

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13704	Date: April 7, 2026
	Change Request 14445

SUBJECT: April 2026 Update of the Ambulatory Surgical Center (ASC) Payment System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2026 ASC payment system update.

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
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

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

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2026 ASC payment system update.

II. GENERAL INFORMATION

A. Background: As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This Recurring Update Notification applies to Chapter 14, Section 40 of Publication (Pub.) 100-04. An April 2026 Ambulatory Surgical Center Fee Schedule (ASC FS) File, April 2026 Ambulatory Surgical Center Drug File, an April 2026 ASC Code Pair file, and an April 2026 Ambulatory Surgical Center Payment Indicator (PI) File, and a revised January 2026 ASC FS file will be issued with this transmittal.

B. Policy: 1. OPSS Device Pass-through Devices

a. New Device Category Effective April 1, 2026

Section 1833(t)(6)(B) of the Social Security Act requires that, under the Hospital Outpatient Prospective Payment System (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 also apply this policy in the ASC payment system.

For the April 2026 update, we approved one (1) new device for pass-through status under the OPSS and are establishing the new device category in the ASC payment system. The new HCPCS code, C1743, is effective April 1, 2026. Table 1 includes the HCPCS Code, code descriptor, and ASC PI (see Attachment A: Policy Section Tables).

2. Newly Payable ASC Surgical Procedures

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

CMS is establishing six (6) 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 2 includes the HCPCS Codes, code descriptors, and ASC PIs for these procedures (see Attachment A: Policy Section Tables).

b. New HCPCS Code for Placement of Permanent Common Carotid Artery Filter, Effective April 1, 2026

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. We are adding this procedure to the ASC covered procedures list effective April 1, 2026 as well.

Table 3 includes the HCPCS Code, code descriptor, and ASC PI for this procedure (see Attachment A: Policy Section Tables).

c. Payment Indicator Revisions 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 “E5” (Surgical procedure not valid for Medicare purposes because of coverage, regulation and/or statute; no payment made) to indicate that the codes are not payable in the ASC setting 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 OPSS and ASC payment system.

Table 4 includes the HCPCS Codes, code descriptors, and ASC PIs for these procedures (see Attachment A: Policy Section Tables).

3. Changes in Payment Status and Rates for Existing ASC Surgical Procedures

a. Payment Indicator Changes for CPT Codes 1013T, 1014T, and 1015T, Retroactive to January 1, 2026

Effective January 1, 2026, the AMA’s CPT Editorial Panel established CPT codes 1013T through 1015T to describe the laparoscopic procedure to implant or remove a lower esophageal sphincter neurostimulator electrode array and pulse generator or receiver and the related esophageal sphincter neurostimulator procedures. Based on our review, the device associated with these codes has not received full FDA approval.

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 1015T to “E5” (Surgical procedure not valid for Medicare purposes because of coverage, regulation and/or statute; no payment made) retroactive to January 1, 2026.

Table 5 includes the HCPCS Codes, long descriptors, and ASC PIs for these procedures (see Attachment A: Policy Section Tables).

4. 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

Six (6) new drug, biological, or radiopharmaceutical HCPCS codes have been established effective April 1,

2026 and are separately payable under the ASC payment system. Table 6 includes the HCPCS Codes, code descriptors, and ASC PIs for these items (see Attachment A: Policy Section Tables).

b. HCPCS Codes for Certain Drugs, Biologicals, or Radiopharmaceuticals Deleted as of March 31, 2026

Three (3) drug, biological, or radiopharmaceutical HCPCS codes will be deleted on March 31, 2026. Table 7 includes the HCPCS Codes, long descriptors, and ASC PIs for these items (see Attachment A: Policy Section Tables).

c. HCPCS Codes for Certain Drugs, Biologicals, or Radiopharmaceuticals Changing Payment Indicators Effective April 1, 2026

There are thirteen (13) HCPCS codes for certain drugs, biologicals, or radiopharmaceuticals that are changing ASC payment indicators, effective April 1, 2026. Table 8 includes the HCPCS Codes, code descriptors, and ASC PIs for these items (see Attachment A: Policy Section Tables).

d. HCPCS Code for Certain Drug, Biological, or Radiopharmaceutical Changing Payment Indicator Retroactive to January 1, 2026

There is one (1) HCPCS code for a certain drug, biological, or radiopharmaceutical that is changing ASC payment indicator, retroactive to January 1, 2026. Table 9 includes the HCPCS Code, code descriptor, and ASC PI for this item (see Attachment A: Policy Section Tables).

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

Two (2) drug, biological, or radiopharmaceutical HCPCS codes have had a substantial descriptor change as of April 1, 2026. Table 10 includes the HCPCS Codes, code descriptors, and ASC PIs for these items (see Attachment A: Policy Section Tables).

