

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13425	Date: September 22, 2025
	Change Request 14223

SUBJECT: October 2025 Update of the Hospital Outpatient Prospective Payment System (OPPS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to describe changes to and billing instructions for various payment policies implemented in the October 2025 OPPS update. The October 2025 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this CR. This Recurring Update Notification (RUN) applies to chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later).

EFFECTIVE DATE: October 1, 2025

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

IMPLEMENTATION DATE: October 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

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II. GENERAL INFORMATION

A. Background: The purpose of this CR is to describe changes to and billing instructions for various payment policies implemented in the October 2025 OPPS update.

This RUN provides instructions on coding changes and policy updates that are effective October 1, 2025, for the Hospital OPPS. The updates include coding and policy changes for Covid-19 related codes, PLA codes, new services, pass-through drugs and devices, and other items and services. The October 2025 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming October 2025 I/OCE CR.

B. Policy: 1. Status Indicator Change for a Covid-19 Vaccine Code

On April 1, 2025, the American Medical Association (AMA) released Current Procedural Terminology (CPT) code 91323 associated with a Covid-19 vaccine. It was effective July 1, 2025. In the July 2025 I/OCE update, this code was assigned to status indicator “E1” (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)).

The Food and Drug Administration (FDA) approved the Covid-19 vaccine described by CPT code 91323 on August 27th, 2025. Therefore, we are changing its status indicator from “E1” to “L” (Not paid under OPPS. Paid at reasonable cost, not subject to deductible or coinsurance) in the October 2025 I/OCE update retroactive to August 27, 2025.

Table 1, attachment A, lists the long descriptor and status indicator for the code. The code, along with its short descriptor and status indicator is also listed in the October 2025 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the CY 2025 OPPS/ASC final rule for the latest definitions.

2. New Covid-19 Monoclonal Antibody Products and Administration Codes

CMS established HCPCS Level II code Q0237 to describe AVTOZMA® for post-exposure prophylaxis or treatment of COVID-19 and associated administrative codes. HCPCS Level II codes Q0237, M0237, and M0238 have the same effective date as the FDA approval in order to align with the appropriate Medicare payment policies.

- Q0237 - “Injection, tocilizumab-anoh, 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”

Effective: January 24, 2025

- M0237 - “Intravenous infusion, tocilizumab-anoh, 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”

Effective: January 24, 2025

- M0238 - “Intravenous infusion, tocilizumab-anoh, 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”

Effective: January 24, 2025

Effective January 24, 2025, HCPCS code Q0237 is assigned to status indicator “L” in the October 2025 I/OCE update.

Effective January 24, 2025, HCPCS codes M0237 and M0238 are assigned to status indicator “S” (Paid under OPPS; separate APC payment) and APC 1506 (New Technology - Level 6 (\$401 - \$500)) in the October 2025 I/OCE update.

In addition, effective October 1, 2025, CMS is establishing a “Not Otherwise Classified” (NOC) COVID-19 monoclonal antibody product HCPCS Level II code and associated administrative codes to be used to bill any newly FDA approved products that are not yet assigned to a unique HCPCS Level II code while the Emergency Use Authorization (EUA) declaration under section 564 of the Federal Food, Drug, and Cosmetic Act remains in effect.

- Q0235 - “Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, not otherwise classified, 1 mg”

Effective: October 1, 2025

- M0235 - “Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, first dose”

Effective: October 1, 2025

- M0236 - “Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, second dose”

Effective: October 1, 2025

Effective October 1, 2025, HCPCS code Q0235 is assigned to status indicator “L” in the October 2025 I/OCE update.

Effective October 1, 2025, HCPCS codes M0235 and M0236 are assigned to status indicator “S” (Paid under OPSS; separate APC payment) and APC 1506 (New Technology - Level 6 (\$401 - \$500)) in the October 2025 I/OCE update.

3. CPT Proprietary Laboratory Analyses (PLA) Coding Changes

a. New CPT PLA Codes Effective October 1, 2025

The AMA CPT Editorial Panel established 25 new PLA codes, specifically, CPT codes 0575U through 0599U, effective October 1, 2025.

Table 2, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the October 2025 I/OCE with an effective date of October 1, 2025. In addition, the codes, along with their short descriptors and status indicators, are listed in the October 2025 OPSS Addendum B that is posted on the CMS website. For more information on OPSS status indicators, refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions.

b. Status Indicator Change for CPT PLA Code Effective November 5, 2024

We are changing the status indicator for CPT PLA code 0211U from status indicator “E1” to status indicator “A” (Not paid under OPSS. Paid by MACs under a fee schedule or payment system other than OPSS) effective November 5, 2024, in the October 2025 I/OCE.

Table 3, attachment A, lists the long descriptor and status indicator for the code. In addition, the code, along with its short descriptor and status indicator, is listed in the October 2025 OPSS Addendum B that is posted on the CMS website. For more information on OPSS status indicators, refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions.

4. OPSS Device Pass-through

a. New Device Pass-Through Category Effective October 1, 2025

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPSS, 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.

