

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13832	Date: June 16, 2026
	Change Request 14477

Transmittal 13780 issued May 20, 2026, is being rescinded and replaced by Transmittal 13832, dated June 16, 2026, to remove the sensitive and controversial banner and add a new language to the policy section. We are also adding business requirement 14477.3, provider education and adding Attachment A - Tables for the Policy Section. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated. This instruction may now be posted to the Internet.

SUBJECT: July 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 July 2026 Outpatient Prospective Payment System (OPPS) update. The July 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 applies to Chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later).

EFFECTIVE DATE: July 1, 2026

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

IMPLEMENTATION DATE: July 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

Pub. 100-04	Transmittal: 13832	Date: June 16, 2026	Change Request: 14477
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II. GENERAL INFORMATION

A. Background: The purpose of this CR is to describe changes to and billing instructions for various payment policies implemented in the July 2026 OPPS update.

This RUN provides instructions on coding changes and policy updates that are effective July 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, new Category III codes, and other items and services. The July 2026 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming July 2026 I/OCE CR.

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

TOFIDENCE® (tocilizumab-bavi), 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 July 1, 2026, CMS established HCPCS code Q0234 to describe TOFIDENCE® (tocilizumab-bavi) for treatment of COVID-19 and associated administrative codes, HCPCS codes M0231 and M0232. The Food and Drug Administration (FDA) approved TOFIDENCE® (tocilizumab-bavi) on July 22, 2024. Providers could bill 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.

- Q0234 - “Injection, tocilizumab-bavi, 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: July 1, 2026

- M0231 - “Intravenous infusion, tocilizumab-bavi, 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: July 1, 2026

- M0232 - “Intravenous infusion, tocilizumab-bavi, 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: July 1, 2026

Effective July 1, 2026, HCPCS code Q0234 is assigned to status indicator “L” in the July 2026 I/OCE update.

Effective July 1, 2026, HCPCS codes M0231 and M0232 are assigned to status indicator “S” (Paid under OPSS; separate APC payment) and APC 1506 (New Technology - Level 6 (\$401 - \$500)) in the July 2026 I/OCE update.

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

The AMA CPT Editorial Panel established 29 new PLA codes, specifically, CPT codes 0631U through 0659U, effective July 1, 2026.

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

3. New Category III CPT codes Effective July 1, 2026

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

For the July 2026 update, CMS is implementing 28 new CPT Category III codes that the AMA released in January 2026 for implementation on July 1, 2026. The status indicators and APC assignments for these codes are shown in Table 2, attachment A. CPT codes 1026T through 1053T have been added to July 2026 I/OCE with an effective date of July 1, 2026. These codes, along with their short descriptors, Status Indicators (SI), and payment rates (where applicable) are also listed in the July 2026 OPSS Addendum B that is posted on the CMS website. For more information on the OPSS SI, refer to OPSS Addendum D1 of the CY 2026 OPSS/ASC final rule for the latest definitions.

4. OPSS Device Pass-through

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

Section 1833(t)(6)(B) of the Social Security Act requires that, under the OPSS, categories of devices be eligible for transitional pass-through payments for at least two, but not more than three years. In addition, section 1833(t)(6)(B)(ii)(IV) of the Act requires that we create additional categories for transitional pass-through payment of new medical devices not described by existing or previously existing categories of devices.

We note that we preliminarily approved one new device for pass-through status under the OPSS via the quarterly review process with an effective date of July 1, 2026, specifically, HCPCS code C1609. The device application associated with HCPCS code C1609 will be included and discussed in the CY 2027 OPSS/ASC proposed and final rules. Refer to Table 3A, 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 4, attachment A. Refer to Table 4 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 Code

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.