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. Updated payment rates effective April 1, 2026, can be found in the April 2026 update of the ASC Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

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.

5. 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 an ASC PI "S2" – Skin substitute supply group; paid separately when provided integral to a surgical procedure on ASC list; payment based on OPSS rate.

Table 11 includes the HCPCS Codes, long descriptors, ASC PIs, and APCs for these items (see Attachment A: Policy Section Tables).

b. HCPCS Codes for Skin Substitute Products Changing Payment Indicators, Effective April 1, 2026

In the January 2026 update, we inadvertently assigned certain HCPCS Level II codes an ASC PI "S2" – Skin substitute supply group; paid separately when provided integral to a surgical procedure on ASC list; payment based on OPSS rate – which are not separately payable under the OPSS. Effective April 1, 2026, we are revising the HCPCS codes to be packaged under the ASC payment system.

Table 12 includes the HCPCS Codes, code descriptors, and ASC PIs for these items (see Attachment A: Policy Section Tables).

6. HCPCS Codes, Payment Indicator, & 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 product in Table 13, Attachment A, newly meets the statutory definition of a non-opioid treatment for pain relief and should be paid according to the finalized policy in the CY2026 OPSS/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. Table 10 includes HCPCS code C9814 and both the January 2026 long descriptor and revised April 2026 long descriptor.

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.

Table 13 includes the HCPCS Codes, long descriptors, ASC PIs, and payment limitations for C9818. (see Attachment A: Policy Section Tables).

7. 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 ASC payment system does not imply coverage by the Medicare program but indicates only how the product, procedure, or service may be paid if covered by the program. Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs determine that it is reasonable and necessary to treat the beneficiary's condition and whether it is excluded from payment.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
14445.1	<p>Medicare contractors shall use the cloud service or MCS to process ASC Fee Schedule (FS) claims, based on CMS direction.</p> <p>NOTE: As a reminder, contractors get the January and April 2026 ASC FS pricing, as well as restated quarterly ASC FS payment rates, as applicable, from the cloud. Mainframe ASC FS files are no longer issued. Date of retrieval will be provided in a separate email communication from CMS.</p>		X								
14445.2	<p>Medicare contractors shall use the cloud service to process ASC drug claims.</p> <p>NOTE: As a reminder, contractors get the April 2026 ASC Drug pricing, as well as restated quarterly ASC drug payment rates, as applicable, from the cloud. Mainframe ASC Drug files are no longer issued. NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X								
14445.3	Medicare contractors shall ensure that the updated cloud service payment rate is applied to affected claims.		X								
14445.4	<p>Medicare contractors shall download and install the April 2026 ASC Payment Indicator (PI) file.</p> <p>FILENAME:</p>		X								

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
14445.10	Medicare contractors and CWF shall end date CY 2026 HCPCS/CPT codes listed in Attachment A, table 7 as appropriate, in their systems, effective March 31, 2026.		X							X	CVM

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 B

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

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

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

ATTACHMENT A: POLICY SECTION TABLES

Table 1. — Newly OPPS Device Category Payable in ASCs Effective April 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C1743	Scafld endovas resrb drg elu	Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)	J7

Table 2. — ASC Payment Indicator Assignments for New Hypoglossal Nerve Stimulator Procedures Effective January 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C8007	Opn mplnt hpgls ns ary ps gn	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	J8
C8008	Rv/rpl hpgls ns inc cnt pg	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	J8
C8009	Rmv hpgls ns ary and pg	Removal of hypoglossal nerve neurostimulator array and pulse generator	G2
C8011	Opn mplnt hpgls ns ary rec	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	J8
C8012	Rv/rpl hpgls ns ary rec	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	J8
C8013	Rmv hpls ns ary rec	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	G2

Table 3. — ASC Payment Indicator Assignment for HCPCS Code C8010 Effective April 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C8010	Pc plm pm c ctd emb prt	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	J8

Table 4. — ASC Payment Indicator Assignments for CPT Codes 0941T, 0942T, and 0943T Effective April 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	Old ASC PI	April 2026 ASC PI
0941T	Cysto flx ins&xpns urtl scaf	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	E5	J8

0942T	Cysto flx rmv&rplc urtl scaf	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	E5	J8
0943T	Cysto flx rmvl urtl scaffold	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	E5	G2

Table 5. — ASC Payment Indicator Assignments for CPT Codes 1013T, 1014T, and 1015T Effective January 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	Old ASC PI	New January 2026 ASC PI
1013T	Lap srg imp/rpl eso nea&pg/r	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	J8	E5
1014T	Lap rv/rmv eso sph nstm eltr	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes	G2	E5
1015T	Rev/rmv lw esoph sphnc npg/r	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver	G2	E5