We note that we preliminarily approved three new devices for pass-through status under the OPSS with an effective date of October 1, 2025, specifically, HCPCS codes C1740, C1741 and C1742. We note that HCPCS codes C1740, C1741 and C1742 were preliminarily approved as part of the device pass-through quarterly review process. The device applications associated with HCPCS codes C1740, C1741 and C1742 will be included and discussed in the CY 2027 OPSS/ASC proposed and final rules. Refer to Table 4A, attachment A, for the long descriptor, status indicator, APC, and offset amount for these three HCPCS codes.

Furthermore, we are adding these three new device category codes and their pass-through expiration dates to Table 5, attachment A. Refer to Table 5 for the complete list of device category HCPCS codes and definitions used for present and previous transitional pass-through payment.

b. Device Offset from Payment for the Following HCPCS Codes

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices an amount that reflects the device portion of the 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.

c. Updates for Long Descriptor and Short Descriptor to an Existing Device Pass-through Category C1739

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPPTS, 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.

In “January 2025 Update of the Hospital Outpatient Prospective Payment System (OPPS)”, CR 13933, Transmittal 13032, dated January 3, 2025, we note that HCPCS code C1739 was preliminarily approved as part of the device pass-through quarterly review process with an effective date of January 1, 2025. The device application associated with HCPCS code C1739 will be included and discussed in the CY 2026 OPPTS/ASC proposed and final rules.

We note that the long descriptor for HCPCS code C1739 is being updated to “Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system”, and the short descriptor for HCPCS code C1739 is being updated to “Marker uniq detect w/prbe”, effective January 1, 2025. Refer to Table 4B, attachment A, for the long descriptor, status indicator, APC, and offset amount for HCPCS code C1739.

For the entire list of current and historical device category codes created since August 1, 2000, which is the implementation date of the hospital OPPTS, refer to Table 5. We note this list can also be found in chapter 4 of the Medicare Claims Processing Manual (Pub.100-04), specifically, section 60.4.2 (Complete List of Device Pass-through Category Codes).

5. New HCPCS Code Describing the Insertion of a Pleural-Peritoneal Shunt with Intercostal Pump Chamber

CMS is establishing a new HCPCS code, C8006, to describe the procedure to insert a pleural-peritoneal shunt with an intercostal pump chamber. Table 6, attachment A, lists the official long descriptor, status indicator, and APC assignment for HCPCS code C8006. For information on OPPTS status indicators, please refer to OPPTS Addendum D1 of the CY 2025 OPPTS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the October 2025 update of the OPPTS Addendum B.

6. Descriptor Revision for HCPCS Code C1982

CMS is revising the long descriptor for HCPCS code, C1982, (which describes a pressure-generating catheter that is used with vascular embolization or occlusion procedures (C9797) and simulation procedures (C8004)) by adding parenthesis and ‘e.g.’. The purpose of the revision is to align the device descriptor with the procedure descriptors.

Table 7, attachment A, lists the official revised long descriptor and status indicator for HCPCS code C1982. For information on OPPS status indicators, please refer to Addendum D1 of the most recent OPPS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the October 2025 Update of the OPPS Addendum B.

7. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2025 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective October 1, 2025

Seven (7) new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available starting on October 1, 2025. These drugs and biologicals will receive drug pass-through status starting October 1, 2025. These HCPCS codes are listed in Table 8, attachment A.

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of October 1, 2025

There are three (3) existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status start on October 1, 2025. These codes are listed in Table 9, attachment A. Therefore, effective October 1, 2025, the status indicator for these codes is changing to Status Indicator = “G”.

c. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on September 30, 2025

There are seven (7) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on September 30, 2025. These codes are listed in Table 10, attachment A. Therefore, effective October 1, 2025, the status indicator for these codes is changing from “G” to “K” or “N.” For more information on OPPS status indicators, refer to OPPS Addendum D1 of the CY 2025 OPPS/ASC final rule for the latest definition. These codes, along with their short descriptors and status indicators are also listed in the October 2025 Update of the OPPS Addendum B.

d. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of October 1, 2025

Thirty-five (35) new drug, biological, and radiopharmaceutical HCPCS codes will be established on October 1, 2025. These HCPCS codes are listed in Table 11, attachment A.

e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of September 30, 2025

Two (2) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on September 30, 2025. These HCPCS codes are listed in Table 12, attachment A.

f. HCPCS Code for Drug, Biological, and Radiopharmaceutical Reinstated Effective October 1, 2025

One (1) drug, biological and radiopharmaceutical HCPCS code will be reinstated on October 1, 2025. This HCPCS code and its status indicator are listed in Table 13, attachment A.

g. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Indicators Effective October 1, 2025

Forty-four (44) drug, biological and radiopharmaceutical HCPCS codes will be changing their payment status indicators on October 1, 2025. The HCPCS codes and their status indicators are listed in Table 14, attachment A. The status indicators for these HCPCS codes were listed as “E2” and “G” in the July 2025 Addendum B. These changes would be made in the October 2025 I/OCE Update effective October 1, 2025.

h. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status Indicators Retroactive to July 1, 2025

Six (6) drug, biological and radiopharmaceutical HCPCS codes will be changing payment status indicators retroactive to July 1, 2025. The HCPCS codes and their revised status indicators are listed in Table 15, attachment A. The status indicator for these HCPCS codes was listed as “E2” in the July 2025 Addendum B. Their revised status indicators are “K”, “M” or “N.” These changes will be made in October 2025 I/OCE Update effective July 1, 2025.