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

5. APC Assignment and Status Indicator Revision for CPT Code 0858T Effective July 1, 2026

For the January 1, 2024 update, the CPT Editorial Panel established CPT code 0858T to describe the service associated Delphi-MD™ that uses direct electrophysiological imaging to map brain activity. On August 20, 2025, the Delphi-MD™ received premarket approval (PMA) from the FDA . Since January 1, 2024, CPT code 0858T has been assigned to status indicator “E1” (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to indicate that the code is not payable under the OPSS because the device associated with this code had not received FDA approval. Based on the recent FDA approval, this code is now separately payable under the OPSS.

Table 5, attachment A, lists the long descriptor, status indicator (SI) and APC assignment, for CPT code 0858T. The code, along with its short descriptor, status indicator, and payment rate is also listed in the July 2026 OPSS Addendum B that is posted on the CMS website. For information on the OPSS status indicators, refer to OPSS Addendum D1 of the CY 2026 Outpatient Prospective Payment System (OPSS)/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

6. Status Indicator Change for CPT Code 0996T Effective January 1, 2026

Effective January 1, 2026, the AMA’s CPT Editorial Panel established CPT code 0996T to describe the insertion and scleral fixation of a capsular bag prosthesis which contains a lens prosthesis. The procedure also includes removal of eye fluid. Based on our review, the device associated with this code has not received full FDA approval. In addition, we have not received any claims for this code since its effective date of January 1, 2026.

Because the device associated with this CPT code has not received full FDA approval, we are revising the status indicator for CPT code 0996T to “E1” (not covered/not payable) retroactive to January 1, 2026.

Table 6, attachment A, lists the long descriptor and OPSS status indicator for CPT code 0996T. In addition, this code, along with its short descriptor and status indicator is listed in the July 2026 OPSS Addendum B that is posted on the CMS website. For the complete list of OPSS status indicators and associated definitions, refer to OPSS Addendum D1 of the CY 2026 Outpatient Prospective Payment System (OPSS)/Ambulatory Surgical Center (ASC) final rule.

7. New HCPCS Code Describing Cystourethroscopy with Ureteroscopy and/or Pyeloscopy, With Lithotripsy Utilizing a Suction Enabled Ureteral Access Sheath and Revised HCPCS Code Describing Cystourethroscopy with Ureteroscopy and/or Pyeloscopy, With Lithotripsy Utilizing a Steerable Ureteral Catheter or a Suction-Integrated Ureteroscope Effective July 1, 2026

CMS is establishing a new HCPCS code (C8014) effective July 1, 2026, to describe the cystourethroscopy procedure with ureteroscopy and/or pyeloscopy with lithotripsy utilizing a suction enabled ureteral access sheath. We are also revising the long descriptor for HCPCS code C9761 to include a suction-integrated ureteroscope, in addition to the steerable ureteral catheter. We note that the procedure described by HCPCS code C8014 is distinguishable from the procedure described by HCPCS code C9761 (*Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if necessary, with use of steerable ureteral catheter or suction-integrated ureteroscope*) as HCPCS code C8014 utilizes a suction enabled ureteral access sheath versus HCPCS code C9761 utilizes a steerable ureteral catheter or a suction-integrated ureteroscope.

Table 7, attachment A, lists the official long descriptor, status indicator, and APC assignment for HCPCS code C8014 and HCPCS code C9761. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2026 OPSS/ASC final rule for the latest definitions. These codes, along with their short descriptors, status indicators, and payment rates, are also listed in the July 2026 update of the OPSS Addendum B.

8. OPSS Reassignment for Femtosecond Laser Trabeculotomy (0730T), Effective July 1, 2026

CMS is reassigning Femtosecond Laser Trabeculotomy, HCPCS code 0730T, to APC 5493, status indicator J1, effective July 1, 2026.

Table 8, attachment A, lists the long descriptor, status indicator, and APC assignment for HCPCS code 0730T. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2026 OPSS/ASC final rule for the latest definitions.

This code, along with its short descriptor, status indicator, and payment rate, is also listed in the July 2026 update of the OPSS Addendum B.

