactive to April 1, 2024

The descriptor for HCPCS C9167 has been changed retroactive to April 1, 2024. The old and new descriptors for HCPCS code C9167 are listed in Table 10 (see Attachment A: Policy Section Tables).

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

For CY 2024, like in the OPSS, payment in the ASC setting for the majority of drugs and biologicals is made at a single rate of ASP + 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs are updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective July 1, 2024, can be found in the July 2024 update of ASC Addendum BB on the CMS website at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html

i. Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates

Some drugs and biologicals with payment rates based on the ASP methodology may have their payment rates corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payment rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Restated-Payment-Rates.html>

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.

4. 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. All OPPS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT codes 15271-15278. 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 \$47 or the per day cost of \$807 for CY 2024.

a. New Skin Substitute Products as of July 1, 2024

There are twenty-three new skin substitute HCPCS codes that will be active as of July 1, 2024. These HCPCS codes are listed in Table 11, attachment A.

As a reminder, ASCs do not bill packaged codes.

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

Two skin substitute product codes have been deleted as of June 30, 2024. These codes are reported in Table 12, attachment A.

9. Coverage Determinations

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.

II. 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	
13656.1	Medicare contractors shall download and install the July 2024 ASC Fee Schedule (FS) from the CMS mainframe.		X							

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>FILENAME: MU00.@BF12390.ASC.CY24.FS.JULA.V0603</p> <p>The July 2024 ASCFS is a full update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>									
13656.2	<p>Medicare contractors shall use the cloud fee schedule to process ASC drug claims beginning July 1, 2024.</p> <p>NOTE: As a reminder, Contractors get the July 2024 ASC Drug file pricing, as well as restated files for previous quarters, as applicable, from the cloud. Mainframe ASC Drug files are no longer issued.</p>		X							
13656.2.1	<p>Medicare contractors shall use the cloud fee schedule, as appropriate, to adjust claims brought to their attention that:</p> <p>1) Have dates of service July 1, 2023 – June 30, 2024 and;</p> <p>2) Were originally processed prior to the installation of the revised cloud fee schedule.</p>		X							
13656.3	<p>Medicare contractors shall download and install the July 2024 ASC Payment Indicator (PI) file.</p> <p>FILENAME: MU00.@BF12390.ASC.CY24.PI.JULA.V0607</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							
13656.4	<p>Medicare contractors shall download and install a July 2024 ASC Code Pair file.</p> <p>FILENAME: MU00.@BF12390.ASC.CY24.CP.JULA.V0607</p>		X							

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
13656.5	Contractors and Common Working File (CWF) shall add Type of Service (TOS) F, for HCPCS included in attachment A tables 3-4, effective for services January 1, 2024 and later payable in the ASC setting.		X							X
13656.6	Contractors and CWF shall add Type of Service (TOS) F, as appropriate, for HCPCS included in attachment A tables 1, 2, and 6 effective for services July 1, 2024 and later payable in the ASC setting.		X							X
13656.7	Contractors and CWF, as appropriate, shall end date as appropriate, HCPCS included in attachment A tables 2 and 7, in their systems, effective June 30, 2024.		X							X
13656.8	CWF, as appropriate, shall remove the TOS F records for the HCPCS included in attachment A, tables 2 and 7, and HCPCS C1834, effective June 30, 2024.									X
13656.9	Contractors shall update descriptors in accordance with the effective dates, as appropriate, for HCPCS included in attachment A tables 9-10.		X							
13656.10	Contractors shall make July 2024 ASCFS fee data for their ASC payment localities available on their web sites.		X							
13656.11	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X							
13656.12	Medicare contractors shall download and install a revised January 2024 ASC Fee Schedule (FS) from the CMS mainframe. FILENAME:		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	
	<p>MU00.@BF12390.ASC.CY24.FS.JANC.V0603</p> <p>The January 2024 ASCFS is a partial update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>									
13656.13	<p>Medicare contractors shall download and install a revised March 2024 ASC Fee Schedule (FS) from the CMS mainframe.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY24.FS.MARC.V0603</p> <p>The March 2024 ASCFS is a partial update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13656.14	<p>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.</p>		X			

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1-4,6-7,9-10	Attachment A: Policy Section Table

Section B: All other recommendations and supporting information:N/A

V. CONTACTS

Pre-Implementation Contact(s): Chuck Braver, chuck.braver@cms.hhs.gov (ASC Payment Policy) , Yvette Cousar, yvette.cousar@cms.hhs.gov (B MAC Claims Processing Issues)

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Attachment A – Policy Section Tables

Table 1. -- New Device HCPCS Code C1606 Effective July 1, 2024

HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	Adapter, us to endoscope	J7

Table 2. – Separately Payable HCPCS Codes for Drugs and Biologicals Effective July 1, 2024

