

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13844	Date: July 1, 2026
	Change Request 14481

Transmittal 13781 issued May 20, 2026, is being rescinded and replaced by Transmittal 13844, dated July 1, 2026, to update the Summary of Modifications and Summary of Data Changes attachments. 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 Integrated Outpatient Code Editor (I/OCE) Specifications Version 27.2

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the Outpatient Prospective Payment System (OPPS) and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The attached recurring update notification applies to publication 100-04, chapter 4, section 40.1.

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: 13844	Date: July 1, 2026	Change Request: 14481
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II. GENERAL INFORMATION

A. Background: This instruction informs the A/B Medicare Administrative Contractors (MACs) Part A, the A/B MACs Part Home Health and Hospice (HHH) and the Fiscal Intermediary Shared System (FISS) that the I/OCE is being updated for July 1, 2026. The I/OCE routes all institutional outpatient claims (which includes non-OPPS hospital claims) through a single integrated OCE.

B. Policy: This notification provides the Integrated OCE instructions and specifications for the Integrated OCE that will be utilized under the OPPS and non-OPPS for hospital outpatient departments, community mental health centers, all non-OPPS providers, and for limited services when provided in a home health agency not under the Home Health Prospective Payment System or to a hospice patient for the treatment of a non-terminal illness. The I/OCE specifications will be posted to the CMS website and can be found at <https://www.cms.gov/medicare/coding/outpatientcodeedit>.

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			D M E M AC	Shared-System Maintainers				Other	
		A	B	H H H		FI SS	M CS	V M S	C W F		
1448 1.1	The Shared System Maintainer shall install the I/OCE into their systems.					X					
1448 1.2	Medicare contractors shall identify the I/OCE specifications on the CMS website at https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs .	X		X		X					
1448 1.3	Medicare contractors shall activate new reason code W7140 to Return to Provider (RTP) as per the documentation and update the narrative. This is new I/OCE edit 140.	X				X					
1448 1.4	Medicare contractors shall activate new reason code W7139 to RTP as per the documentation and update the narrative. This is new I/OCE edit 139.	X				X					
1448 1.5	Medicare contractors shall activate new informational edit W7141 to suspend as per the documentation and update the narrative. This is new I/OCE edit 141.	X				X					
1448 1.6	The contractor shall permanently delete reason code 32285.					X					
1448 1.7	Contractors shall update reason code narratives as outlined in the I/OCE specifications documentation.	X				X					
1448 1.8	Contractors shall update the narrative for W7021 as described in the April I/OCE specification documentation.	X				X					
1448 1.9	Contractors shall be aware of the updated listing of payer only modifier codes and continue to apply the appropriate payer only modifier code(s) to claim lines at CMS direction.	X		X							
1448 1.10	Contractors shall update PARMHBIH for the Part B Billable Inpatient HCPCS.	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:

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): Fred Rooke, fred.rooke@cms.hhs.gov , Yvonne Young, yvonne.young@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: 3

Attachment 1:

00 - Payer Only Modifier #0: Separately paid fee schedule service not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	00000	A	02	1	0	0	00	Z	00	0

01 - Payer Only Modifier #1: Separately paid drug (non-pass-thru) not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	K	02	1	0	0	00	Z	00	0

02 - Payer Only Modifier #2: Separately paid Pass-Thru drug not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	G	02	1	0	0	00	Z	00	0

03 - Payer Only Modifier #3: Separately paid Preventive Service drug not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	00000	L	04	1	0	0	00	Z	00	0

04 - Payer Only Modifier #4: Separately paid RHC/FQHC service (CCM/Telehealth)

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	088	089	00000	A	02	1	0	0	00	5	00	0

05 - Payer Only Modifier #5: Separately paid RHC/FQHC Vaccine service not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	088	089	00000	L	04	1	0	0	00	5	00	6

06 - Payer Only Modifier #6: Separately paid Flu/PPV/Hep B Preventive Vaccine Admin not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	05691	S	01	1	0	0	00	Z	09	0

07 - Payer Only Modifier #7: Separately paid COVID Preventive Vaccine Admin not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	09398	S	01	1	0	0	00	Z	09	0

08 - Payer Only Modifier #8: Separately paid Preventive Vaccine Admin Home not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	09399	_S	01	1	0	0	00	Z	09	0

09 - Payer Only Modifier #9: Separately paid COVID-19 Monoclonal Admin not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	01506	S	01	1	0	0	00	Z	09	0

10 - Payer Only Modifier #A: Separately paid COVID-19 Monoclonal Admin not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	01509	S	01	1	0	0	00	Z	09	0

11 - Payer Only Modifier #B: Service is payable and want to make it payable for Non-OPPS only (IOCE edit 62)

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF	Edit Output
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9	
006				00000	_B	00	0	0	0	00	Z	00	0	62

12 - Payer Only Modifier #C: Service is payable and want to make it Noncovered (IOCE edit 9).