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

Two (2) drug, biological, and radiopharmaceutical HCPCS codes have had a substantial descriptor change as of October 1, 2025. These HCPCS codes are listed in Table 16, attachment A.

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

For CY 2025, payment for the majority of nonpass-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 the second quarter of CY 2025. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the October 2025 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this CR implementing the October 2025 update of the OPPTS. However, the updated payment rates effective October 1, 2025, can be found in the October 2025 update of the OPPTS Addendum A and Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

k. 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 payment 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>

Providers may resubmit claims that were affected by adjustments to a previous quarter’s payment files.

8. Skin Substitutes

The payment for skin substitute products that do not qualify for pass-through status will be packaged into the payment for the associated skin substitute application procedure. For payment packaging purposes, the skin substitute products are divided into two groups: 1) high-cost skin substitute products and 2) low-cost skin substitute products. New skin substitute HCPCS codes are assigned into the low-cost skin substitute

group unless CMS has 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 October 1, 2025

There are nineteen (19) new skin substitute HCPCS codes that will be active as of October 1, 2025. These codes are listed in Table 17, attachment A.

b. Skin Substitute Products Reassigned to the High-Cost Skin Substitute Group as of October 1, 2025

There is one (1) skin substitute HCPCS code that will be reassigned from the low-cost skin substitute group to the high-cost skin substitute group as of October 1, 2025. The code is listed in Table 18, attachment A.

9. 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 OPPS 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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14223.1	Contractors shall access the OPPS Pricer via the cloud to pay OPPS claims for dates of service on or after October 1, 2025. CMS shall send an email notification when the Pricer is deployed to the cloud.	X		X						PCS
14223.2	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the October 2025 OPPS PRICER.	X		X						

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 A, A/B MAC Part HHH

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

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: 1

Attachment A – Tables for the Policy Section

Table 1. – Status Indicator Change for a Covid-19 Vaccine Code

CPT Code	Long Descriptor	Status Indicator
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2)(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	L

Table 2. – New CPT PLA Codes Effective October 1, 2025

CPT Code	Long Descriptor	OPPS SI
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	A
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome next-generation sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported as a rejection risk score	A
0577U	Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy	Q4
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by real-time qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	A
0579U	Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline	Q4
0580U	Borrelia burgdorferi, antibody detection of 24 recombinant protein groups, by immunoassay, IgG	Q4

0581U	Transplantation medicine, antibody to non-human leukocyte antigens (non-HLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported	Q4
0582U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	A
0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (List separately in addition to code for primary procedure)	A
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	Q4
0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	A
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalin-fixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	A
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LCMS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects	Q4
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by split-well multiplex reverse transcription loop-mediated isothermal amplification (RTLAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days	Q4
0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass	Q4

	spectrometry (LCMS/MS), plasma or serum, quantitative	
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism	Q4
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer	Q4
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffin-embedded (FFPE) tumor tissue, results report clinically significant variant(s)	A
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected	Q4
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis	Q4
0595U	Infectious disease (tropical fever pathogens), vector-borne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RTPCR, whole blood, each pathogen reported as detected or not detected	Q4
0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LCMS/MS), reported as an APOE prototype	Q4
0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic analyses to determine tumor-recurrence risk score	A
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels	Q4

0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative	Q4
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Table 3. — Status Indicator Change for CPT PLA Code Effective November 5, 2024

CPT Code	Long Descriptor	Status Indicator
0211U	Oncology (pan-tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	A

Table 4A. -- Device Pass-Through Category HCPCS Codes

HCPCS Code	Long Descriptor	SI	APC
C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	H	2074
C1741	Anchor/screw for bone fixation, absorbable (implantable)	H	2077
C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application	H	2078

(1) HCPCS Code C1740

Device category HCPCS code C1740 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2025 Device Offset Amount
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	J1	5231	\$15,487.87

Additionally, we provide the following guidance for code C1740: C1740 is intended to be used in conjunction with a pre-existing right sided system, i.e. pacemaker (with or without leads) or defibrillator already implanted in the patient.