New HCPCS Code	Old HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
A9506		Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, each	Tc-99m graphite crucible	K2
J0211		Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Inj, nithiodote, 3mg / 125mg	K2
J0687		Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	Inj cefazolin (wg crit care)	K2
J0872		Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Daptomycin (xellia) unrefrig	K2
J0911		Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Inst tauro 1.35mg/hep 100u	K2
J2267	C9168	Injection, mirikizumab-mrkz, 1 mg	Inj, mirikizumab-mrkz, 1 mg	K2
J3247	C9166	Injection, secukinumab, intravenous, 1 mg	Inj secukinumab intrav 1mg	K2
J3263		Injection, toripalimab-tpzi, 1 mg	Inj, toripalimab-tpzi, 1 mg	K2
J7171	C9167	Injection, adamts13, recombinant-krhn, 10 iu	Inj, adzynma, 10 iu	K2
J7355		Injection, travoprost, intracameral implant, 1 microgram	Inj travoprost intra impl	K2

J8611		Methotrexate (jylamvo), oral, 2.5 mg	Oral methotrexate (jylamvo)	K2
J8612		Methotrexate (xatmep), oral, 2.5 mg	Oral methotrexate (xatmep)	K2

Table 3. — CPT Code 0621T Separately Payable Effective January 1, 2024

HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
0621T	Trabeculostomy ab interno by laser	Trabeculostomy interno laser	J8

Table 4. — HCPCS J7353 Separately Payable Retroactive to January 1, 2024

HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	Anacaulase-bcdb 8.8% gel 1 g	K2

Table 5. — Expiring OPSS Pass-through for Certain Drugs and Biologicals Expiring Effective June 30, 2024

HCPCS Code	Short Descriptor	April 2024 ASC PI	July 2024 ASC PI
A9593	Gallium ga-68 psma-11 ucsf	K2	N1
A9594	Gallium ga-68 psma-11, ucla	K2	N1

Table 6. — CPT Category III Codes Effective July 1, 2024

HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater than or equal to 50 mL	Tpla b9 prst8 hyprpls>=50ml	G2
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	Njx b1 sub mtrl hw fixj aug	J8

0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Esphgsc flx 1st tndsc dilat	J8
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Colsc flx 1st tndsc dilat	J8
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Sgmdsc flx 1st tndsc dilat	J8
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Histotripsy mal renal tissue	G2

Table 7. — HCPCS Codes for Certain Drugs Deleted as of June 30, 2024

HCPCS Code	Short Descriptor	ASC PI
J2780	Ranitidine hydrochloride inj	D5
J9371	Inj, vincristine sul lip 1mg	D5
Q4210	Axolotl graf dualgraf sq cm	D5
Q4277	Woundplus e-grat, per sq cm	D5

Table 8. – HCPCS Codes for Drugs and Biologicals with Payment Indicator Changes to Packaged effective July 1, 2024

HCPCS Code	Short Descriptor	April 2024 ASC PI	July 2024 ASC PI
J2184	Inj, meropenem (b. braun)	K2	N1
J2251	Inj midazolam (wg crit care)	K2	N1
J2272	Inj, morphine (fresenius)	K2	N1
J2599	Inj vasopressin (am reg) 1 u	K2	N1

Table 9. – HCPCS J0401 Descriptor Change as of July 1, 2024

HCPCS Code	April 2024 Long Descriptor	July 2024 Long Descriptor
J0401	Injection, aripiprazole, extended release, 1 mg	Injection, aripiprazole (abilify maintena), 1 mg

Table 10. – HCPCS C9167 Descriptor Change Retroactive to April 1, 2024

HCPCS Code	Old April 2024 Descriptor	New April 2024 Descriptor
C9167	Injection, apadamase alfa, 10 units	Injection, adamts13, recombinant-krhn, 10 iu

Table 11. – New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective July 1, 2024

HCPCS Code	Short Descriptor	ASC PI	Low/High Cost Skin Substitute
Q4311	Acesso, per sq cm	N1	Low
Q4312	Acesso ac, per sq cm	N1	Low
Q4313	Dermabind fm, per sq cm	N1	Low
Q4314	Reeva, per sq cm	N1	Low
Q4315	Regenelink amniotic mem allo	N1	Low

Q4316	Amchoplast, per sq cm	N1	Low
Q4317	Vitograft, per sq cm	N1	Low
Q4318	E-graft, per sq cm	N1	Low
Q4319	Sanograft, per sq cm	N1	Low
Q4320	Pellograft, per sq cm	N1	Low
Q4321	Renograft, per sq cm	N1	Low
Q4322	Caregraft, per sq cm	N1	Low
Q4323	Alloply, per sq cm	N1	Low
Q4324	Amniotx, per sq cm	N1	Low
Q4325	Acapatch, per sq cm	N1	Low
Q4326	Woundplus, per sq cm	N1	Low
Q4327	Duoamnion, per sq cm	N1	Low
Q4328	Most, per sq cm	N1	Low
Q4329	Singlay, per sq cm	N1	Low
Q4330	Total, per sq cm	N1	Low
Q4331	Axolotl graft, per sq cm	N1	High
Q4332	Axolotl dualgraft, per sq cm	N1	High
Q4333	Ardeograft, per sq cm	N1	Low

NOTE: ASCs are reminded to not report packaged codes (ASC PI=N1).

Table 12. — Skin Substitute Product Codes Deleted Effective June 30, 2024

HCPCS Code	Short Descriptor	ASC PI
Q4210	Axolotl graf dualgraf sq cm	D5
Q4277	Woundplus e-grat, per sq cm	D5