

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13702	Date: March 27, 2026
	Change Request 14380

Transmittal 13686 issued March 13, 2026, is being rescinded and replaced by Transmittal 13702, dated March 27, 2026, to add HCPCS code Q5099 to table 15, Attachment A, update the background section 10.e, correct business requirement 14380.4 and add business requirement 14380.5. All other information remains the same.

SUBJECT: April 2026 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 April 2026 OPPS update. The April 2026 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: April 1, 2026

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

IMPLEMENTATION DATE: April 6, 2026

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
R	4/60.4.2/Complete List of Device Pass-through Category Codes
R	4/60.4.3/Explanations of Certain Terms/Definitions Related to Device Pass-Through Category Codes

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: 13702	Date: March 27, 2026	Change Request: 14380
-------------	--------------------	----------------------	-----------------------

Transmittal 13686 issued March 13, 2026, is being rescinded and replaced by Transmittal 13702, dated March 27, 2026, to add HCPCS code Q5099 to table 15, Attachment A, update the background section 10.e, correct business requirement 14380.4 and add business requirement 14380.5. All other information remains the same.

SUBJECT: April 2026 Update of the Hospital Outpatient Prospective Payment System (OPPS)

EFFECTIVE DATE: April 1, 2026

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

IMPLEMENTATION DATE: April 6, 2026

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 April 2026 OPPS update. The April 2026 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).

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 April 2026 OPPS update.

This RUN provides instructions on coding changes and policy updates that are effective April 1, 2026, for the Hospital OPPS. The updates include coding and policy changes for new Proprietary Laboratory Analyses (PLA) codes, new services, pass-through drugs and devices, and other items and services. The April 2026 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming April 2026 I/OCE CR.

B. Policy: 1. New Covid-19 Monoclonal Antibody Products and Administration Codes

TYENNE® (tocilizumab-aazg), a biosimilar to ACTEMRA® (tocilizumab), is approved for intravenous administration in hospitalized adults with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation.

Effective April 1, 2026, CMS established HCPCS code Q0238 to describe TYENNE® (tocilizumab-aazg) for treatment of COVID-19 and associated administrative codes, HCPCS codes M0233 and M0234. The Food and Drug Administration (FDA) approved TYENNE® (tocilizumab-aazg) on February 28, 2025. Providers could bill Medicare Part B by reporting a “Not Otherwise Classified” (NOC) COVID-19 monoclonal antibody product HCPCS code and associated administrative codes – Q0235, M0235, and M0236. Please see Change Request 14195, issued August 14, 2025, for more information on the NOC COVID-19 monoclonal antibody product HCPCS codes.

- Q0238 - “Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg”

Effective: April 1, 2026

- M0233 - “Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose”

Effective: April 1, 2026

- M0234 - “Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose”

Effective: April 1, 2026

Effective April 1, 2026, HCPCS code Q0238 is assigned to status indicator “L” in the April 2026 I/OCE update.

Effective April 1, 2026, HCPCS codes M0233 and M0234 are assigned to status indicator “S” (Paid under OPPS; separate APC payment) and APC 1506 (New Technology - Level 6 (\$401 - \$500)) in the April 2026 I/OCE update.

2. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective April 1, 2026

The AMA CPT Editorial Panel established 17 new PLA codes, specifically, CPT codes 0614U through 0630U, effective April 1, 2026.

Table 1, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the April 2026 I/OCE with an effective date of April 1, 2026. In addition, the codes, along with their short descriptors and status indicators, are listed in the April 2026 OPPS Addendum B that is posted on the CMS website. For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2026 OPPS/ASC final rule for the latest definitions.

3. OPPS Device Pass-through

a. New Device Pass-Through Category Effective April 1, 2026

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPPS, 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 one new device for pass-through status under the OPPS via the quarterly review process with an effective date of April 1, 2026, specifically, HCPCS code C1743. The device application associated with HCPCS code C1743 will be included and discussed in the CY 2027 OPPS/ASC proposed and final rules. Refer to Table 2A, attachment A, for the long descriptor, status indicator, APC, and offset amount for this HCPCS code.

Furthermore, we are adding this new device category code and its pass-through expiration date to Table 3, attachment A. Refer to Table 3 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.

4. New HCPCS Codes Describing Insertion, Revision or Replacement, and Removal of Hypoglossal Nerve Neurostimulators Retroactive to January 1, 2026

CMS is establishing six new HCPCS codes (C8007, C8008, C8009, C8011, C8012, and C8013) retroactive to January 1, 2026, to describe the open implantation, revision or replacement, and removal of a hypoglossal nerve neurostimulator that does not include or require insertion of a separate distal respiratory sensor electrode or electrode array and a hypoglossal nerve neurostimulator that does not have an implantable battery or pulse generator. Table 4, attachment A, lists the official long descriptors, status indicators, and APC assignments for HCPCS codes C8007, C8008, C8009, C8011, C8012, and C8013. For information on OPPS status indicators, please refer to OPPS Addendum D1 of the CY 2026 OPPS/ASC final rule for the latest definitions. These codes, along with their short descriptors, status indicators, and payment rates, are also listed in the April 2026 update of the OPPS Addendum B.

5. New HCPCS Code for Placement of Permanent Common Carotid Artery Filter

The clinical study associated with Javelin Medical's carotid implants for permanent placement of common carotid artery filters was approved by CMS for Medicare coverage on July 30, 2024, as a Category B IDE study. Because the clinical study will be conducted in the hospital outpatient setting, we are establishing HCPCS code C8010 to enable Medicare to track and pay appropriately for this IDE study effective April 1, 2026.

Table 5, attachment A, lists the information associated with the clinical study, which is also posted on the CMS approved IDE studies website, specifically, at <https://www.cms.gov/medicare/coverage/investigational-device-exemption-ide-studies/approved>.

Table 6, attachment A, lists the long descriptor, APC assignment, and status indicator for HCPCS code C8010. The code, along with its short descriptor, status indicator (SI), and payment rate is also listed in the April 2026 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 2026 OPPS/ASC final rule for the latest definitions.

6. New HCPCS Code Describing Algorithmic Analysis of Coronary Artery Calcium and/or Aortic Valve Calcification from Chest CT Scan, Effective April 1, 2026

CMS is establishing a new HCPCS code, G0680, to describe the procedure associated with software analysis of coronary artery calcium and/or aortic valve calcification from chest CT scans. Table 7, attachment A, lists the official long descriptor, status indicator, and APC assignment for HCPCS code G0680. For information on OPPS status indicators, please refer to OPPS Addendum D1 of the CY 2026 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 April 2026 update of the OPPS Addendum B.