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF	Edit Output
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9	
006				00000	E1	03	1	1	0	00	Z	00	0	9

13 - Payer Only Modifier #D: Service is payable and want to make it Statutorily Excluded (IOCE edit 50).

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF	Edit Output
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9	
006				00000	E1	03	1	0	0	00	Z	00	0	50

14 - Payer Only Modifier #E: Professional Service is payable and want to make it non-payable to Institutional providers except FQHC/RHC, Hospice RC 0657, and CAH Method II RC 096x, 097x, 098x.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF	IOCE Edit Output
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9	
006				00000	M	03	1	0	0	00	Z	00	0	72

15 - Payer Only Modifier #F: Off-cycle Service is payable, not listed, or E1 and want to make it Packaged

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	00000	N	09	1	0	1	00	Z	00	0

16 - Payer Only Modifier #G: Off-cycle Invoice drug with SI = E1, G, K, K1, N, S1 changed to SI=E2

Provider must bill Value Code 92.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF	IOCE Edit Output
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9	
009	028	050		09999	E2	03	1	1	0	00	Z	00	0	13

17 - Payer Only Modifier #H: Off-cycle ASP drug with SI = E1, E2, K, K1, N, S1 changed to SI=G

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
009	013	028	050	09999	G	02	1	0	0	00	Z	0	0

18 - Payer Only Modifier #I: Off-cycle ASP drug with SI = E1, E2, G, K1, N, S1 changed to SI=K

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
009	013	028	050	09999	K	02	1	0	0	00	Z	00	0

19 - Payer Only Modifier #J: Off-cycle PMA Skin Substitute with SI = E1, E2, G, K, K1, N changed to SI=S1.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
009	013	028	050	06000	S1	01	1	0	0	00	Z	00	0

20 - Payer Only Modifier #K: Off-cycle 510K Skin Substitute with SI = E1, E2, G, K, K1, N changed to SI=S1.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
009	013	028	050	06001	S1	01	1	0	0	00	Z	00	0

21 - Payer Only Modifier #L: Off-cycle HCT/P Skin Substitute with SI = E1, E2, G, K, K1, N changed to SI=S1.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
009	013	028	050	06002	S1	01	1	0	0	00	Z	00	0

22 – Payer Only Modifier #M: Off-cycle First separately paid drug (K1) and Value code Z7 with payment limitation VC and rate to be sent in IOCE reply (QR9999.99) (VC = Z7 QR9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	K1	02	1	0	0	30	Z	00	0

23 – Payer Only Modifier #N: Off-cycle Second separately paid drug (K1) and Value code Z7 with payment limitation VC and rate to be sent in IOCE reply (QS9999.99) (VC = Z7 QS9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/ RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	K1	02	1	0	0	31	Z	00	0

24 – Payer Only Modifier #O: Off-cycle Third separately paid drug (K1) and Value code Z7 with payment limitation VC and rate to be sent in IOCE reply (QT9999.99) (VC = Z7 QT9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	K1	02	1	0	0	32	Z	00	0

25 – Payer Only Modifier #P: Off-cycle First Separately paid device (H1) and Value code Z7 with payment limitation VC and rate to be sent in IOCE reply (QP9999.99) (VC = Z7 QP9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	02099	H1	06	1	0	0	26	Z	00	0

26 – Payer Only Modifier #Q: Off-cycle Second separately paid device (H1) Value code Z7 with payment limitation VC and rate to be sent in IOCE reply (QV9999.99) (VC = Z7 QV9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	02099	H1	06	1	0	0	27	Z	00	0

27 – Payer Only Modifier #R: Off-cycle First separately paid drug (G) and Value code Z7 with offset VC and rate to be sent in IOCE reply (QR9999.99) (VC = Z7 QR9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	G	02	1	0	0	18	Z	10	0

28 – Payer Only Modifier #S: Off-cycle Second separately paid drug (G) and Value code Z7 with offset VC and rate to be sent in IOCE reply (QS9999.99) (VC = Z7 QS9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	G	02	1	0	0	19	Z	10	0

29 – Payer Only Modifier #T: Off-cycle Third separately paid drug (G) and Value code Z7 with offset VC and rate to be sent in IOCE reply (QT9999.99) (VC = Z7 QT9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation.