(2) HCPCS Code C1741

Device category HCPCS code C1741 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2025 Device Offset Amount
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	J1	5114	\$1,639.49
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	J1	5114	\$2,045.96
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	J1	5114	\$2,484.59
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	J1	5114	\$2,474.59
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	J1	5114	\$2,573.89
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	J1	5114	\$2,561.03
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	J1	5114	\$2,499.59
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	J1	5114	\$2,796.06
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	J1	5115	\$4,971.74
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	J1	5115	\$5,084.97
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	J1	5114	\$2,963.93
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	J1	5114	\$3,471.85

(3) HCPCS Code C1742

Device category HCPCS code C1742 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2025 Device Offset Amount
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	T	5071	\$0.00

Table 4B. -- Device Pass-Through Category HCPCS Code C1739

HCPCS Code	Long Descriptor	SI	APC
C1739	Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system	H	2055

Device category HCPCS code C1739 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2025 Device Offset Amount
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Q1	5072	\$826.48
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Q1	5071	\$371.85
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Q1	5071	\$379.02
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Q1	5071	\$240.56
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	T	5071	\$322.81
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	J1	5072	\$120.87

19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	J1	5072	\$147.77
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	J1	5072	\$125.08

Table 5. -- List of Device Category HCPCS Codes and Definitions Used for Present and Previous Pass-Through Payment ***

	HCPCS Codes	Category Long Descriptor	Date First Populated	Pass-Through Expiration Date***
1.	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	08/01/2000	12/31/2002
2.	C1765	Adhesion barrier	10/01/00 – 3/31/2001;07/01/2001	12/31/2003
3.	C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	08/01/2000	12/31/2002
4.	L8690	Auditory osseointegrated device, includes all internal and external components	01/01/2007	12/31/2008
5.	C1832	Autograft suspension, including cell processing and application, and all system components	01/01/2022	12/31/2024
6.	C1715	Brachytherapy needle	08/01/2000	12/31/2002
7.	C1716	Brachytherapy source, non-stranded, Gold-198, per source	10/01/2000	12/31/2002
8.	C1717	Brachytherapy source, non-stranded, high dose rate Iridium-192, per source	01/01/2001	12/31/2002
9.	C1718	Brachytherapy source, Iodine 125, per source	08/01/2000	12/31/2002
10.	C1719	Brachytherapy source, non-stranded, non-high dose rate Iridium-192, per source	10/01/2000	12/31/2002
11.	C1720	Brachytherapy source, Palladium 103, per source	08/01/2000	12/31/2002
12.	C2616	Brachytherapy source, non-stranded, Yttrium-90, per source	01/01/2001	12/31/2002
13.	C2632	Brachytherapy solution, iodine – 125, per mCi	01/01/2003	12/31/2004
14.	C1721	Cardioverter-defibrillator, dual chamber (implantable)	08/01/2000	12/31/2002
15.	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	08/01/2000	12/31/2002
16.	C1722	Cardioverter-defibrillator, single chamber (implantable)	08/01/2000	12/31/2002
17.	C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	07/01/2002	12/31/2004
18.	C1726	Catheter, balloon dilatation, non-vascular	08/01/2000	12/31/2002
19.	C1727	Catheter, balloon tissue dissector, non-vascular (insertable)	08/01/2000	12/31/2002

20.	C1728	Catheter, brachytherapy seed administration	01/01/2001	12/31/2002
21.	C1729	Catheter, drainage	10/01/2000	12/31/2002
22.	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	08/01/2000	12/31/2002
23.	C1731	Catheter, electrophysiology, diagnostic, other than 3d mapping (20 or more electrodes)	08/01/2000	12/31/2002
24.	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	08/01/2000	12/31/2002
25.	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	08/01/2000	12/31/2002
26.	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	10/01/2000	12/31/2002
27.	C1886	Catheter, extravascular tissue ablation, any modality (insertable)	01/01/2012	12/31/2013
28.	C1887	Catheter, guiding (may include infusion/perfusion capability)	08/01/2000	12/31/2002
29.	C1750	Catheter, hemodialysis/peritoneal, long-term	08/01/2000	12/31/2002
30.	C1752	Catheter, hemodialysis/peritonea l, short-term	08/01/2000	12/31/2002
31.	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	08/01/2000	12/31/2002
32.	C1759	Catheter, intracardiac echocardiography	08/01/2000	12/31/2002
33.	C1754	Catheter, intradiscal	10/01/2000	12/31/2002
34.	C1755	Catheter, intraspinal	08/01/2000	12/31/2002
35.	C1753	Catheter, intravascular ultrasound	08/01/2000	12/31/2002
36.	C2628	Catheter, occlusion	10/01/2000	12/31/2002
37.	C1756	Catheter, pacing, transesophageal	10/01/2000	12/31/2002
38.	C2627	Catheter, suprapubic/cystoscopic	10/01/2000	12/31/2002
39.	C1757	Catheter, thrombectomy/embolectomy	08/01/2000	12/31/2002
40.	C2623	Catheter, transluminal angioplasty, drug-coated, non- laser	04/01/2015	12/31/2017
41.	C1885	Catheter, transluminal angioplasty, laser	10/01/2000	12/31/2002
42.	C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	08/01/2000	12/31/2002
43.	C1714	Catheter, transluminal atherectomy, directional	08/01/2000	12/31/2002
44.	C1724	Catheter, transluminal atherectomy, rotational	08/01/2000	12/31/2002
45.	C1761	Catheter, transluminal intravascular lithotripsy, coronary	07/01/2021	06/30/2024
46.	C1760	Closure device, vascular (implantable/insertable)	08/01/2000	12/31/2002
47.	L8614	Cochlear implant system	08/01/2000	12/31/2002
48.	C1762	Connective tissue, human (includes fascia lata)	08/01/2000	12/31/2002
49.	C1763	Connective tissue, non-human (includes synthetic)	10/01/2000	12/31/2002
50.	C1881	Dialysis access system (implantable)	08/01/2000	12/31/2002
51.	C1884	Embolization protective system	01/01/2003	12/31/2004
52.	C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	10/01/2010	12/31/2012
53.	C1748	Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable)	07/01/2020	06/30/2023
54.	C1764	Event recorder, cardiac (implantable)	08/01/2000	12/31/2002
55.	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	01/01/2016	12/31/2017
56.	C1767*	Generator, neurostimulator (implantable), non- rechargeable	08/01/2000	12/31/2002