7. Status Indicator Changes for CPT Codes 1013T, 1014T, 1015T, 1016T, 1017T, and 1018T, Retroactive to January 1, 2026

Effective January 1, 2026, the AMA's CPT Editorial Panel established CPT codes 1013T through 1018T to describe the laparoscopic procedure to implant a lower esophageal sphincter neurostimulator electrode array and pulse generator or receiver and the related esophageal sphincter neurostimulator procedures. Based on our review, the device associated with these codes has not received full FDA approval. In addition, we have not received any claims for these codes since their effective date of January 1, 2026.

Because the device associated with these CPT codes has not received full FDA approval, we are revising the status indicators for CPT codes 1013T through 1018T to "E1" ((Not paid by Medicare when submitted on outpatient claims (any outpatient bill type))) retroactive to January 1, 2026.

Table 8, attachment A, lists the long descriptors and OPPS status indicators for CPT codes 1013T through 1018T. In addition, these codes, along with their short descriptors and status indicators are also listed in the April 2026 OPPS Addendum B that is posted on the CMS website. For the complete list of OPPS status indicators and associated definitions, refer to OPPS Addendum D1 of the CY 2026 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) final rule.

8. Status Indicator Revisions and APC assignments for CPT Codes 0941T, 0942T, and 0943T Effective April 1, 2026

For the January 2025 Update, the CPT Editorial Panel established CPT codes 0941T, 0942T, and 0943T to describe the service associated with the insertion and removal of a prostatic urethral scaffold to treat obstructive lower urinary tract symptoms secondary to benign prostatic hyperplasia. On December 11, 2025, the Zenflow Spring® Implant and Delivery System received premarket approval (PMA) from the FDA. Since January 1, 2025, CPT codes 0941T, 0942T, and 0943T have been assigned to status indicator "E1" (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to indicate that the codes are not payable under the OPPS because the device associated with these codes has not received FDA approval. Based on the recent FDA approval, these codes are now separately payable under the OPPS.

Table 9, attachment A, lists the long descriptors, APCs, and status indicators (SIs) for CPT codes 0941T, 0942T, and 0943T. The codes, along with their short descriptors, status indicators, and payment rates are also listed in the April 2026 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 2026 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

9. APC Reassignments for CPT Codes 0823T and 0796T Describing the Insertion of a Single-Chamber Leadless Pacemaker and Upgrade to a Dual-Chamber Leadless Pacemaker, Effective April 1, 2026

CMS is revising the APC assignments for CPT codes 0823T and 0796T that describe the insertion of a permanent single-chamber leadless pacemaker and the insertion of a permanent dual-chamber leadless pacemaker when a right ventricular single leadless pacemaker already exists. Table 10, attachment A, lists the official long descriptors, status indicators, and APC assignments for CPT codes 0823T and 0796T. For information on OPPS status indicators, please refer to OPPS Addendum D1 of the CY 2026 OPPS/ASC final rule for the latest definitions. These codes, along with their short descriptors, status indicators, and payment rates, are also listed in the April 2026 Update of the OPPS Addendum B.

10. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2026 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective April 1, 2026

Five (5) 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 April 1, 2026. These drugs and biologicals will receive drug pass-through status starting April 1, 2026. These HCPCS codes are listed in Table 11, attachment A.

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on March 31, 2026

There are twelve (12) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on March 31, 2026. These codes are listed in Table 12, attachment A. Therefore, effective April 1, 2026, 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 Calendar Year 2026 OPPS/ASC final rule for the latest definition. These codes, along with their short descriptors and status indicators are also listed in the April 2026 Update of the OPPS Addendum B.

c. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2026

Sixteen (16) new drug, biological, and radiopharmaceutical HCPCS codes will be established on April 1, 2026. These HCPCS codes are listed in Table 13, attachment A.

d. HCPCS Code for Drug, Biological, and Radiopharmaceutical with Descriptor Change as of April 1, 2026

Two (2) drug, biological, and radiopharmaceutical HCPCS code has had a substantial descriptor change as of April 1, 2026. This HCPCS code is listed in Table 14, attachment A.

e. HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Status Indicators

Fifteen (15) drug, biological, radiopharmaceutical HCPCS codes are changing payment status and are listed in Table 15, attachment A.

We are changing the status indicator for CPT code 90624 from status indicator “E1” to status indicator “M” in the April 2026 I/OCE Update. The effective date of this change for CPT code 90624 is retroactive to February 14, 2025. The effective date for other HCPCS changes to status indicator “E1” is effective April 1, 2026.

We are changing the status indicator for HCPCS code Q5099 from status indicator “E1” to status indicator “K”, APC 0855. Since it was too late to change it in the April 2026 I/OCE Update, we will change it in the July 2026 I/OCE update retroactive to January 1, 2026.

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

For CY 2026, 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 2026, 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 ASP will be updated on a quarterly basis as later quarter ASP submissions become available. Effective January 1, 2026, payment rates for many drugs and biologicals have changed from the values published in the CY 2026 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the fourth quarter of CY 2025. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the April 2026 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the April 2026 update of the OPPS. However, the updated payment rates effective April 1, 2026, can be found in the April 2026 update of the OPPS Addendum A and Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

g. Drugs and Biologicals Paid 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 payments 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.

11. New Skin Substitute Codes Effective April 1, 2026

a. New HCPCS Codes for Skin Substitute Products

CMS is creating new HCPCS Level II codes describing various skin substitute products effective April 1, 2026. Effective April 1, 2026, the new skin substitute product codes are assigned to status indicator "S1," indicating that the skin substitute product is paid separately under the OPps, and either APC 6001 (510(k) Skin Substitute Products) or APC 6002 (361 HCT/P Skin Substitute Products). Table 16, attachment A, lists new HCPCS Level II codes for various skin substitute products.

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

Effective April 1, 2026, CMS is creating new HCPCS Level II codes to describe the application of non-sheet form skin substitute products: HCPCS codes G0681-G0684. As explained in the CY 2026 OPps FR, we are not finalizing changes to the current payment arrangement under the OPps for products that are not in sheet form at this time and will continue to explore the issue for future rulemaking (90 FR 53739). Accordingly, we are assigning the new application codes a status indicator of "N" to indicate that payment for the application is packaged effective April 1, 2026. Table 17, attachment A, lists the new application codes.

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

Section 4135 of the Consolidated Appropriations Act (CAA), 2023 established the eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief. CMS has evaluated applicable non-opioid treatments against the statutory eligibility criteria and determined that the products in Table 18, attachment A, newly meet the statutory definition of a non-opioid treatment for pain relief and should be paid according to the finalized policy in the CY2026 OPps/ASC final rule.

Specifically, we are creating HCPCS code C9818, which may be used to describe the drug Journavx (suzetrigine, oral, 1 mg), which met the Section 4135 criteria effective January 23, 2026.