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	028	050	99999	G	02	1	0	0	20	Z	10	0

30 – Payer Only Modifier #U: Separately paid RHC/FQHC Preventive Vaccine Administration service not in HCPCS file or SI=E1

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9
006	009	088	089	00000	S	01	1	0	0	00	Z	09	6

31 – Payer Only Modifier #V – Service is payable and want to make it Noncovered (IOCE edit 28).

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF	IOCE Edit Output
BP1	BP2	BP3	BP4	APC FLAG	1*	2	3	4	5	6	7	8	9	
006				00000	E1	03	1	1	0	00	Z	00	0	28

32 – Payer Only Modifier #W – Separately paid RHC/FQHC service (Telehealth)

Contractor bypass edits				CB APC	CB SI	CB PI	CB DF	CB LID/RF	CB PF	CB PAF1	CB PMF	CB PAF2	LIAF
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1 Summary of Quarterly Release Modifications

The modifications of the IOCE for the **July 1, 2026, v27.2** release are summarized in the table below. Readers should also read through the entire document and note the highlighted sections, which indicate changes from the prior release of the software. Some IOCE modifications in the update may be retroactively added to prior releases. If so, the retroactive date appears in the 'Effective Date' column.

Item #	Type	Effective Date	Edits Affected	Modification
1.	Logic	7/1/2026	24	Modify the software to maintain 28 prior quarters (7 years) of programs in each release. Remove older versions with each release. The earliest date/version included for this release is 10/01/2019, v20.3 of the IOCE.
				Logic Changes:
2.	Logic	10/1/2019	87	Logic Modification: Edit 87 logic is updated to include criteria for identifying pass-through skin substitute products with SI of G retroactively to 10/1/2019. See Skin Substitute Editing and Processing and Skin Substitute Processing for CAHs .
3.	Logic	7/1/2025		Logic Added: Update the Contractor Bypass Automation Templates to include Line Item Action Flag and Edit_Output (1-4) requirements. See Contractor Bypass Automation Templates for additional details.
4.	Logic	7/1/2025	141	Added a new edit 141 (HCPCS reported on or after mid-quarter effective date with bypassed or converted SI and/or APC) applied to HCPCS with a mid-quarter activation date for HCPCS with a MAC-directed conversion of IOCE output (e.g. SI). Edit 141 is an informational only edit (sets the Line Item Denial/Rejection flag to 3). See Contractor Bypass Automation Templates and Midquarter Date Edit Processing .
5.	Logic	10/1/2019		Logic Correction: Updates to Status Indicators for “OPPS Payable” designation for colorectal services. See Preventive Services and Deductible/Coinsurance Waiver Processing .
6.	Logic	1/1/2026	140	Added a new edit 140 to return claim to provider (RTP) at the line level when a non-BLA skin substitute product is reported with modifier JW or JZ. See Skin Substitute Editing and Processing and Skin Substitute Processing for CAHs .
7.	Logic	10/1/2019		Logic Correction: Advance Care Planning (ACP) logic is updated to retain Status Indicator = A when an ACP service is reported on the same claim as an Annual Wellness Visit (AWV) and a CAPC procedure (SI = J1). This update corrects the ACP to be treated as a preventive service when done in conjunction with the AWV. See Advance Care Planning .
8.	Logic	10/1/2019	112	Logic Correction: Updates to the logic for applying edit 112 to assure the Line Item Denial/Rejection flag is set to 3 as an information only edit.
9.	Logic	10/1/2019	21	Logic Modification: Edit 21 logic is updated for CAH claims with bill type 85x to bypass the edit when a medical visit (codes with SI of J2 or V) is reported with a professional services revenue code (096x, 097x, 098x) on the same service date as a procedure or service (codes with SI of J1, S or T) that is reported with a facility (non-professional) revenue code. Note also the edit 21 description is updated. See Medical Visit Processing for CAHs and Edit Description table .
10.	Logic	1/1/2026	139	Logic Added: New processing of telehealth services for OPSS hospitals and Critical Access hospitals when reported with professional service modifiers 93 or 95. A new edit 139 (Telehealth service reported incorrectly with modifier 93 or 95) is added to return the claim to provider (RTP) at the line level when a HCPCS code is reported with modifiers 93 or 95 that is not on the CMS Telehealth list. See Telehealth Service Processing , Telehealth Claims Processing for CAHs . Note: The implementation of edit 139 will be applicable for FQHC and RHC clinics but the activation of the edit will not be implemented until 10/1/2026. See FQHC PPS Telehealth Services and RHC Telehealth Services.
11.	Logic	10/1/2026		Note: This logic change is documented here but will not be activated until 10/1/2026. Logic Added: New Line Item Action Flag value of 7 (Preventive telehealth service with coinsurance and/or deductible waived) is added to identify preventive services from the FQHC Preventive list (Data_HCPCS table) that are also on the telehealth list and performed via telehealth for FQHC and RHC claims when reported with modifier 93 or 95, in order to receive a waiver of coinsurance and/or deductible. See APC Return Buffer , FQHC Telehealth Services , and RHC Telehealth Services .
				Documentation Changes:
12.	Documentation	1/1/2026	87	Update to the reason for edit generation in the Edit Descriptions and Reason for Edit Generation Table for edit 87 to include SI of G, reflecting the addition of pass-through skin substitute criteria.
13.	Documentation	10/1/2019	21	Update to the edit description and reason for edit generation for edit 21 in the Edit Descriptions table to reflect bypass of the edit for CAH for medical visits reported with professional revenue codes.
14.	Documentation	10/1/2019		Updates to Preventive Services and Deductible/Coinsurance Waiver Processing for identifying OPSS payable services.
15.	Documentation	10/1/2019		Update to Advance Care Planning to clarify the retention of Status Indicator (SI) = A for Advance Care Planning when reported with a Medicare Annual Wellness Visit and a J1 service.
16.	Documentation	7/1/2026	106	Update to Edit 106 clarifying add-on code pairing requirements for HCPCS codes, specifying that add-on codes may be reported together but continue to require a separately reported primary procedure code that is not an add-on code to satisfy edit criteria. See Add-On Code Edits
17.	Documentation	7/1/2026	107	Update to Edit 107 including the instructions noted in the edit table that the application of the edit is associated only for Critical Access Hospitals (non-OPSS bill type 85x) when a Type II add-on code(s) is reported with a professional services revenue code (096x, 097x or 098x) without a contractor-defined primary code. See Addon Code Editing .
18.	Documentation	1/1/2026	139 , 140 , 141	Updates to Claim Return Buffer , Edit Return Buffer , Edit Description Table and Edits Applicable for OPSS and Non-OPSS Bill types for all new edits.
19.	Documentation	1/1/2026		Updates to the Telehealth Service Processing , and Telehealth Claims Processing for CAHs sections associated with the logic changes for reporting telehealth services with modifiers 93 or 95