57.	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	01/01/2006	12/31/2007
58.	C1825	Generator, neurostimulator (implantable), non- rechargeable with carotid sinus baroreceptor stimulation lead(s)	01/01/2021	12/31/2023
59.	C1823	Generator, neurostimulator (implantable), nonrechargeable , with transvenous sensing and stimulation leads	01/01/2019	12/31/2022
60.	C1768	Graft, vascular	01/01/2001	12/31/2002
61.	C1769	Guide wire	08/01/2000	12/31/2002
62.	C1052	Hemostatic agent, gastrointestinal, topical	01/01/2021	12/31/2023
63.	C1770	Imaging coil, magnetic resonance (insertable)	01/01/2001	12/31/2002
64.	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	01/01/2015	12/31/2016
65.	C1891	Infusion pump, non-programmable, permanent (implantable)	08/01/2000	12/31/2002
66.	C2626	Infusion pump, non-programmable, temporary (implantable)	01/01/2001	12/31/2002
67.	C1772	Infusion pump, programmable (implantable)	10/01/2000	12/31/2002
68.	C1818	Integrated keratoprosthesis	07/01/2003	12/31/2005
69.	C1821	Interspinous process distraction device (implantable)	01/01/2007	12/31/2008
70.	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	01/01/2021	12/31/2023
71.	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	10/01/2000	12/31/2002
72.	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	01/01/2001	12/31/2002
73.	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	01/01/2001	12/31/2002
74.	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	08/01/2000	12/31/2002
75.	C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	01/01/2001	12/31/2002
76.	C1776	Joint device (implantable)	10/01/2000	12/31/2002
77.	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	08/01/2000	12/31/2002
78.	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	08/01/2000	12/31/2002
79.	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	08/01/2000	12/31/2002
80.	C1900	Lead, left ventricular coronary venous system	07/01/2002	12/31/2004
81.	C1778	Lead, neurostimulator (implantable)	08/01/2000	12/31/2002
82.	C1897	Lead, neurostimulator test kit (implantable)	08/01/2000	12/31/2002
83.	C1898	Lead, pacemaker, other than transvenous VDD single pass	08/01/2000	12/31/2002
84.	C1779	Lead, pacemaker, transvenous VDD single pass	08/01/2000	12/31/2002
85.	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	01/01/2001	12/31/2002
86.	C1780	Lens, intraocular (new technology)	08/01/2000	12/31/2002
87.	C1840	Lens, intraocular (telescopic)	10/01/2011	12/31/2013
88.	C2613	Lung biopsy plug with delivery system	07/01/2015	12/31/2017
89.	C1878	Material for vocal cord medialization, synthetic (implantable)	10/01/2000	12/31/2002
90.	C1781	Mesh (implantable)	08/01/2000	12/31/2002