9. Revised APC Assignment 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 established HCPCS code C8010 to enable Medicare to track and pay appropriately for this IDE study effective April 1, 2026. We are revising the APC assignment from APC 1575 (New Technology – Level 38 (\$10,001-\$15,000)) to 1576 (New Technology – Level 39 (\$15,001-\$20,000)) effective July 1, 2026.

Table 9, 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 10, 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

July 2026 OPSS Addendum B that is posted on the CMS website. For information on the OPSS status indicators, refer to OPSS Addendum D1 of the CY 2026 OPSS/ASC final rule for the latest definitions.

10. APC Revision for Implantation and Replacement of Peritoneal Ascites Pump System Effective July 1, 2026

CMS is revising the APC assignment for CPT codes 0870T and 0871T that describe the implantation and replacement procedure of a peritoneal ascites pump system. Table 11, attachment A, lists the short descriptors, official long descriptors, status indicators, and APC assignments for CPT codes 0870T and 0871T. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2026 OPSS/ASC final rule for the latest definitions. These codes, along with their short descriptors, status indicators, and payment rates, are also listed in the July 2026 Update of the OPSS Addendum B.

11. APC Correction for CPT Codes 0796T and 0823T Retroactive to April 1, 2026

In the April 2026 OPSS quarterly update, CPT codes 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)*) and 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*) were erroneously reassigned from APC 5224 (Level 4 Pacemaker and Similar Procedures) to APC 5231 (Level 1 ICD and Similar Procedures). Because these codes were assigned to APC 5224 (Level 4 Pacemaker and Similar Procedures) for CY 2026 through notice-and-comment rulemaking, changes to APC assignments need to occur through annual notice-and-comment rulemaking.

The July 2026 OPSS quarterly update accurately assigns CPT codes 0796T and 0823T to APC 5224 (Level 4 Pacemaker and Similar Procedures) retroactive to April 1, 2026 to resolve the administrative error included in the April update. Table 12, attachment A, lists the long descriptors, status indicators, and APC assignments for these codes. The payment rates for these codes can be found in Addendum B of the July 2026 OPSS update that is posted on the CMS website.

For proposed CY 2027 APC assignments for these codes, we refer readers to the forthcoming CY 2027 OPSS/ASC proposed rule.

12. Drugs, Biologicals, and Radiopharmaceuticals

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

Six (6) 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 July 1, 2026. These drugs and biologicals will receive drug pass-through status starting July 1, 2026. These HCPCS codes are listed in Table 13, attachment A.

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of July 1, 2026

There are three (3) existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status start on July 1, 2026. These codes are listed in Table 14, attachment A. Therefore, effective July 1, 2026, the status indicator for these codes is changing to status indicator = "G".

c. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on June 30, 2026

There are eight (8) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on June 30, 2026. These codes are listed in Table 15, attachment A. Therefore, effective July 1, 2026, the status indicator for these codes is changing from "G" to "K." 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 July 2026 Update of the OPPS Addendum B.

d. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of July 1, 2026

Twenty-four (24) new drug, biological, and radiopharmaceutical HCPCS codes will be established on July 1, 2026. These HCPCS codes are listed in Table 16, attachment A.

e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status Indicators

Three (3) drug, biological, and radiopharmaceutical HCPCS codes are changing payment status indicators retroactively and one (1) drug HCPCS code is changing payment status indicator effective July 1, 2026. They are listed in Table 17, attachment A.

We are changing the status indicator for HCPCS code J1741 from status indicator "N" to status indicator "K1" in the July 2026 I/OCE Update. The effective date of this change for HCPCS code J1741 is retroactive to March 11, 2026.

We are changing the status indicator for HCPCS code Q5156 from status indicator "E2" to status indicator "K" in the July 2026 I/OCE Update. The effective date of this change for HCPCS code Q5156 is retroactive to April 1, 2026.

We are changing the status indicator for HCPCS code J2993 from status indicator "K" to status indicator "E1" effective July 1, 2026.