Item #	Type	Effective Date	Edits Affected	Modification
				95. Note changes included for FOHC PPS Telehealth Services and RHC Telehealth Services are for future implementation on 10/1/2026.
20.	Documentation	10/1/2026		The APC Return Buffer is updated to include new LIAF 7 (Preventive telehealth service with coinsurance and/or deductible waived). Note this is added for future implementation for FOHC and RHC clinics, effective 10/1/2026.
21.	Documentation	7/1/2026		Updated documentation related to processing of No Payment Claim bill types 0710, 0770 for FOHC and RHC claims.
22.	Documentation	7/1/2026		Updated missing values in Contractor Bypass Applicable column in the Edit Descriptions and Reason for Edit Generation Table for the following edits: 3, 8, 9, 11, 13, 17, 20, 28, 40, 67, 68, 69, 104, 106, 107, 108, 110, 117, 121, 127, 134, 136, 137, and 138
23.	Documentation	7/1/2026		Update to the flowchart for passthrough drugs and biologicals flowchart to correct a missing “No” response when a passthrough radiopharm is above the packaging threshold.
				Content Changes:
24.	Content	7/1/2026	22	Added new modifier AC (Co-mgmt mod – onboarding) to the valid modifier list.
25.	Content	7/1/2025	112	Category II CPT codes not already assigned to Status Indicator E1 are updated to SI = E1. Category II codes are for informational reporting purposes only and return edit 112 . See Category II HCPCS Code Editing
26.	Content	10/1/2025	9, 28	HCPCS J3290 is updated from receiving edit 28 to receiving edit 9 , effective retroactively to 10/1/2025.
27.	Content	10/28/2025	68	HCPCS K1030 is updated with a midquarter effective date change to accommodate the SI change from Y to A, effective 10/28/2025.
28.	Content	1/1/2025	87	Retroactive updates to remove specific skin substitute product designation from the former high and low-cost non-sheet form skin substitute product lists that are non-sheet form for CY 2025. The following HCPCS are impacted: A2017: removes the high skin substitute product flag A2028: removes the high skin substitute product flag Q4100: removes the low skin substitute product flag
29.	Content	7/1/2026		Added the following midquarter activation dates for HCPCS conversions via the contractor bypass processing: C9818: effective 1/23/2026 (remove edit 134 and activate new edit 141) J1741: effective 3/11/2026 (add edit 141) 87638: effective 5/15/2026 (add edit 110)
30.	Content	7/1/2025		Updates to the Contractor Bypass Automation Template for modifications to current #modifier requirement flag values, add LIAF and Edit_Outputs (1-4), and add three new requirement entries for #U, V and W.
				Data Content Changes:
31.	Content	7/1/2026		Make all Diagnosis, HCPCS, APC, SI and edit changes as specified by CMS. Updates were made to the following tables and lists: DATA_APC <ul style="list-style-type: none"> Added new APCs and modified APCs as applicable DATA_CAPC <ul style="list-style-type: none"> Added new comprehensive APC HCPCS with rankings Updated existing comprehensive APC ranking DATA_CONTRACTOR_TEMPLATE <ul style="list-style-type: none"> Updated template entries for modifiers, descriptions and flag assignments DATA_EDIT_BYPASS <ul style="list-style-type: none"> Add new edit 139 DATA_HCPCS <ul style="list-style-type: none"> Add, delete and modify new HCPCS as applicable Coinsurance/Deductible Not Applicable list Comprehensive APC list Comprehensive APC Exclusion list Device list Device Procedure list (edit 92) Edit 92 Modifier Bypass list (edit 92) DMERC list (edit 61) FQHC Non-Covered list FQHC Non-Packaged Preventive list FQHC Preventive list, Note: Updates to this list are not activated until 10/1/2026 Independent Bilateral Information Only list (edit 112) Midquarter HCPCS Conversion list (edit 112) Non-billable MAC list (edit 72) Non-BLA Skin Substitute Product list (edit 140) Non-covered list (edit 9) Non-Opioid Pass Through Drugs or Devices list Not Recognized Medicare list (edit 28) Non-reportable Site of Service list (edit 55) Part B Billable HCPCS (edit 127) Pass-Through Contrast HCPCS list Pass-Through Device list Pass-Through Device Offset list Radiopharm Exceeds Threshold list