91.	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	01/01/2022	12/31/2024
92.	C1782	Morcellator	08/01/2000	12/31/2002
93.	C1784	Ocular device, intraoperative, detached retina	01/01/2001	12/31/2002
94.	C1783	Ocular implant, aqueous drainage assist device	07/01/2002	12/31/2004
95.	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)	08/01/2000	12/31/2002
96.	C1785	Pacemaker, dual chamber, rate-responsive (implantable)	08/01/2000	12/31/2002
97.	C2621	Pacemaker, other than single or dual chamber (implantable)	01/01/2001	12/31/2002
98.	C2620	Pacemaker, single chamber, non rate-responsive (implantable)	08/01/2000	12/31/2002
99.	C1786	Pacemaker, single chamber, rate-responsive (implantable)	08/01/2000	12/31/2002
100.	C1787	Patient programmer, neurostimulator	08/01/2000	12/31/2002
101.	C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	10/01/2021	09/30/2024
102.	C1788	Port, indwelling (implantable)	08/01/2000	12/31/2002
103.	C1830	Powered bone marrow biopsy needle	10/01/2011	12/31/2013
104.	C2618	Probe, cryoablation	04/01/2001	12/31/2003
105.	C2614	Probe, percutaneous lumbar discectomy	01/01/2003	12/31/2004
106.	C1789	Prosthesis, breast (implantable)	10/01/2000	12/31/2002
107.	C1813	Prosthesis, penile, inflatable	08/01/2000	12/31/2002
108.	C2622	Prosthesis, penile, non-inflatable	10/01/2001	12/31/2002
109.	C1815	Prosthesis, urinary sphincter (implantable)	10/01/2000	12/31/2002
110.	C1816	Receiver and/or transmitter, neurostimulator (implantable)	08/01/2000	12/31/2002
111.	C1771	Repair device, urinary, incontinence, with sling graft	10/01/2000	12/31/2002
112.	C2631	Repair device, urinary, incontinence, without sling graft	08/01/2000	12/31/2002
113.	C1841	Retinal prosthesis, includes all internal and external components	10/01/2013	12/31/2015
114.	C1814	Retinal tamponade device, silicone oil	04/01/2003	12/31/2005
115.	C1773	Retrieval device, insertable	01/01/2001	12/31/2002
116.	C2615	Sealant, pulmonary, liquid (implantable)	01/01/2001	12/31/2002
117.	C1817	Septal defect implant system, intracardiac	08/01/2000	12/31/2002
118.	C1874	Stent, coated/covered, with delivery system	08/01/2000	12/31/2002
119.	C1875	Stent, coated/covered, without delivery system	08/01/2000	12/31/2002
120.	C1876	Stent, non-coated/non-covered, with delivery system	08/01/2000	12/31/2002
121.	C1877	Stent, non-coated/non-covered, without delivery system	08/01/2000	12/31/2002
122.	C2625	Stent, non-coronary, temporary, with delivery system	10/01/2000	12/31/2002
123.	C2617	Stent, non-coronary, temporary, without delivery system	10/01/2000	12/31/2002
124.	C1819	Tissue localization excision device	01/01/2004	12/31/2005
125.	C1879	Tissue marker (implantable)	08/01/2000	12/31/2002
126.	C1880	Vena cava filter	01/01/2001	12/31/2002
127.	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	01/01/2023	12/31/2025
128.	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and	01/01/2023	12/31/2025

		external paired stimulation controller		
129.	C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	01/01/2023	12/31/2025
130.	C1824^	Generator, cardiac contractility modulation (implantable)	01/01/2020	12/31/2023
131.	C1982^	Catheter, pressure-generating, one-way valve, intermittently occlusive	01/01/2020	12/31/2023
132.	C1839^	Iris prosthesis	01/01/2020	12/31/2023
133.	C1734^	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	01/01/2020	12/31/2023
134.	C2596^	Probe, image-guided, robotic, waterjet ablation	01/01/2020	12/31/2023
135.	C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	01/01/2024	12/31/2026
136.	C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)	01/01/2024	12/31/2026
137.	C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	01/01/2024	12/31/2026
138.	C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	01/01/2024	12/31/2026
139.	C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	01/01/2024	12/31/2026
140.	C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	07/01/2024	06/30/2027
141.	C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	07/01/2024	06/30/2027
142.	C8000	Support device, extravascular, for arteriovenous fistula (implantable)	10/01/2024	09/30/2027
143.	C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	01/01/2025	12/31/2027
144.	C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	01/01/2025	12/31/2027
145.	C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	01/01/2025	12/31/2027
146.	C1738	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	01/01/2025	12/31/2027
147.	C1739	Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system	01/01/2025	12/31/2027
148.	C9610	Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)	01/01/2025	12/31/2027
149.	C1740	Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing	10/01/2025	09/30/2028
150.	C1741	Anchor/screw for bone fixation, absorbable (implantable)	10/01/2025	09/30/2028
151.	C1742	Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application	10/01/2025	09/30/2028

BOLD codes are still actively receiving pass-through payment.

* Effective 1/1/06 C1767 descriptor was changed for succeeding claims. See CR 4250, Jan. 3, 2006 for details.

^ Sec. 4141. Extension of Pass-Through Status Under the Medicare Program for Certain Devices Impacted by COVID-19 of the Consolidated Appropriations Act, 2023 has extended pass-through status for a 1-year period beginning on January 1, 2023.

***** Although the pass-through payment status for device category codes has expired, these codes are still active and hospitals are still required to report the device category C-codes (except the brachytherapy source codes, which are separately paid under the OPPI) on claims when such devices are used in conjunction with procedures billed and paid under the OPPI.**

Table 6. – New HCPCS Code Describing the Insertion of a Pleural-Peritoneal Shunt with Intercostal Pump Chamber

HCPCS Code	Long Descriptor	SI	APC
C8006	Insertion of pleural-peritoneal shunt with intercostal pump chamber, including imaging, injection(s) of contrast with radiological supervision and interpretation, when performed	J1	5342

Table 7. – Descriptor Revision for HCPCS Code C1982

HCPCS Code	Long Descriptor	SI
C1982	Catheter, pressure-generating (e.g., one-way valve, intermittently occlusive)	N