For HCPCS code C9814, which first became effective January 1, 2026, we are revising the long descriptor to include the E-Cath device, which newly met the Section 4135 criteria effective February 1, 2026. Therefore, for dates of service between January 1, 2026, through January 31, 2026, HCPCS code C9814 only describes the SonoLong device. However, effective February 1, 2026, HCPCS code C9814 describes both the SonoLong and E-Cath devices.

Section 1833(t)(16)(G)(iii) of the Act states that the separate payment amount specified in clause (ii), shall not exceed the estimated average of 18 percent of the OPD fee schedule amount for the OPD service (or group of services) with which the non-opioid treatment for pain relief is furnished, as determined by the Secretary. The finalized payment limitation amount for each product is also found in Table 18, attachment A.

13. 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	
14380.1	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the April 2026 OPPS I/OCE.	X		X						
14380.2	Medicare contractors shall access the OPPS Pricer via the Cloud to pay 2026 payment rates on claims with statement from dates on or after April 1, 2026.	X		X						PCS
14380.3	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the April 2026 OPPS PRICER.	X		X						PCS
14380.4	Medicare contractors shall adjust claims that contain lines with HCPCS codes C9810-C9817 and received between 01/01/2026 and 03/31/2026 within 45 business days of the installation of the April release.	X		X						
14380.5	Medicare contractors shall apply the IOCE bypass MAP 103N screen for claims with dates of service 01/01/26 through 6/30/2026 and contain HCPCS Q5099: BP1 = 009	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	BP2 = (blank)									
	BP3 = (blank)									
	BP4 = (blank)									
	APC FLAG = 00855									
	Flag 1 = _K									
	Flag 2 = 02									
	Flag 3 = 0									
	Flag 4 = 0									
	Flag 5 = 0									
	Flag 6 = 00									
	Flag 7 = Z									
	Flag 8 = 00									

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:
--------------------------	--

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

VI. CONTACTS

Pre-Implementation Contact(s): Marina Kushnirova, marina.kushnirova@cms.hhs.gov

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

Medicare Claims Processing Manual

Chapter 4 - Part B Hospital

(Including Inpatient Hospital Part B and OPPS)

Table of Contents
(Rev. 13702: Issued: 03-27-2026)

60.4.2 - Complete List of Device Pass-through Category Codes

(Rev. 13702; Issued: 03-27-26; Effective:04-01-26; Implementation: 04-06-26)

List of Device Category Codes for Present or Previous Pass-Through Payment and Related Definitions

The table below shows the complete list of the device category HCPCS codes used presently or previously for pass-through payment, along with their expiration dates, and definitions. This list does not include all device codes reportable under the OPPS; there are additional HCPCS codes for devices that were not eligible for pass-through payment. See section 61, Chapter 4 of the IOM, pub. 100-4, currently available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c04.pdf>, for detailed information on requirements for reporting device codes and satisfying device edits in the OPPS.

Section 402(a) of the Benefits Improvement and Protection Act of 2000 (BIPA), which was enacted on December 21, 2000, required the creation of categories for pass-through devices under the hospital OPPS. As a result of BIPA, new category codes were created for pass-through devices that became effective April 1, 2001.

As indicated in section 1833(t)(6) of the Social Security Act, payments for pass-through devices are limited to at least two years but no more than three years. Starting on January 1, 2017, we changed our policy to allow for quarterly expiration of pass-through payment status for devices, beginning with pass-through devices approved in CY 2017 and subsequent calendar years, to afford a pass-through payment period that is as close to a full 3 years as possible for all pass-through payment devices. Note that payment for pass-through devices is based on the charge on the individual bill, converted to cost by application of a hospital-specific cost-to-charge ratio, and subject (in some instances) to a reduction that offsets the cost of similar devices already included in the APC payment rate for the associated procedure.

When the category codes became effective April 1, 2001, many of the item-specific C-codes that were cross-walked in Transmittal A-01-41 and Transmittal A-01-97 to the new category codes were approved for pass-through status before April 1, 2001. In determining the expiration dates for those initial pass-through device category codes listed below, we determined when specific devices that are described by the categories were paid as pass-through devices through their item-specific C-codes prior to the creation of the categories, pursuant to the statute, section 1833(t)(6)(iii)(I). These dates are listed in the column below titled "Date First Populated." Thus, many of the category codes that were made effective April 1, 2001, expired on December 31, 2002. Despite the expiration of pass-through payment status for device category codes, hospitals are still required to report the device category C-codes on claims when such devices are used in conjunction with procedures billed and paid under the OPPS.

In the CY 2015 final rule, we finalized a policy and implemented claims processing edits that require any of the device codes used in the previous device-to-procedure edits to be present on the claim whenever a procedure code assigned to any of the APCs listed in Table H1 (the formerly device dependent APCs) is reported on the claim (79 FR 66795).

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)	8/1/00	12/31/02

2. 2	C1765*	Adhesion barrier	10/01/00 – 3/31/01; 7/1/01	12/31/03
3. 3	C1713*	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	8/1/00	12/31/02
4. 4	L8690	Auditory osseointegrated device, includes all internal and external components	1/1/07	12/31/08
5.	C1832	Autograft suspension, including cell processing and application, and all system components	1/1/22	12/31/2024
6. 5	C1715	Brachytherapy needle	8/1/00	12/31/02
7. 6	C1716#	Brachytherapy source, non-stranded, Gold-198, per source	10/1/00	12/31/02
8. 7	C1717#	Brachytherapy source, non-stranded, high dose rate Iridium-192, per source	1/1/01	12/31/02
9. 8	C1718#	Brachytherapy source, Iodine 125, per source	8/1/00	12/31/02
10. 9	C1719#	Brachytherapy source, non-stranded, non-high dose rate Iridium-192, per source	10/1/00	12/31/02
11. 1	C1720#	Brachytherapy source, Palladium 103, per source	8/1/00	12/31/02
12. 1	C2616#	Brachytherapy source, non-stranded, Yttrium-90, per source	1/1/01	12/31/02
13. 1	C2632	Brachytherapy solution, iodine – 125, per mCi	1/1/03	12/31/04
14. 1	C1721	Cardioverter-defibrillator, dual chamber (implantable)	8/1/00	12/31/02
15. 1	C1882*	Cardioverter-defibrillator, other than single or dual chamber (implantable)	8/1/00	12/31/02
16. 1	C1722	Cardioverter-defibrillator, single chamber (implantable)	8/1/00	12/31/02
17. 1	C1888*	Catheter, ablation, non-cardiac, endovascular (implantable)	7/1/02	12/31/04
18. 1	C1726*	Catheter, balloon dilatation, non-vascular	8/1/00	12/31/02
19. 1	C1727*	Catheter, balloon tissue dissector, non-vascular (insertable)	8/1/00	12/31/02
20. 1	C1728	Catheter, brachytherapy seed administration	1/1/01	12/31/02
21. 2	C1729*	Catheter, drainage	10/1/00	12/31/02
22. 2	C1730*	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	8/1/00	12/31/02
23. 2	C1731*	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	8/1/00	12/31/02
24. 2	C1732*	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	8/1/00	12/31/02
25. 2	C1733*	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	8/1/00	12/31/02
26. 2	C2630*	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	10/1/00	12/31/02
27. 2	C1886	Catheter, extravascular tissue ablation, any modality (insertable)	01/01/12	12/31/13