Item #	Type	Effective Date	Edits Affected	Modification
				<ul style="list-style-type: none"> • Skin Substitute Lo/Hi Cost Products list (edit 87) • Telehealth Services list (edit 139), Note: Updates to this list are not activated for FQHC and RHC bill types until 10/1/2026 • Terminated Device Procedure Offset list • Type One Addon Procedure Code list (edit 106) <p>DATA_MODIFIER</p> <ul style="list-style-type: none"> • Update for new and revised modifiers (edit 22) <p>DATA_NONOPIOID_PASSTHROUGH</p> <ul style="list-style-type: none"> • Payment limitation values updated for non-opioid surgical pain relief drugs <p>OFFSET_APC</p> <ul style="list-style-type: none"> • Updates to APC offset amounts <p>OFFSET_CODEPAIR</p> <ul style="list-style-type: none"> • Updates to passthrough device offset code pairs list <p>OFFSET_HCPCS</p> <ul style="list-style-type: none"> • Updates to the terminated device procedure offsets list <p>DSC_EDIT</p> <ul style="list-style-type: none"> • Updates to description file to add new edits 139, 140, 141 <p>DSC_LIAF</p> <ul style="list-style-type: none"> • Updates to description file for new Line Item Action Flag 7 <p>Note: This update is not activated until 10/1/2026.</p>
32.	Content	7/1/2026	20 , 40	Implement NCCI v32.2 updates for July 2026.
33.	Content	7/1/2026	106	Implement the Add-on code updates for July 2026.
34.	Data Table Structure	7/1/2026		DATA_HCPCS : update to include a new column for NON_BLA_SKIN_SUBSTITUTE_PRODUCTS associated with sheet-form and non-sheet-form skin substitute products subject to new edit 140.
35.	Other	7/1/2026		Create 508-compliant versions of the Specifications, Summary of Data Changes and File Layout documents for publication on the CMS web site. Provide MF and PC IOCE software and supporting quarterly data file reports for publication on the CMS web site.

Final

Summary of Data Changes

IOCE v27.2 July 2026

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APC Changes**Added APCs**

The following APC(s) were added.

Added APCs

APC	Eff Date	Description	Status Indicator	Payment
00855	2026-01-01	Inj ustekinumab-stba, 1 mg	K	\$3.21
00935	2026-07-01	Inj. ferumoxytol, 1 mg	G	\$0.00
00936	2026-07-01	Inj, leucovorin cal (avyxa)	G	\$0.00
00937	2026-07-01	Inj fosfomycin disodium 20mg	K	\$0.00
00938	2026-07-01	Narsoplimab-wuug, 1 mg	G	\$0.00
00939	2026-07-01	Inj, qivigy, 100mg	K	\$0.00
00940	2026-07-01	Inj depemokimab-ulaa 1 mg	G	\$0.00
00941	2026-07-01	Riboflavin epioxa/hd<=2ml	G	\$0.00
00942	2026-07-01	Inj amivantamab 5mg hyaluron	G	\$0.00
00949	2026-07-01	Inj, den (eno/xtr), bio, 1mg	K	\$0.00
00950	2026-04-01	Inj, tocilizumab-anoh, 1 mg	K	\$0.00
00951	2026-07-01	Inj, denosumab-kyqq, 1 mg	G	\$0.00
00952	2026-07-01	Inj ustekinumab-srlf, 1 mg	G	\$0.00
00953	2026-04-01	Ibuprofen injection	K1	\$0.00
00957	2026-07-01	Inj belantamab mafodot blmf	K	\$0.00
02089	2026-07-01	Vert dev motion-preserv	H	\$0.00