Table 8. — New CY 2025 HCPCS Codes Effective October 1, 2025, for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

CY 2025 HCPCS Code	CY 2025 Long Descriptor	CY 2025 SI	CY 2025 APC
A9616	Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie	G	0876
C9305	Injection, nipocalimab-aahu, 3 mg	G	0893
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	G	0894
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	G	0878
J0681	Injection, ceftobiprole medocaril sodium, 3 mg	G	0879
J3403	Revakinagene taroretsel-lwey, per implant	G	0897
J7174	Injection, fitusiran, 0.04 mg	G	0889

Table 9. — Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of October 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	July 2025 SI	October 2025 SI	October 2025 APC
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	K	G	0852

CY 2025 HCPCS Code	CY 2025 Long Descriptor	July 2025 SI	October 2025 SI	October 2025 APC
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	K	G	0859
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	E2	G	0895

Table 10. — HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective September 30, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	July 2025 SI	October 2025 SI	October 2025 APC
A9602	Fluorodopa f-18, diagnostic, per millicurie	G	K	9053
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	G	K	9054
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	G	K	9055
C9101	Injection, oliceridine, 0.1 mg	G	N	
J1952	Leuprolide injectable, camcevi, 1 mg	G	K	9050
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	G	K	9057
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	G	K	9048

Table 11. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of October 1, 2025

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
A9612		Injection, fluorescein, 1 mg	N	
A9616		Gallium ga-68 gozetotide (gozellix), diagnostic, 1 millicurie	G	0876
C9305		Injection, nipocalimab-aahu, 3 mg	G	0893
C9306		Injection, telisotuzumab vedotin-tllv, 1 mg	G	0894
J0163		Injection, epinephrine in sodium chloride (endo), 0.1 mg	N	
J0164		Injection, epinephrine in sodium chloride (baxter), 0.1 mg	N	
J0458		Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	G	0878

J0462		Injection, atropine sulfate, not therapeutically equivalent to j0461, 0.01 mg	N	
J0525		Injection, cefotetan disodium, 10 mg	N	
J0582		Injection, bivalirudin (endo), not therapeutically equivalent to j0583, 1 mg	N	
J0614	C9175	Injection, treosulfan, 50 mg	G	0837
J0668	C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	K1	9440
J0675		Injection, carboprost tromethamine, 0.1 mg	K	0896
J0681		Injection, ceftobiprole medocaril sodium, 3 mg	G	0879
J0738		Injection, lenacapavir, 1 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	K	0880
J0752		Oral, lenacapavir, 300 mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv)	K	0881
J0759	C9248	Injection, clevidipine butyrate, 1 mg	K	9087
J1370		Injection, esomeprazole sodium, 1 mg	N	
J1612		Injection, glucagon (gvoke), 0.01 mg	K	0882
J1807		Injection, ethacrynate sodium, 1 mg	K	0883
J1809		Injection, fosdenopterin, 0.1 mg	K	0884
J1834		Injection, isoniazid, 1 mg	K	0885
J2151		Injection, mannitol, 250 mg	N	
J2291		Injection, nafcillin sodium (baxter), 20 mg	N	
J3290		Injection, tranexamic acid, 5 mg	E1	
J3402		Injection, remestemcel-l-rknd, per therapeutic dose	K	0886
J3403		Revakinagene taroretcel-lwey, per implant	G	0897
J7173		Injection, concizumab-mtci, 0.5 mg	K	0888
J9011	C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	G	0835
Q5154		Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	E2	
Q5155		Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	E2	
Q5156		Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	E2	
Q5157		Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	K	0891
Q5158		Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	K	0892
Q5159		Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	E2	

Table 12. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of September 30, 2025

CY 2025 HCPCS Code	Long Descriptor	CY 2025 SI	APC
J2150	Injection, mannitol, 25% in 50 ml	D	N/A
J2503	Injection, pegaptanib sodium, 0.3 mg	D	N/A

Table 13. — HCPCS Code for Drug, Biological, and Radiopharmaceutical Reinstated Effective October 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	October 2025 SI	APC
J0570	Buprenorphine implant, 74.2 mg	E2	N/A

Table 14. — HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Effective October 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	October 2025 SI	APC
J0207	Injection, amifostine, 500 mg	E1	N/A
J0210	Injection, methyldopate hcl, up to 250 mg	E1	N/A
J0364	Injection, apomorphine hydrochloride, 1 mg	E1	N/A
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	E1	N/A
J0567	Injection, cerliponase alfa, 1 mg	K	0869
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	K	9326
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	K	0899
J0889	Daprodustat, oral, 1 mg, (for esrd on dialysis)	E1	N/A
J0945	Injection, brompheniramine maleate, per 10 mg	E1	N/A
J1180	Injection, dyphylline, up to 500 mg	E1	N/A
J1324	Injection, enfuvirtide, 1 mg	E1	N/A
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	E1	N/A
J1426	Injection, casimersen, 10 mg	K	9412
J1428	Injection, eteplirsan, 10 mg	K	9484
J1435	Injection, estrone, per 1 mg	E1	N/A
J1600	Injection, gold sodium thiomalate, up to 50 mg	E1	N/A
J1730	Injection, diazoxide, up to 300 mg	E1	N/A
J1749	Injection, iloprost, 0.1 mcg	N	N/A
J1814	Insulin (lyumjev), per 5 units	N	N/A
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct	E1	N/A