We are changing the status indicator for HCPCS code J7674 from status indicator "E1" to status indicator "N" in the July 2026 I/OCE Update. The effective date of this change for HCPCS code J7674 is retroactive to April 1, 2026.

f. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of July 1, 2026

Three (3) drug, biological, and radiopharmaceutical HCPCS codes have had substantial descriptor changes as of July 1, 2026. These HCPCS codes are listed in Table 18, attachment A.

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

For CY 2026, payment for the majority of non-pass-through drugs, biologicals, and therapeutic radiopharmaceuticals is made at a single rate of ASP plus 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 July 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 first quarter of CY

2026. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the July 2026 Fiscal Intermediary Shared System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the July 2026 update of the OPSS. However, the updated payment rates effective July 1, 2026, can be found in the July 2026 update of the OPSS Addendum A and Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

h. 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 payment rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/restated-drug-biological-payment-rates>

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

i. Diagnostic Radiopharmaceuticals Offset Adjustments

Effective July 1, 2026, CMS will revise the diagnostic radiopharmaceuticals offset amounts. This revision is necessary to address incorrect diagnostic radiopharmaceuticals offsets previously applied for CY 2026.

The revised diagnostic radiopharmaceuticals offset amounts will be applied retroactively to all applicable claims with dates of service on or after January 1, 2026. Medicare Administrative Contractors (MACs) shall reprocess claims as necessary to implement these revised offset amounts. Hospitals are not required to resubmit claims for purposes of this adjustment. MACs shall perform the adjustments where feasible.

These adjustments are consistent with CMS policy to ensure payment accuracy for diagnostic radiopharmaceuticals on pass-through under the OPSS.

13. Changes to Skin Substitutes

a. Retroactive Status Indicator and APC Correction for HCPCS codes A2032 and A2034

We are updating the status indicator and APC assignments for two HCPCS codes describing sheet-form skin substitute products from status indicator "N" (packaged) to status indicator "S1" (Skin substitute product paid separately).

Addendum B of the CY 2026 OPSS/ASC Final Rule and the January 2026 and April 2026 OPSS Updates included incorrect status indicator assignments for HCPCS codes A2032 and A2034. In accordance with our policy to assign sheet-form skin substitute products to status indicator "S1" (Skin substitute product paid separately) and to clinical APCs that align with the product's FDA regulatory category, as finalized in the CY 2026 OPSS/ASC Final Rule, we are correcting the status indicator and APC assignments for HCPCS codes A2032 and A2034. These changes are retroactive to January 1, 2026.

Table 19, attachment A, lists the official long descriptors and status indicators for HCPCS codes A2032 and A2034. The payment rates for these codes can be found in addendum B of the July 2026 OPSS Update that is posted on the CMS website.

b. Effective Date for Codes for Application of Non-Sheet Skin Substitute Products Retroactive to January 1, 2026

CMS implemented the following HCPCS codes on April 1, 2026, that describe the application of non-sheet form skin substitute products:

- HCPCS code 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
- HCPCS code 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)
- HCPCS code 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
- HCPCS code 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)

When non-sheet form skin substitute products are applied, HCPCS codes G0681-G0684 must be billed to describe the application of the product. The HCPCS codes that describe the application of sheet-form skin substitute products (CPT codes 15271-15278) are not appropriate to report the application of non-sheet form skin substitute products.

While these HCPCS codes were implemented April 1, 2026, we are making the effective date for HCPCS codes G0681-G0684 retroactive to January 1, 2026. The short descriptors and status indicator assignments for HCPCS codes G0681-G0684 are provided in Addendum B.

14. 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 product in Table 20, Attachment A, newly meets the statutory definition of a Non-opioid Treatment for Pain Relief and should be paid according to the finalized policy for CY 2026. Specifically, HCPCS code J1741 which may be used to describe the drug Caldolor (Injection, ibuprofen, 100 mg) will receive temporary additional payment under Section 4135 of the CAA, 2023, effective March 11, 2026.