Deleted APCs

The following APC(s) were deleted.

Deleted APCs

APC	Eff Date	Description
09005	2026-07-01	Reteplase injection

Modified APC Descriptions

The following APC(s) had a description change.

Modified APC Descriptions

APC	Eff Date	Description Current	Description Previous
00741	2026-07-01	Inj cyclophos dr reddys 5 mg	Inj cyclophosphamd (ingenus)
00934	2026-07-01	Inj, denosumab-nxxp, 1 mg	Inj, den (bil/bil), bio, 1mg
00944	2026-07-01	Gammagard liquid/erc inj	Gammagard liquid injection
09013	2026-07-01	Inj risankizumab-rzaa 1 mg	Inj risankizumab rzaa 1 mg

Modified APC Status Indicators

The following APC(s) had status indicator changes.

Modified APC Status Indicators

APC	Eff Date	Description	Status Indicator Current	Status Indicator Previous
00865	2026-07-01	Inj, hercessi, 10 mg	G	K
09119	2026-07-01	Inj, pedmark, 100 mg	K	G
09142	2026-07-01	Fecal microbiota jsln 1 ml	K	G
09149	2026-07-01	Inj ublituximab-xiiy, 1 mg	K	G
09150	2026-07-01	Inj mosunetuzumab-axgb, 1 mg	K	G
09154	2026-07-01	Inj, vivimusta, 1 mg	K	G
09155	2026-07-01	Inj lenacapavir (hiv tx) 1mg	K	G
09158	2026-07-01	Inj, pegcetacoplan, 1mg	K	G
09159	2026-07-01	Inj, vegzelma, 10 mg	K	G

APC Payment Offsets Modified

The following APC(s) had a modification to the offset amount for applicable pass-through radiopharmaceuticals, skin substitute products, contrast agents, or stress agents.

APC Payment Offsets Modified

List ID Key: 1 = Radiopharmaceuticals, 2 = Skin Substitute Products, 3 = Contrast Agents, 4 = Stress Agent

APC	Eff Date	Description	List Id	Current Amount	Previous Amount
05591	2026-01-01	Level 1 Nuclear Medicine and Related Services	1	\$59.59	\$71.35
05592	2026-01-01	Level 2 Nuclear Medicine and Related Services	1	\$89.92	\$357.08
05593	2026-01-01	Level 3 Nuclear Medicine and Related Services	1	\$245.62	\$295.62
05593	2026-01-01	Level 3 Nuclear Medicine and Related Services	4	\$245.62	\$295.62
05594	2026-01-01	Level 4 Nuclear Medicine and Related Services	1	\$158.51	\$1,041.20

HCPCS Procedure Code Changes

Added HCPCS Codes

The following HCPCS code(s) were added.