CY 2025 HCPCS Code	CY 2025 Long Descriptor	October 2025 SI	APC
	supervision of a physician, not for use when drug is self-administered)		
J1835	Injection, itraconazole, 50 mg	E1	N/A
J1960	Injection, levorphanol tartrate, up to 2 mg	E1	N/A
J2062	Loxapine for inhalation, 1 mg	K	9497
J2402	Injection, chloroprocaine hydrochloride (clorotekal), per 1 mg	N	N/A
J2460	Injection, oxytetracycline hcl, up to 50 mg	E1	N/A
J2650	Injection, prednisolone acetate, up to 1 ml	E1	N/A
J2670	Injection, tolazoline hcl, up to 25 mg	E1	N/A
J2725	Injection, protirelin, per 250 mcg	E1	N/A
J2793	Injection, rilonacept, 1 mg	E1	N/A
J2810	Injection, theophylline, per 40 mg	E1	N/A
J3397	Injection, vestronidase alfa-vjvk, 1 mg	K	9190
J8565	Gefitinib, oral, 250 mg	E1	N/A
J8600	Melphalan; oral, 2 mg	E1	N/A
J9118	Injection, calaspargase pegol-mknl, 10 units	K	0870
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	E1	N/A
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	E1	N/A
J9216	Injection, interferon, gamma 1-b, 3 million units	E1	N/A
J9219	leuprolide acetate implant, 65 mg	E1	N/A
J9285	Injection, olaratumab, 10 mg	E1	N/A
J9322	Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	K	0871
J9376	Injection, pozelimab-bbfg, 1 mg	K	0911
Q0173	Trimethobenzamide hydrochloride, 250 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	N	N/A
Q0515	Injection, sermorelin acetate, 1 microgram	E1	N/A
Q5138	Injection, ustekinumab-auub (wezlan), biosimilar, intravenous, 1 mg	K	0912

Table 15. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status Indicators Retroactive to July 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	July 2025 SI	July 2025 APC
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	M	N/A

CY 2025 HCPCS Code	CY 2025 Long Descriptor	July 2025 SI	July 2025 APC
J0283	Injection, amiodarone hydrochloride (nexterone), 30 mg	N	N/A
J0874	Injection, daptomycin (baxter), not therapeutically equivalent to j0878, 1 mg	N	N/A
J2246	Injection, micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg	N	N/A
J9076	Injection, cyclophosphamide (baxter), 5 mg	K	0907
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	K	0914

Table 16. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of October 1, 2025

CY 2025 HCPCS Code	July 2025 Long Descriptor	October 2025 Long Descriptor
J1961	Injection, lenacapavir, 1 mg	Injection, lenacapavir (only for use as hiv treatment), 1 mg
J9072	Injection, cyclophosphamide (avyxa), 5 mg	Injection, cyclophosphamide (frindovyx), 5 mg

Table 17. — New Skin Substitute Products Low-Cost Group/High-Cost Group Assignment Effective October 1, 2025

CY 2025 HCPCS Code	Long Descriptor	CY 2025 SI	Low/High- Cost Skin Substitute
A2036	Cohealyx collagen dermal matrix, per square centimeter	N	High
A2037	G4derm plus, per milliliter	N	High
A2038	Marigen pacto, per square centimeter	N	High
A2039	Innovamatrix fd, per square centimeter	N	High
Q4383	Axolotl graft ultra, per square centimeter	N	Low
Q4384	Axolotl dualgraft ultra, per square centimeter	N	Low
Q4385	Apollo ft, per square centimeter	N	Low
Q4386	Acesso trifaca, per square centimeter	N	Low
Q4387	Neothelium ft, per square centimeter	N	Low
Q4388	Neothelium 4l, per square centimeter	N	Low

Q4389	Neothelium 4l+, per square centimeter	N	Low
Q4390	Ascendion, per square centimeter	N	Low
Q4391	Amnioplast double, per square centimeter	N	Low
Q4392	Grafix duo, per square centimeter	N	Low
Q4393	Surgraft ac, per square centimeter	N	Low
Q4394	Surgraft aca, per square centimeter	N	Low
Q4395	Acelagraft, per square centimeter	N	Low
Q4396	Natalin, per square centimeter	N	Low
Q4397	Summit aaa, per square centimeter	N	Low

Table 18. — Skin Substitute Products Reassigned to the High-Cost Skin Substitute Group as of October 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	CY 2025 SI	Old Low/High Cost Skin Substitute Group	October 2025 Low/High Cost Skin Substitute Group
Q4165	Keramatrix or kerasorb, per square centimeter	N	Low	High