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 HCPCS code J1741 is also found in Table 20, Attachment A.

In addition, we are making a descriptor change to HCPCS code C9809 (Cryoablation needle (e.g., Iovera System), including needle/tip and all disposable system components, nonopioid 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)), which qualifies as a Non-opioid Treatment for Pain Relief, effective January 1, 2025. We are revising the long descriptor to more specifically describe the cryoneurolysis service. There are no changes to HCPCS code C9809's status indicator or APC assignments. The finalized descriptor for HCPCS code C9809 is found in Table 21, Attachment A

15. 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	
14477.1	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the July 2026 OPPS PRICER	X		X						
14477.2	Medicare contractors shall access the OPPS Pricer via the Cloud to pay 2026 payment rates on claims with statement from dates on or after July 1, 2026.	X		X						PCS
14477.3	Contractors shall adjust claims containing a HCPCS from the 2026 diagnostic radiopharms offset list below within 45 days of the installation of the July 2026 release for claims with dates of service between January 1, 2026, and June 30, 2026, with a receipt date between January 1, 2026 and July 6, 2026. Diagnostic Radiopharm HCPCS: A9601 A9611 A9608 A9506 A9616	X								

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part HHH

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

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

Attachment A – Tables for the Policy Section

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

CPT Code	Long Descriptor	OPPS SI
0631U	Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor-derived	A
0632U	Red blood cell antigen (fetal RhD gene analysis), multiplex polymerase chain reaction (PCR) and next-generation sequencing (NGS) of circulating cell-free DNA (cfDNA), plasma from pregnant individuals known to be RhD negative, reported as detected or not detected	A
0633U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), nextgeneration sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score	E1
0634U	Oncology (breast cancer), cellfree DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative	A
0635U	Autoimmune (atopic dermatitis), mRNA, nextgeneration sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy	A
0636U	Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgG	Q4
0637U	Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgM	Q4
0638U	Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgG	Q4
0639U	Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgM	Q4
0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	Q4

0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment	A
0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level	A
0643U	Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for singlenucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	A
0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	A
0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	A
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffinembedded (FFPE) tumor tissue DNA, baseline assessment	A
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patientspecific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)	A
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalinixed paraffin-embedded (FFPE) tissue	A
0649U	Neurology (Alzheimer disease), DNA, targeted nextgeneration sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	A
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	A

0651U	Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood or nail clipping, interpretive clinical report with variant classification	A
0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	A
0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	A
0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	N
0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	Q4
0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	Q4
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by nextgeneration sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results	A
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for singlenucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	A
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for singlenucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample,	A

	identification and categorization of genetic variants	
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Table 2. – New CPT Category III Codes Effective July 1, 2026

CPT code	Long Descriptor	Status Indicator	APC
1026T	Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional	E1	N/A
1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including imaging guidance	C	N/A
1028T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session	C	N/A
1029T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session	C	N/A
1030T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; initial 30 minutes	S	5721
1031T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	N	N/A
1032T	Creation of digital 3D model from surface mesh files of	S	5721

	patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes		
1033T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	N	N/A
1034T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; initial 90 minutes	S	5721
1035T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; each additional 30 minutes (list separately in addition to code for primary procedure)	N	N/A
1036T	Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpretation, and clinical integration by a physician or other qualified health care professional	E1	N/A
1037T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance	E1	N/A

1038T	Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed	E1	N/A
1039T	Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on restingstate functional MRI and mapping of white matter connectivity based on diffusionweighted MRI relative to brain regions, with physician or other QHP interpretation and report	S	1510
1040T	Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed	E1	N/A
1041T	Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3D localization of spike sources throughout the examination, 3D animations over time of high-amplitude event locations, high-frequency activity locations, and temporal relationships among locations, with interpretation and report by physician or other qualified health care professional, related to a previously performed electroencephalogram (EEG)	S	5734
1042T	Implantation of absorbable urologic scaffold for prostatic urethra restoration of reconstructed bladder neck and urethral anastomosis (List separately in addition to code for primary procedure)	E1	N/A
1043T	Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [PDFF], water diffusion, T1-	E1	N/A