28. 2	C1887*	Catheter, guiding (may include infusion/perfusion capability)	8/1/00	12/31/02
29. 2	C1750	Catheter, hemodialysis/peritoneal, long-term	8/1/00	12/31/02
30. 2	C1752	Catheter, hemodialysis/peritoneal, short-term	8/1/00	12/31/02
31. 3	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	8/1/00	12/31/02
32. 3	C1759	Catheter, intracardiac echocardiography	8/1/00	12/31/02
33. 3	C1754	Catheter, intradiscal	10/1/00	12/31/02
34. 3	C1755	Catheter, intraspinal	8/1/00	12/31/02
35. 3	C1753	Catheter, intravascular ultrasound	8/1/00	12/31/02
36. 3	C2628	Catheter, occlusion	10/1/00	12/31/02
37. 3	C1756	Catheter, pacing, transesophageal	10/1/00	12/31/02
38. 3	C2627	Catheter, suprapubic/cystoscopic	10/1/00	12/31/02
39. 3	C1757	Catheter, thrombectomy/embolectomy	8/1/00	12/31/02
40. 4	C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	4/1/15	12/31/17
41. 4	C1885*	Catheter, transluminal angioplasty, laser	10/1/00	12/31/02
42. 4	C1725*	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	8/1/00	12/31/02
43. 4	C1714	Catheter, transluminal atherectomy, directional	8/1/00	12/31/02
44. 4	C1724	Catheter, transluminal atherectomy, rotational	8/1/00	12/31/02
45. 4	C1761	Catheter, transluminal intravascular lithotripsy, coronary	7/1/21	6/30/2024
46. 4	C1760*	Closure device, vascular (implantable/insertable)	8/1/00	12/31/02
47. 4	L8614	Cochlear implant system	8/1/00	12/31/02
48. 4	C1762*	Connective tissue, human (includes fascia lata)	8/1/00	12/31/02
49. 4	C1763*	Connective tissue, non-human (includes synthetic)	10/1/00	12/31/02
50. 5	C1881	Dialysis access system (implantable)	8/1/00	12/31/02
51. 5	C1884*	Embolization protective system	1/01/03	12/31/04
52. 5	C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	10/01/10	12/31/12
53. 5	C1748	Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable)	7/1/20	6/30/2023
54. 5	C1764	Event recorder, cardiac (implantable)	8/1/00	12/31/02

55. 5	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	1/1/16	12/31/17
56. 5	C1767**	Generator, neurostimulator (implantable), non-rechargeable	8/1/00	12/31/02
57. 5	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	1/1/06	12/31/07
58.	C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	1/1/21	12/31/2023
59.	C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	1/1/19	12/31/2022
60. 6	C1768	Graft, vascular	1/1/01	12/31/02
61. 6	C1769	Guide wire	8/1/00	12/31/02
62.	C1052	Hemostatic agent, gastrointestinal, topical	1/1/21	12/31/2023
63. 6	C1770	Imaging coil, magnetic resonance (insertable)	1/1/01	12/31/02
64. 6	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	1/1/15	12/31/16
65. 6	C1891	Infusion pump, non-programmable, permanent (implantable)	8/1/00	12/31/02
66. 6	C2626*	Infusion pump, non-programmable, temporary (implantable)	1/1/01	12/31/02
67. 6	C1772	Infusion pump, programmable (implantable)	10/1/00	12/31/02
68. 6	C1818*	Integrated keratoprosthesis	7/1/03	12/31/05
69. 6	C1821	Interspinous process distraction device (implantable)	1/1/07	12/31/08
70.	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	1/1/21	12/31/2023
71. 6	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	10/1/00	12/31/02
72. 7	C1892*	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	1/1/01	12/31/02
73. 7	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	1/1/01	12/31/02
74. 7	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	8/1/00	12/31/02
75. 7	C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	1/1/01	12/31/02
76. 7	C1776*	Joint device (implantable)	10/1/00	12/31/02
77. 7	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	8/1/00	12/31/02
78. 7	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	8/1/00	12/31/02
79. 7	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	8/1/00	12/31/02
80. 7	C1900*	Lead, left ventricular coronary venous system	7/1/02	12/31/04

81. 8	C1778	Lead, neurostimulator (implantable)	8/1/00	12/31/02
82. 8	C1897	Lead, neurostimulator test kit (implantable)	8/1/00	12/31/02
83. 8	C1898	Lead, pacemaker, other than transvenous VDD single pass	8/1/00	12/31/02
84. 8	C1779*	Lead, pacemaker, transvenous VDD single pass	8/1/00	12/31/02
85. 8	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	1/1/01	12/31/02
86. 8	C1780*	Lens, intraocular (new technology)	8/1/00	12/31/02
87. 8	C1840	Lens, intraocular (telescopic)	10/01/11	12/31/13
88. 8	C2613	Lung biopsy plug with delivery system	7/1/15	12/31/17
89. 8	C1878*	Material for vocal cord medialization, synthetic (implantable)	10/1/00	12/31/02
90. 8	C1781*	Mesh (implantable)	8/1/00	12/31/02
91.	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	1/1/22	12/31/2024
92. 9	C1782*	Morcellator	8/1/00	12/31/02
93. 9	C1784*	Ocular device, intraoperative, detached retina	1/1/01	12/31/02
94. 9	C1783	Ocular implant, aqueous drainage assist device	7/1/02	12/31/04
95. 9	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)	8/1/00	12/31/02
96. 9	C1785	Pacemaker, dual chamber, rate-responsive (implantable)	8/1/00	12/31/02
97. 9	C2621*	Pacemaker, other than single or dual chamber (implantable)	1/1/01	12/31/02
98. 9	C2620	Pacemaker, single chamber, non rate-responsive (implantable)	8/1/00	12/31/02
99. 9	C1786	Pacemaker, single chamber, rate-responsive (implantable)	8/1/00	12/31/02
100.	C1787*	Patient programmer, neurostimulator	8/1/00	12/31/02
101.	C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	10/1/21	9/30/2024
102.	C1788	Port, indwelling (implantable)	8/1/00	12/31/02
103.	C1830	Powered bone marrow biopsy needle	10/01/11	12/31/13
104.	C2618	Probe, cryoablation	4/1/01	12/31/03
105.	C2614	Probe, percutaneous lumbar discectomy	1/1/03	12/31/04
106.	C1789	Prosthesis, breast (implantable)	10/1/00	12/31/02
107.	C1813	Prosthesis, penile, inflatable	8/1/00	12/31/02
108.	C2622	Prosthesis, penile, non-inflatable	10/1/01	12/31/02