Added HCPCS Codes

HCPCS	Eff Date	Description	Status Indicator	APC	Edit	Appr Date	Term Date
0631U	2026-07-01	Onc sol tum dna seq alys 15	A	00000			
0632U	2026-07-01	Rbc ag ffl rhd gen alys mpcr	A	00000			
0633U	2026-07-01	Ob l-gene n-invas prntl tst	E1	00000	9		
0634U	2026-07-01	Onc brst ca cfdna evl 1 lesr1	A	00000			
0635U	2026-07-01	Ai ad mrna gene xprsn 487gen	A	00000			
0636U	2026-07-01	Babesia 20 rprtn grps igg	Q4	00000			
0637U	2026-07-01	Babesia 20 rprtn grps igm	Q4	00000			
0638U	2026-07-01	Bartonella antib detcj 32 igg	Q4	00000			
0639U	2026-07-01	Bartonella antib detcj 32 igm	Q4	00000			
0640U	2026-07-01	Onc lm tumor cell slctn id	Q4	00000			
0641U	2026-07-01	Onc mrd tum dna ngs ffpe 1st	A	00000			
0642U	2026-07-01	Onc mrd tum dna ngs whl bld	A	00000			
0643U	2026-07-01	Onc gu ca cfctdna 200gen ngs	A	00000			
0644U	2026-07-01	Onc leukemia mrd baseline	A	00000			
0645U	2026-07-01	Onc leukemia mrd based dpcr	A	00000			
0646U	2026-07-01	Onc mrds wgsa cfdna baseline	A	00000			
0647U	2026-07-01	Onc mr ds wgsa cfdna ctdna	A	00000			
0648U	2026-07-01	Onc sol tum tgsa 42/10/18gen	A	00000			
0649U	2026-07-01	Neuro alz ds dna ngs ad-1&2	A	00000			
0650U	2026-07-01	Rx metab advrs rxns&rspse 9	A	00000			
0651U	2026-07-01	Onc hered ca 55gen ngs dmlpa	A	00000			
0652U	2026-07-01	Rx metab adverse dna alys 13	A	00000			
0653U	2026-07-01	Nfro inh kdn do dna 700gens	A	00000			
0654U	2026-07-01	Iem pmd 1nzm complex wb alys	N	00000			
0655U	2026-07-01	Iem pmd 1nzm complex sk asy	Q4	00000			
0656U	2026-07-01	Iem pmd 1nzm complex radact	Q4	00000			
0657U	2026-07-01	Rare ds seq alys cmprtr nuc	A	00000			
0658U	2026-07-01	Rare ds nuc&mitochdrl dna	A	00000			
0659U	2026-07-01	Rare ds ultrapid wgsalys dna	A	00000			
1026T	2026-07-01	Trvg lsr photobiom ther plvs	E1	00000	9		
1027T	2026-07-01	Prq ins/rplc nstm cth vnt pt	C	00000			
1028T	2026-07-01	Map&prgr nstm cth vent repos	C	00000			
1029T	2026-07-01	Map&prg nstm cth vnt wo rpos	C	00000			
1030T	2026-07-01	Crtj dig 3d mdl surf mesh 1	S	05721			
1031T	2026-07-01	Crtj dig 3d mdl surf mesh ea	N	00000			
1032T	2026-07-01	Crtj dig 3d mdl mesh&sim 1	S	05721			
1033T	2026-07-01	Crtj dig 3d mdl mesh&sim ea	N	00000			
1034T	2026-07-01	Crt dig 3d mdl msh sim&aly 1	S	05721			
1035T	2026-07-01	Crt dig 3dmdl msh sim&aly ea	N	00000			
1036T	2026-07-01	N-invas hemodyn asmt plm prs	E1	00000	9		
1037T	2026-07-01	Histotripsy mal pncrtc tiss	E1	00000	9		
1038T	2026-07-01	Autol musc cll ther njx tong	E1	00000	9		
1039T	2026-07-01	Connectomic alys prv brn mri	S	01510			
1040T	2026-07-01	Brnchse flx brncl crtx 1 lng	E1	00000	9		
1041T	2026-07-01	Augmnt alg alys enceph wvfrm	S	05734			
1042T	2026-07-01	Impl absrb uro scaff prstac	E1	00000	9		
1043T	2026-07-01	Quan mr alys liver tiss 1/+	E1	00000	9		
1044T	2026-07-01	Hrv fth autol htro skn grf 1	E1	00000	9		
1045T	2026-07-01	Hrv fth autl htro skn grf ea	E1	00000	9		
1046T	2026-07-01	Autol htro grf appl t/a/1 1	E1	00000	9		
1047T	2026-07-01	Autol htro grf appl t/a/1 ea	E1	00000	9		
1048T	2026-07-01	Autol htro grf appl f-dgt 1	E1	00000	9		
1049T	2026-07-01	Autol htro grf appl f-dgt ea	E1	00000	9		
1050T	2026-07-01	Ins subq hrt fail dcomp mntr	E1	00000	9		
1051T	2026-07-01	Rmv subq hrt fail dcomp mntr	E1	00000	9		
1052T	2026-07-01	Interg sbq hrt fail dem mntr	E1	00000	9		
1053T	2026-07-01	Pgrmg sbq hrt fail dem mntr	E1	00000	9		
87638	2026-04-01	Iadna dna/rna rubeola measls	Q4	00000	110	2026-05-15	
90616	2026-07-01	Tirv vacc mrna 37.5/0.38 im	E1	00000	9		
90639	2026-07-01	Vacc qirv mrna 50mcg/.5ml im	E1	00000	9		
A9574	2026-07-01	Inj. ferumoxytol, 1 mg	G	00935			
C1609	2026-07-01	Vert dev motion-preserv	H	02089	55		
C8014	2026-07-01	Cysto, litho, w suct sheath	J1	05375	55		
C9310	2026-07-01	Inj, leucovorin cal (avyxa)	G	00936	55		
G0574	2026-07-01	Mgt new pt dem res care cmmi	M	00000	72		
G0575	2026-07-01	Mgt est pt dem res care cmmi	M	00000	72		
G0669	2026-07-01	Eckm oap-initial period	M	00000	72		
G0670	2026-07-01	Eckm oap-follow-on period(s)	M	00000	72		
G0671	2026-07-01	Ckm oap-initial period	M	00000	72		