	water relaxation time), with automatically generated report		
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less	E1	N/A
1045T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (List separately in addition to code for primary procedure)	E1	N/A
1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children	E1	N/A
1047T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	E1	N/A
1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children	E1	N/A
1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	E1	N/A
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds	E1	N/A
1051T	Removal of subcutaneous heart failure decompensation monitor	E1	N/A
1052T	Interrogation device evaluation(s), (in person or	E1	N/A

	remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report, review and interpretation by a physician or other qualified health care professional		
1053T	Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report and review and interpretation by a physician or other qualified health care professional	E1	N/A

Table 3A. -- Device Pass-Through Category HCPCS Code

HCPCS Code	Long Descriptor	SI	APC
C1609	Vertebral device, motion-preserving, with screw fixation	H	2089

Device category HCPCS code C1609 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2026 Device Offset Amount
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	J1	5115	\$8,065.50

Table 4. -- 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	10/01/2000 – 03/31/2001; 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 stimulation lead(s)	01/01/2021	12/31/2023
59.	C1823	Generator, neurostimulator (implantable), non-rechargeable, 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, imaging/illumination device (insertable)	01/01/2023	12/31/2025
130.	C1824^	Generator, cardiac contractility modulation (implantable)	01/01/2020	12/31/2023
131.	C1982^	Catheter, pressure-generating, one-way valve, intermittently occlusive	01/01/2020	12/31/2023
132.	C1839^	Iris prosthesis	01/01/2020	12/31/2023

133.	C1734 [^]	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)	01/01/2020	12/31/2023
134.	C2596 [^]	Probe, image-guided, robotic, waterjet ablation	01/01/2020	12/31/2023
135.	C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	01/01/2024	12/31/2026
136.	C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)	01/01/2024	12/31/2026
137.	C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	01/01/2024	12/31/2026
138.	C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	01/01/2024	12/31/2026
139.	C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	01/01/2024	12/31/2026
140.	C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	07/01/2024	06/30/2027
141.	C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	07/01/2024	06/30/2027
142.	C8000	Support device, extravascular, for arteriovenous fistula (implantable)	10/01/2024	09/30/2027
143.	C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	01/01/2025	12/31/2027
144.	C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	01/01/2025	12/31/2027
145.	C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	01/01/2025	12/31/2027
146.	C1738	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	01/01/2025	12/31/2027
147.	C1739	Tissue marker, uniquely detectable and identifiable with probe/sensor, any method (implantable), with delivery system	01/01/2025	12/31/2027
148.	C9610	Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)	01/01/2025	12/31/2027
149.	<i>C1740</i>	<i>Leadless electrode, transmitter, battery (all implantable), for sequential left ventricular pacing</i>	<i>10/01/2025</i>	<i>09/30/2028</i>
150.	<i>C1741</i>	<i>Anchor/screw for bone fixation, absorbable, metallic (implantable)</i>	<i>10/01/2025</i>	<i>09/30/2028</i>
151.	<i>C1742</i>	<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.	<i>C1607</i>	<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.	<i>C1608</i>	<i>Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)</i>	<i>01/01/2026</i>	<i>12/31/2028</i>
154.	<i>C1743</i>	<i>Scaffold, endovascular non-coronary, resorbable drug eluting, with delivery system (implantable)</i>	<i>04/01/2026</i>	<i>03/31/2029</i>
155.	<i>C1609</i>	<i>Vertebral device, motion-preserving, with screw fixation</i>	<i>07/01/2026</i>	<i>06/30/2029</i>

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

Table 5. — OPSS SI and APC Assignment for CPT Code 0858T

CPT Code	Long Descriptor	July 2026 OPSS SI	July 2026 OPSS APC	CY 2026 OPSS APC Group Title
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	S	5723	Level 3 Diagnostic Tests and Related Services