109.	C1815	Prosthesis, urinary sphincter (implantable)	10/1/00	12/31/02
110.	C1816	Receiver and/or transmitter, neurostimulator (implantable)	8/1/00	12/31/02
111.	C1771*	Repair device, urinary, incontinence, with sling graft	10/1/00	12/31/02
112.	C2631*	Repair device, urinary, incontinence, without sling graft	8/1/00	12/31/02
113.	C1841	Retinal prosthesis, includes all internal and external Components	10/1/13	12/31/15
114.	C1814*	Retinal tamponade device, silicone oil	4/1/03	12/31/05
115.	C1773*	Retrieval device, insertable	1/1/01	12/31/02
116.	C2615*	Sealant, pulmonary, liquid (implantable)	1/1/01	12/31/02
117.	C1817*	Septal defect implant system, intracardiac	8/1/00	12/31/02
118.	C1874*	Stent, coated/covered, with delivery system	8/1/00	12/31/02
119.	C1875*	Stent, coated/covered, without delivery system	8/1/00	12/31/02
120.	C1876*	Stent, non-coated/non-covered, with delivery system	8/1/00	12/31/02
121.	C1877	Stent, non-coated/non-covered, without delivery system	8/1/00	12/31/02
122.	C2625*	Stent, non-coronary, temporary, with delivery system	10/1/00	12/31/02
123.	C2617*	Stent, non-coronary, temporary, without delivery system	10/1/00	12/31/02
124.	C1819	Tissue localization excision device	1/1/04	12/31/05
125.	C1879*	Tissue marker (implantable)	8/1/00	12/31/02
126.	C1880	Vena cava filter	1/1/01	12/31/02
127.	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	1/1/2023	12/31/2025
128.	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	1/1/2023	12/31/2025
129.	C1747*	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	1/1/2023	12/31/2025
130.	C1824^	Generator, cardiac contractility modulation (implantable)	1/1/2020	12/31/2023
131.	C1982^	Catheter, pressure-generating, one-way valve, intermittently occlusive	1/1/2020	12/31/2023
132.	C1839^	Iris prosthesis	1/1/2020	12/31/2023
133.	C1734^	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	1/1/2020	12/31/2023
134.	C2596^	Probe, image-guided, robotic, waterjet ablation	1/1/2020	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, metallic (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
152.	C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	01/01/2026	12/31/2028
153.	C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)	01/01/2026	12/31/2028
154.	C1743	Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)	04/01/2026	03/31/2029

BOLD codes are still actively receiving pass-through payment.

Italicized codes have received preliminary approval for pass-through payment.

* Refer to the definition below for further information on this device category code.

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

*** 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 OPPS) on claims when such devices are used in conjunction with procedures billed and paid under the OPPS.

The brachytherapy descriptors were changed to the ones shown above, effective 7/1/07. These 6 brachytherapy source codes were paid as pass-through devices from 2000 through 2002, as noted. Beginning in 2004, all brachytherapy sources have been paid separately as non-pass-through items from the procedure with which they are billed, and additional brachytherapy source HCPCS codes have been added for payment. To see the most current comprehensive list of brachytherapy source codes, see the latest OPPS/ASC final rule.

^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.

60.4.3. - Explanations of Certain Terms/Definitions Related to Device Pass-Through Category Codes

(Rev. 13702; Issued: 03-27-26; Effective: 04-01-26; Implementation: 04-06-26)

3D mapping catheter (C1732) - Refers to a catheter used for mapping the electrophysiologic properties of the heart. Signals are identified by a specialized catheter and changed into a 3-dimensional map of a specific region of the heart.

Adaptor for a pacing lead (C1883) - Interposed between an existing pacemaker lead and a new generator. The end of the adaptor lead has the appropriate connector pin that will enable utilization of the existing pacemaker lead with a new generator that has a different receptacle. These are required when a generator is replaced or when two leads are connected to the same port in the connector block.

Adhesion barrier (C1765) - A bioresorbable substance placed on and around the neural structures, which inhibits cell migration (fibroblasts) and minimizes scar tissue formation. It is principally used in spine surgeries, such as laminectomies and discectomies.

Anchor for opposing bone-to-bone or soft tissue-to-bone (C1713) - Implantable pins and/or screws that are used to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone. Screws oppose tissues via drilling as follows: soft tissue-to-bone, tendon-to-bone, or bone-to-bone fixation. Pins are inserted or drilled into bone, principally with the intent to facilitate stabilization or oppose bone-to-bone. This may include orthopedic plates with accompanying washers and nuts. This category also applies to synthetic bone substitutes that may be used to fill bony void or gaps (i.e., bone substitute implanted into a bony defect created from trauma or surgery).

Balloon dilatation catheter, non-vascular (C1726) - Catheter used to dilate strictures or stenoses through the insertion of an uninflated balloon affixed to the end of a flexible catheter, followed by the inflation of the balloon at the specified site (e.g., common bile duct, ureter, small or large intestine). [For the reporting of vascular balloon dilatation catheters, see category "Transluminal angioplasty catheter" (C1725 and C1885).]

Balloon tissue dissector catheter (C1727) - Balloon tipped catheter used to separate tissue planes, used in procedures such as hernia repairs.

Catheter, ablation, non-cardiac, endovascular (implantable) (C1888) – A radiofrequency or laser catheter designed to occlude or obliterate blood vessels (e.g., veins).

Cardioverter-defibrillator, other than single or dual chamber (C1882) - Includes cardiac resynchronization devices.

Coated stent (C1874, C1875) - Refers to a stent bonded with drugs (e.g., heparin), layered with biocompatible substances (e.g., phosphorylcholine), or with silicone or a silicone derivative (e.g., PTFE, polyurethane).

Connective tissue, human (C1762) - These tissues include a natural, cellular collagen or extracellular matrix obtained from autologous rectus fascia, decellularized cadaveric fascia lata, or decellularized dermal tissue. They are intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological anatomy. Note this excludes those items that are used to replace skin. For reporting mesh when used to treat urinary incontinence, see the category “Mesh.” For reporting urinary incontinence repair device when used to treat urinary incontinence, see the category “Urinary incontinence repair device.”