Table 6. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2026

New HCPCS Code	Old HCPCS Code	Long Descriptor	PI
J1553		Injection, immune globulin (yimmugo), 100 mg	K2
J9183		Gemcitabine intravesical system, 225 mg	K2
J9277		Injection, pembrolizumab, 1 mg and berahyaluronidase alfa-pmph	K2
J9278	C9308	Injection, carboplatin (avyxa), 1 mg	K2
J9601	C9307	Injection, linvoseltamab-gcpt, 1 mg	K2
Q5162		Injection, denosumab-nxxp (bilyos/bilprevda), biosimilar, 1 mg	K2

Table 7. — HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Deleted as of March 31, 2026

HCPCS Code	Short Descriptor	Long Descriptor	ASC PI
C9145	Inj, aponvie, 1 mg	Injection, aprepitant, (aponvie), 1 mg	D5
C9307	Inj linvoseltamab-gcpt 1 mg	Injection, linvoseltamab-gcpt, 1 mg	D5
C9308	Inj, carboplatin (avyxa)	Injection, carboplatin (avyxa), 1 mg	D5

Table 8. — HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Indicators Effective April 1, 2026

HCPCS Code	Long Descriptor	January 2026 PI	April 2026 PI
A9521	Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries	K2	Y5
C9482	Injection, sotalol hydrochloride, 1 mg	K2	Y5
J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams	K2	Y5
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	K2	Y5
J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg	K2	Y5
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	K2	Y5
J2062	Loxapine for inhalation, 1 mg	K2	Y5
J2403	Chloroprocaine hcl ophthalmic, 3% gel, 1 mg	K2	N1
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	K2	Y5
J8670	Rolapitant, oral, 1 mg	K2	Y5
J9202	Goserelin acetate implant, per 3.6 mg	K2	Y5
J9323	Injection, pemetrexed ditromethamine, 10 mg	K2	Y5
J9600	Injection, porfimer sodium, 75 mg	K2	Y5

Table 9. — HCPCS Code for Certain Drug, Biological, and Radiopharmaceutical Changing Payment Indicator Effective January 1, 2026

HCPCS Code	Long Descriptor	Old ASC PI	New January 2026 PI
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Y5	K2

Table 10. — 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	Continuous anesthesia echogenic conduction catheter set (e.g. SonoLong, E-Cath), including all components, non-opioid medical

CY 2026 HCPCS Code	January 2026 Long Descriptor	April 2026 Long Descriptor
	Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	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 11. — New HCPCS Level II Skin Substitute Product Codes Effective April 1, 2026

HCPCS Code	Long Descriptor	ASC PI	APC
A2040	Microlyte painguard, per square centimeter	S2	6002
A2041	Foundation drs+ duo, per square centimeter	S2	6002
A2042	Foundation drs+ solo, per square centimeter	S2	6002
A2043	Biobrane, per square centimeter	S2	6002
A2045	Novashield or novogen wound matrix, per square centimeter	S2	6002
Q4418	Biolab membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4419	Biolab membrane wrap lite flow, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4421	Biolab membrane wrap solo, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4422	A/c wrap, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4423	Biolab tri-membrane wrap flow, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4424	Revive ft, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4425	Revive tl, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4426	Dermabind tl + or dermabind tl x, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002

Q4427	Dermabind dl n or dermabind dl + or dermabind dl x, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4428	Dermabind sl n or dermabind sl + or dermabind sl x, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4429	Dermabind ch n or dermabind ch x, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4435	Renati membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4436	Renati ac membrane, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4437	Revival ac, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4438	Pretect, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4439	Instagraft, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002
Q4440	Curamatrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2	6002

Table 12. – HCPCS Level II Skin Substitute Codes Changing Payment Indicator Assignments Effective April 1, 2026

HCPCS Code	Short Descriptor	Long Descriptor	Old ASC PI	April 2026 ASC PI
A2032	Myriad matrix, per sq cm	Myriad matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S2	N1
A2033	Myriad morcells, 4 mg	Myriad morcells, 4 milligrams	S2	N1
A2034	Found drs solo, per sq cm	Foundation drs solo, per square centimeter (add-on, list separately in addition to primary procedure)	S2	N1
A2035	Corpl p therac p allac p mg	Corplex p or theracor p or allacor p, per milligram	S2	N1
Q4226	Myown harv prep proc sq cm	Myown skin, includes harvesting and preparation procedures, per square centimeter	S2	N1

Table 13. HCPCS Code, ASC Payment Indicator and Payment Limitation for Qualifying Non-Opioid Treatment for Pain Relief

HCPCS Code	Long Descriptor	April 2026	Payment Limitation	Effective Date
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		ASC PI		
C9818	Suzetrigine, oral, 1 mg	K2	\$2,195.29	1/23/2026