Table 6. – Revised Status Indicator for CPT Code 0996T Effective January 1, 2026

CPT Code	Long Descriptor	SI
0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed	E1

Table 7. – New HCPCS Code Describing Cystourethroscopy with Ureteroscopy and/or Pyeloscopy, With Lithotripsy Utilizing a Suction Enabled Ureteral Access Sheath and Revised HCPCS Code Describing Cystourethroscopy with Ureteroscopy and/or Pyeloscopy, With Lithotripsy Utilizing a Steerable Ureteral Catheter or a Suction-Integrated Ureteroscope Effective July 1, 2026

HCPCS Code	Long Descriptor	SI	APC
C8014	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, including use of a suction enabled ureteral access sheath, with irrigation (if performed)	J1	5375
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if necessary, with use of steerable ureteral catheter or suction-integrated ureteroscope	J1	5376

Table 8. – Femtosecond Laser Trabeculotomy SI and APC Assignment, Effective July 1, 2026

HCPCS Code	Long Descriptor	SI	APC
0730T	Trabeculotomy by laser, including optical coherence tomography (OCT) guidance	J1	5493

Table 9. – 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 Treated With Oral Anticoagulation	Javelin Medical	NCT05723926	G220272	07/30/2024	B

Table 10. – New Permanent Placement of Common Carotid Artery Filters HCPCS Code Effective July 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	1576

Table 11. – CY 2026 OPPS APC and Status Indicator Assignments for the Implantable Peritoneal Ascites Pump System Effective July 1, 2026

CPT Code	Short Descriptor	Long Descriptor	SI	APC
0870T	Imp subq prtl ascts pmp sys	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	S	APC 1580 (New Technology - Level 42 (\$40,001-\$50,000))
0871T	Rplcmt subq prtl ascites pmp	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	S	APC 1579 (New Technology - Level 41 (\$30,001-\$40,000))

Table 12. – APC Assignments for CPT Codes 0796T and 0823T Retroactive to April 1, 2026

CPT Code	Long Descriptor	SI	APC
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	J1	5224

	pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)		
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	5224

Table 13. - New CY 2026 HCPCS Codes Effective July 1, 2026, for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

CY 2026 HCPCS Code	CY 2026 Long Descriptor	CY 2026 SI	CY 2026 APC
A9574	Injection, ferumoxytol, 1 mg	G	0935
C9310	Injection, leucovorin calcium (avyxa), 1 mg	G	0936
J1289	Injection, narsoplimab-wuug, 1 mg	G	0938
J2361	Injection, depemokimab-ulaa, 1 mg	G	0940
J2789	Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 mL	G	0941
J9062	Injection, amivantamab 5 mg and hyaluronidase-lpuj	G	0942

Table 14. - Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of July 1, 2026

CY 2026 HCPCS Code	CY 2026 Long Descriptor	April 2026 SI	July 2026 SI	July 2026 APC
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	E1	G	0952
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	K	G	0865
Q5161	Injection, denosumab-kyqq (aukelso/bosaya), biosimilar, 1 mg	E2	G	0951

Table 15. - HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective June 30, 2026

CY 2026 HCPCS Code	CY 2026 Long Descriptor	April 2026 SI	July 2026 SI	July 2026 APC
J0208	Injection, sodium thiosulfate (pedmark), 100 mg	G	K	9119
J1440	Fecal microbiota, live - jsfm, 1 ml	G	K	9142
J1961	Injection, lenacapavir (only for use as hiv treatment), 1 mg	G	K	9155

J2329	Injection, ublituximab-xiyy, 1mg	G	K	9149
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	G	K	9158
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	G	K	9154
J9350	Injection, mosunetuzumab-axgb, 1 mg	G	K	9150
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	G	K	9159