Connective tissue, non-human (includes synthetic) (C1763) - These tissues include a natural, acellular collagen matrix typically obtained from porcine or bovine small intestinal submucosa, or pericardium. This bio-material is intended to repair or support damaged or inadequate soft tissue. They are used to treat urinary incontinence resulting from hypermobility or Intrinsic Sphincter Deficiency (ISD), pelvic floor repair, or for implantation to reinforce soft tissues where weakness exists in the urological or musculoskeletal anatomy. [This excludes those items that are used to replace skin.] [For reporting mesh when used to treat urinary incontinence, see the category “Mesh.”] [For reporting urinary incontinence repair device when used to treat urinary incontinence, see the category “Urinary incontinence repair device.”]

Cool-tip electrophysiology catheter (C2630) - Ablation catheter that contains a cooling mechanism and has temperature sensing capability.

Covered stent (C1874, C1875) - Refers to a stent layered with silicone or a silicone derivative (e.g., PTFE, polyurethane).

Drainage catheter (C1729) - Intended to be used for percutaneous drainage of fluids. (NOTE: This category does NOT include Foley catheters or suprapubic catheters. Refer to category C2627 to report suprapubic catheters.)

Electrophysiology catheter (C1730, C1731, C1732, C1733, C2630) - Assists in providing anatomic and physiologic information about the cardiac electrical conduction system. Electrophysiology catheters are categorized into two main groups:

- (1) diagnostic catheters that are used for mapping, pacing, and/or recording only, and
- (2) ablation (therapeutic) catheters that also have diagnostic capability.

The electrophysiology ablation catheters are distinct from non-cardiac ablation catheters.

Electrophysiology catheters designated as "cool-tip" refer to catheters with tips cooled by infused and/or circulating saline. Catheters designated as "other than cool-tip" refer to the termister tip catheter with temperature probe that measures temperature at the tissue catheter interface.

Embolization protective system (C1884) – A system designed and marketed for use to trap, pulverize, and remove atheromatous or thrombotic debris from the vascular system during an angioplasty, atherectomy, or stenting procedure.

Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable) (C1784) - Single-use (i.e., disposable) endoscope with imaging, illumination, and working channels. This single-use (i.e., disposable) endoscope can be used for procedures that take place in the Upper Gastrointestinal (GI) tract.

Extension for a pacing lead (C1883) - Provides additional length to an existing pacing lead but does not have the capability of an adaptor.

Extension for a neurostimulator lead (C1883) - Conducts electrical pulses from the power source (generator or neurostimulator) to the lead. The terms neurostimulator and generator are used interchangeably.

Guiding catheter (C1887) - Intended for the introduction of interventional/diagnostic devices into the coronary or peripheral vascular systems. It can be used to inject contrast material, function as a conduit through which other devices pass, and/or provide a mechanism for measuring arterial pressure, and maintain a pathway created by the guide wire during the performance of a procedure.

Infusion pump, non-programmable, temporary (implantable) (C2626) - Short-term pain management system that is a component of a permanent implantable system used for chronic pain management.

Integrated keratoprosthesis (C1818) – The device is composed of a flexible, one-piece biocompatible polymer. It is used to replace diseased corneas in conditions and patient states where traditional corneal transplantation is not indicated or possible. Implantation of the procedure is done in a two-stage surgical approach.

Intraocular lens (new technology) (C1780) - Refers to the intraocular lenses approved by CMS as "new technology IOL." A list of these lenses is published periodically in the Federal Register. The latest publication can be found on page 25740 of the Federal Register notice dated May 3, 2000.

Intraoperative ocular device for detached retina (C1784) - A perfluorocarbon substance instilled during a vitreoretinal procedure to treat detached retina.

Joint device (C1776) - An artificial joint that is implanted in a patient. Typically, a joint device functions as a substitute to its natural counterpart and is not used (as are anchors) to oppose soft tissue-to-bone, tendon-to-bone, or bone-to-bone.

Left ventricular coronary venous system lead (C1900) - Designed for left heart placement in a cardiac vein via the coronary sinus and is intended to treat the symptoms associated with heart failure. This code should be reported with CPT codes 33224 or 33225.

Liquid pulmonary sealant (C2615) - An absorbable, synthetic solution that forms a seal utilizing a photochemical polymerization process. It is used to seal visceral pleural air leaks incurred during pulmonary resection.

Material for vocal cord medialization, synthetic (C1878) - Synthetic material that is composed of a non-absorbable substance such as silicone and can be injected or implanted to result in vocal cord medialization.

Mesh (C1781) - A mesh implant or synthetic patch composed of absorbable or non-absorbable material that is used to repair hernias, support weakened or attenuated tissue, cover tissue defects, etc. [For reporting connective tissue (human or non-human) when used to treat urinary incontinence, see the category "Connective tissue, human" or "Connective tissue, non-human."] [For reporting urinary incontinence repair device when used to treat urinary incontinence, see the category "Urinary incontinence repair device."]

Morcellator (C1782) - Used for cutting, coring, and extracting tissue in laparoscopic procedures. These are distinct from biopsy devices because morcellators are used for the laparoscopic removal of tissue.

Pacemaker, other than single or dual chamber (C2621) - Includes cardiac resynchronization devices as well as other pacemakers that are neither single or dual chamber.

Patient programmer (C1787) - Programmer that allows the patient to operate their neurostimulator, for example, programming the amplitude and rate of stimulation of a neurostimulator system. Only a non-console patient programmer is eligible for transitional pass-through payments.

Peel-away introducer/sheath (C1892) - A non-absorbable sheath or introducer that separates into two pieces. This device is used primarily when removal of the sheath is required after a catheter or lead is in the desired position.

Retinal tamponade device, silicone oil (C1814) – A device used as a permanent/prolonged retinal tamponade in the treatment of complex retinal detachments. This is used as a post-operative retinal tamponade following vitreoretinal surgery.

Retrieval device, insertable (C1773) - A device designed to retrieve other devices or portions thereof (e.g., fractured catheters, leads) lodged within the vascular system. This can also be used to retrieve fractured medical devices or to exchange introducers/sheaths.

Septal defect implant system (C1817) - An intracardiac metallic implant used for closure of various septal defects within the heart. The septal defect implant system includes a delivery catheter. The category code for the septal defect implant system (C1817) includes the delivery catheter; therefore, the delivery catheter should not be reported separately.

Stents with delivery system (C1874, C1876, C2625) - Stents packaged with delivery systems generally include the following components: stent mounted or unmounted on a balloon angioplasty catheter, introducer, and sheath. These components should not be reported separately.

Temporary non-coronary stent (C2617, C2625) - Usually composed of a substance, such as plastic or other non-absorbable material, designed to permit removal. Typically, this type of stent is placed for a period of less than one year.

Tissue marker (C1879) - A material that is placed in subcutaneous or parenchymal tissue (may also include bone) for radiopaque identification of an anatomic site. These markers are distinct from topical skin markers, which are positioned on the surface of the skin to serve as anatomical landmarks.