Table 16. - Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of July 1, 2026

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
90616		Influenza virus vaccine, trivalent (tIRV), mRNA, 37.5 mcg/0.38 mL dosage, for intramuscular use	E1	N/A
90639		Influenza virus vaccine, quadrivalent (qIRV), mRNA; 50 mcg/0.5 mL dosage, for intramuscular use	E1	N/A
A9574		Injection, ferumoxytol, 1 mg	G	0935
C9310		Injection, leucovorin calcium (avyxa), 1 mg	G	0936
J0528		Injection, fosfomycin disodium, 20 mg	K	0937
J1289		Injection, narsoplimab-wuug, 1 mg	G	0938
J1577		Injection, immune globulin (qivigy), 100 mg	K	0939
J2361		Injection, depemokimab-ulaa, 1 mg	G	0940
J2374		Apraclonidine hydrochloride ophthalmic, 1% solution, 0.1 mL	E1	N/A
J2789		Riboflavin 5'-phosphate, ophthalmic solution (epioxahd/epioxa), up to 2 mL	G	0941
J3386		Injection, etuvetidigene autotemcel, per treatment	E2	N/A
J3405	C9309	Injection, onasemnogene abeparvovec-brve, per treatment	G	0922
J7176		Injection, human fibrinogen - chmt (fesilty), 1 mg	E2	N/A
J9053		Injection, belantamab mafodotin-blmf, 0.1 mg	K	0957
J9062		Injection, amivantamab 5 mg and hyaluronidase-lpuj	G	0942
J9232		Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	E2	N/A
Q5164		Injection, ustekinumab-hmny (starjemza), biosimilar, 1 mg	E2	N/A
Q5165		Injection, denosumab-mobz (oziltus), biosimilar, 1 mg	E2	N/A
Q5166		Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg	E2	N/A

Q5167		Injection, denosumab-qbde (enoby/xtrenbo), biosimilar, 1 mg	K	0949
Q5168		Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg	E2	N/A
Q5169		Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg	E2	N/A
Q5170		Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	E2	N/A
Q5171		Injection, denosumab-mobz (boncresta), biosimilar, 1 mg	E2	N/A

Table 17. - HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status Indicators

CY 2026 HCPCS Code	Long Descriptor	April 2026 SI	April 2026 APC	July 2026 SI	July 2026 APC
J1741	Injection, ibuprofen, 100 mg	N	N/A	K1	0953
J2993	Injection, reteplase, 18.1 mg	K	9005	E1	N/A
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	E1	N/A	N	N/A
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	E2	N/A	K	0950

Table 18. - HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of July 1, 2026

CY 2026 HCPCS Code	April 2026 Long Descriptor	July 2026 Long Descriptor
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Injection, immune globulin, (Gammagard liquid/Gammagard liquid ERC), 500 mg
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Riboflavin 5'-phosphate, ophthalmic solution (photrexa viscous/photrexa), up to 3 ml
J3375	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	Injection, vancomycin hydrochloride (tyzavan), not therapeutically equivalent to j3373, 10 mg

Table 19. – Updated Status Indicator and APC Assignments for HCPCS codes A2032 and A2034

HCPCS Code	Long Descriptor	Status Indicator	APC
A2032	Myriad matrix, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6001 (510(k) Skin Substitute Products)

A2034	Foundation drs solo, per square centimeter (add-on, list separately in addition to primary procedure)	S1	6001 (510(k) Skin Substitute Products)
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Table 20. - HCPCS Code, Status Indicator and APC Assignments for Qualifying Non-Opioid Treatment for Pain Relief

HCPCS Code	Long Descriptor	SI July 2026	CY 2026 APC	Payment Limitation*	Effective Date
J1741	Injection, ibuprofen, 100 mg	K1	0953	\$1,892.36	March 11, 2026

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

Table 21. - HCPCS Code and Updated Long Descriptor for Qualifying Non-Opioid Treatment for Pain Relief

HCPCS Code	Long Descriptor	Effective Date
C9809	Cryoneurolysis needle (e.g., iovera System), including needle/tip and all disposable system components, nonopioid 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)	July 1, 2026