Transluminal angioplasty catheter (C1725, C1885) - Designed to dilate stenotic blood vessels (arteries and veins). For vascular use, the terms “balloon dilatation catheter” and “transluminal angioplasty catheter” are frequently used interchangeably. [For the reporting of non-vascular balloon dilatation catheters, see the category “Balloon dilatation catheter” (C1726).]

Transvenous VDD single pass pacemaker lead (C1779) - A transvenous pacemaker lead that paces and senses in the ventricle and senses in the atrium.

Urinary incontinence repair device (C1771, C2631) - Used to attach or insert a sling graft for the purpose of strengthening the pelvic floor. It consists of the device components used to deliver (suprapubically or transvaginally) and/or fixate (via permanent sutures or bone anchors) the sling graft. The device may or may not be packaged with a sling graft. Report the appropriate category for a device with or without a sling graft. NOTE: For reporting connective tissue (human or non-human) when used to treat urinary incontinence, see the category “Connective tissue, human” (C1762) or “Connective tissue, non-human” (C1763). For reporting mesh when used to treat urinary incontinence, see the category “Mesh” (C1781).

Vascular closure device (implantable /insertable) (C1760) - Used to achieve hemostasis at arterial puncture sites following invasive or interventional procedures using biologic substances (e.g., collagen) or suture through the tissue tract.

Vector mapping catheter (C1732) - Refers to an electrophysiology catheter with an “in-plane” orthogonal array of electrodes. This catheter is used to locate the source of a focal arrhythmia.

Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable) (C1601) - Single-use (i.e., disposable) endoscope with imaging (including linked color imaging if utilized),

illumination, and working channels. This single-use (i.e., disposable) endoscope can be used for procedures that take place in the tracheobronchial tree. HCPCS code C1601 was established for a bronchoscope that can only be used for a single procedure and cannot be reprocessed. As such, HCPCS code C1601 only describes devices that cannot be reprocessed.

Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable) (C1747) -
Established for a ureteroscope that can only be used for a single procedure and cannot be reprocessed. As such, HCPCS code C1747 only describes devices that cannot be reprocessed.

Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope (C1606) -
Established for an adapter for attaching an ultrasound system to an upper gastrointestinal endoscope that can only be used for a single procedure and cannot be reprocessed. As such, HCPCS code C1606 only describes devices that cannot be reprocessed.

Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing (C1740) -
Used in conjunction with a pre-existing right sided system, i.e. pacemaker (with or without leads) or defibrillator already implanted in the patient.

A Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable) (C1737) -
For pass-through payments, HCPCS code C1737 should only be billed when both a sacroiliac joint (SIJ) fusion procedure (27279 or 27280) and a lumbar fusion procedure (22612, 22630 or 22633) are performed in the same operative session.

Attachment A – Tables for the Policy Section

Table 1. – PLA Coding Changes Effective April 1, 2026

CPT Code	Long Descriptor	OPPS SI
0614U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 4 enzyme complexes by stained blue native polyacrylamide gel electrophoresis (PAGE), frozen tissue (muscle, liver, heart, cultured skin fibroblasts), diagnostic qualitative result	Q4
0615U	Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM	Q4
0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	A
0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	A
0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	A
0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	A
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	A
0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	A
0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	A
0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	A
0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	A
0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	A
0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	A
0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	A
0628U	Nephrology (kidney disease-related genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	A
0629U	Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected	Q4
0630U	Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffinembedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, Her2)	A

Table 2A. -- Device Pass-Through Category HCPCS Code

HCPCS Code	Long Descriptor	SI	APC
C1743	Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)	H	2088

Device category HCPCS code C1743 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2026 Device Offset Amount
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	\$0.00
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	\$0.00
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	J1	5194	\$0.00
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	J1	5194	\$0.00
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	J1	5194	\$0.00

C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	J1	5194	\$0.00
-------	--	----	------	--------

For the entire list of current and historical device category codes created since August 1, 2000, which is the implementation date of the hospital OPPS, refer to Table 3. 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).

Table 3. -- 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/peritoneal, 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	01/01/2021	12/31/2023

		stimulation lead(s)		
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 external paired stimulation controller	01/01/2023	12/31/2025
129.	C1747	Endoscope, single-use (i.e. disposable), urinary tract,	01/01/2023	12/31/2025

		imaging/illumination device (insertable)		
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	<i>Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing</i>	<i>10/01/2025</i>	<i>09/30/2028</i>
150.	C1741	<i>Anchor/screw for bone fixation, absorbable, metallic (implantable)</i>	<i>10/01/2025</i>	<i>09/30/2028</i>
151.	C1742	<i>Pressure monitoring system, compartmental intramuscular (implantable), continuous, including all components (e.g., introducer, sensor), excludes mobile (wireless) software application</i>	<i>10/01/2025</i>	<i>09/30/2028</i>
152.	C1607	<i>Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system</i>	<i>01/01/2026</i>	<i>12/31/2028</i>

153	C1608	<i>Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)</i>	01/01/2026	12/31/2028
154.	C1743	<i>Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)</i>	04/01/2026	03/31/2029

Bold codes are still actively receiving pass-through payment.

Italicized codes have received preliminary approval for pass-through payment.

^ 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 4. – New HCPCS Codes Describing the Insertion, Revision or Replacement, and Removal of Hypoglossal Nerve Neurostimulators Retroactive to January 1, 2026

HCPCS Code	Long Descriptor	SI	APC
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	J1	5465
C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	J1	5463
C8009	Removal of hypoglossal nerve neurostimulator array and pulse generator	Q2	5432
C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	J1	5465
C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	J1	5463
C8013	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	Q2	5432

Table 5. – Permanent Placement of Common Carotid Artery Filters Category B Investigational Device Exemption (IDE) Study

Study Title	Sponsor Name	NCT Number	IDE Number	CMS Approval Date	Category
Carotid Implants for PreveNtion of STroke ReCurrEnce From Large Vessel Occlusion in Atrial Fibrillation Patients	Javelin Medical	NCT05723926	G220272	07/30/2024	B

Treated With Oral Anticoagulation					
-----------------------------------	--	--	--	--	--

Table 6. – New Permanent Placement of Common Carotid Artery Filters HCPCS Code Effective April 1, 2026

HCPCS Code	Long Descriptor	SI	APC
C8010	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	S	1575

Table 7. – New HCPCS Code Describing Algorithmic Analysis of Coronary Artery Calcium and/or Aortic Valve Calcification from Chest CT Scan, Effective April 1, 2026

HCPCS Code	Long Descriptor	SI	APC
G0680	Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report	S	1492

Table 8. – Revised Status Indicators for CPT Codes 1013T Through CPT 1018T, Retroactive to January 1, 2026

CPT Code	Long Descriptor	SI
1013T	Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array and neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver, including cruroplasty and/or electronic analysis, when performed	E1
1014T	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes	E1
1015T	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver	E1
1016T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; intraoperative, with programming	E1
1017T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, without reprogramming	E1
1018T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements), lower esophageal sphincter neurostimulator pulse generator/transmitter; subsequent, with reprogramming	E1

Table 9.- Status Indicators and APC Assignments for CPT Codes 0941T, 0942T, and 0943T, Effective April 1, 2026

CPT Code	Long Descriptor	April 2026 OPPS SI	April 2026 OPPS APC
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	J1	5376
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	J1	5376
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	J1	5373

Table 10. – Status Indicators and APC Assignments for Insertion of a Single-Chamber Leadless Pacemaker and Upgrade to a Dual-Chamber Leadless Pacemaker Effective April 1, 2026

CPT Code	Long Descriptor	Status Indicator	APC
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	J1	5231
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	J1	5231

Table 11. — New CY 2026 HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective April 1, 2026

CY 2026 HCPCS Code	CY 2026 Long Descriptor	CY 2026 SI	CY 2026 APC
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	G	0922
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	G	0924
J9183	Gemcitabine intravesical system, 225 mg	G	0926
J9277	Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	G	0930

CY 2026 HCPCS Code	CY 2026 Long Descriptor	CY 2026 SI	CY 2026 APC
Q5162	Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	G	0934

Table 12. — HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective March 31, 2026

CY 2026 HCPCS Code	CY 2026 Long Descriptor	January 2026 SI	April 2026 SI	April 2026 APC
J0218	Injection, olipudase alfa-rpcp, 1 mg	G	K	9113
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	G	K	9138
J1449	Injection, eflapegrastim-xnst, 0.1 mg	G	K	9114
J1747	Injection, spesolimab-sbzo, 1 mg	G	K	9115
J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	G	K	9136
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	G	N	N/A
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	G	K	9109
J9347	Injection, tremelimumab-actl, 1 mg	G	K	9110
J9380	Injection, teclistamab-cqyv, 0.5 mg	G	K	9111
J9381	Injection, teplizumab-mzwv, 5 mcg	G	K	9112
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	G	K	9117
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg	G	K	9118

Table 13. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2026

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
C9309		Injection, onasemnogene abeparvovec-brve, per treatment	G	0922
C9818		Suzetrigine, oral, 1 mg	K1	0933
J0463		Injection, atropine sulfate (fresenius and therapeutically equivalent), 0.01 mg	N	
J1098		Articaine ophthalmic, 8% solution, 0.4 mL	N	
J1164		Injection, diltiazem hydrochloride in 0.72% sodium chloride, 0.5 mg	N	
J1553		Injection, immune globulin (yimmugo), 100 mg	K	0923

J3404		Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	G	0924
J8502	C9145	Injection, aprepitant (apovnie), 1 mg	N	
J9003		Leuprolide injectable (camcevi etm), 1 mg	E2	
J9183		Gemcitabine intravesical system, 225 mg	G	0926
J9277		Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	G	0930
J9278	C9308	Injection, carboplatin (avyxa), 1 mg	G	0917
J9601	C9307	Injection, linvoseltamab-gcpt, 1 mg	G	0916
Q0238		Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	L	
Q5161		Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	E2	
Q5162		Injection, denosumab-nxxp (bilydos/bilprevda), biosimilar, 1 mg	G	0934

Table 14. — HCPCS Code for Drug, Biological, and Radiopharmaceutical with Substantial Descriptor Change as of April 1, 2026

CY 2026 HCPCS Code	January 2026 Long Descriptor	April 2026 Long Descriptor
J0174	Injection, lecanemab-irmb, 1 mg	Lecanemab-irmb, for intravenous injection, 1 mg
C9814	Continuous anesthesia echogenic conduction catheter set (e.g. SonoLong), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Continuous anesthesia echogenic conduction catheter set (e.g. SonoLong, E-Cath), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)

Table 15. — HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Status

CY 2026 HCPCS Code	Long Descriptor	January 2026 SI	January 2026 APC	April 2026 SI	April 2026 APC
90624	Meningococcal pentavalent vaccine, men b-4c recombinant proteins and outer membrane vesicle and conjugated men a, c, w, y-diphtheria toxoid carrier, for intramuscular use	E1	N/A	M	N/A

CY 2026 HCPCS Code	Long Descriptor	January 2026 SI	January 2026 APC	April 2026 SI	April 2026 APC
A9521	Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries	K	0766	E1	N/A
C9482	Injection, sotalol hydrochloride, 1 mg	K	9482	E1	N/A
J0716	Injection, centrurptides immune f(ab)2, up to 120 milligrams	K	1431	E1	N/A
J0720	injection, chloramphenicol sodium succinate, up to 1 gm	K	1831	E1	N/A
J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg	K	9188	E1	N/A
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	K	0919	E1	N/A
J2062	Loxapine for inhalation, 1 mg	K	9497	E1	N/A
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	G	0742	E1	N/A
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	N	N/A	E1	N/A
J8670	Rolapitant, oral, 1 mg	K	1761	E1	N/A
J9202	Goserelin acetate implant, per 3.6 mg	K	0810	E1	N/A
J9323	Injection, pemetrexed ditromethamine, 10 mg	K	9156	E1	N/A
J9600	Injection, porfimer sodium, 75 mg	K	0856	E1	N/A
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	E1	N/A	K	0855

Table 16. — New HCPCS Level II Skin Substitute Product Codes Effective April 1, 2026

HCPCS Code	Descriptor	OPPS Status Indicator	APC
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002

Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4438	Prelect, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6002
A2040	Microlyte painguard, per square centimeter	S1	6001
A2041	Foundation drs+ duo, per square centimeter	S1	6001
A2042	Foundation drs+ solo, per square centimeter	S1	6001
A2043	Biobrane, per square centimeter	S1	6001
A2045	Novashield or novogen wound matrix, per square centimeter	S1	6001

Table 17. —. New HCPCS Level II Non-Sheet-Form Skin Substitute Application Codes Effective April 1, 2026

HCPCS Code	Long Descriptor	OPPS Status Indicator
G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area	N
G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	N

G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	N
G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct/p) non-sheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	N
A2044	Biobrane glove, each	N

Table 18. HCPCS Codes, Status Indicator and APC Assignments for Qualifying Non-Opioid Treatments for Pain Relief

HCPCS Code	Long Descriptor	SI April 2026	CY 2026 APC	Payment Limitation*
C9818	Suzetrigine, oral, 1 mg	K1	0933	\$2,195.29
C9814	Continuous anesthesia echogenic conduction catheter set (e.g. SonoLong, E-Cath), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	H1	2082	\$1,997.16

*Please note, the payment limitation is not the payment rate of the assigned APC.