Added HCPCS Codes

HCPCS	Eff Date	Description	Status Indicator	APC	Edit	Appr Date	Term Date
G0672	2026-07-01	Ckm oap-follow-on period(s)	M	00000	72		
G0673	2026-07-01	Msk oap-initial period	M	00000	72		
G0674	2026-07-01	Bh oap-initial period	M	00000	72		
G0675	2026-07-01	Bh oap-follow-on period(s)	M	00000	72		
G0676	2026-07-01	Std co-mgmt-eckm, ckm	M	00000	72		
G0677	2026-07-01	Std co-mgmt-msk	M	00000	72		
G0678	2026-07-01	Std co-mgmt-bh	M	00000	72		
G0681	2026-01-01	App of non-sheet skin sub	N	00000			
G0682	2026-01-01	App non-sheet skin sub add	N	00000			
G0683	2026-01-01	App of non-sheet skin sub g	N	00000			
G0684	2026-01-01	App non-sheet skin sb g addl	N	00000			
J0528	2026-07-01	Inj fosfomycin disodium 20mg	K	00937			
J1289	2026-07-01	Narsoplimab-wuug, 1 mg	G	00938			
J1577	2026-07-01	Inj, qivigy, 100mg	K	00939			
J2361	2026-07-01	Inj depemokimab-ulaa 1 mg	G	00940			
J2374	2026-07-01	Apraclonidine hcl opht 0.1ml	E1	00000	9		
J2789	2026-07-01	Riboflavin epioxa/hd<=2ml	G	00941			
J3386	2026-07-01	Etuvetidigene autotemecel	E2	00000	13		
J3405	2026-07-01	Inj onase abepar-brve treat	G	00922			
J7176	2026-07-01	Inj, fesilty, 1 mg	E2	00000	13		
J9053	2026-07-01	Inj belantamab mafodot blmf	K	00957			
J9062	2026-07-01	Inj amivantamab 5mg hyaluron	G	00942			
J9232	2026-07-01	Inj docetaxel (hospira) 1 mg	E2	00000	13		
M0231	2026-07-01	Inf tocilizumab-bavi 1st dos	S	01506			
M0232	2026-07-01	Inf tocilizumab-bavi 2nd dos	S	01506			
Q0234	2026-07-01	Inj, tocilizumab-bavi, 1mg	L	00000			
Q5164	2026-07-01	Ustekinumab-hmny, 1 mg	E2	00000	13		
Q5165	2026-07-01	Inj, denosumab-mobz, 1 mg	E2	00000	13		
Q5166	2026-07-01	Inj, denosumab-desu, 1 mg	E2	00000	13		
Q5167	2026-07-01	Inj, denosumab-qbde, 1 mg	K	00949			
Q5168	2026-07-01	Inj, nufymco, 0.1 mg	E2	00000	13		
Q5169	2026-07-01	Inj, armlupeg, 0.5 mg	E2	00000	13		
Q5170	2026-07-01	Inj, aflibercept-boav, 1 mg	E2	00000	13		
Q5171	2026-07-01	Inj, den (boncres), bio, 1mg	E2	00000	13		

Deleted HCPCS CPT Codes

The following HCPCS code(s) were deleted.

Deleted HCPCS CPT Codes

HCPCS	Eff Date	Description
0029U	2026-07-01	Rx metab advrs trgt seq alys
0031U	2026-07-01	Cyp1a2 gene
0423U	2026-07-01	Psyc genomic alys pnl 26 gen
0577U	2026-07-01	Onc ovr serum alys 39 gps
C9309	2026-07-01	Inj onase abepar-brve treat

Modified HCPCS Code Descriptions

The following HCPCS code(s) had a description change.

Modified HCPCS Code Descriptions

HCPCS	Eff Date	Description Current	Description Previous
0522U	2026-07-01	Ca vi psp&sp1 antb ia semiql	Ca vi psp&sp1 antb cl semiql
0805T	2026-07-01	Tcat s&/ivc prstc vl imp prq	Tcat s&ivc prstc vl impl prq
0806T	2026-07-01	Tcat s&/ivc prstc vl imp opn	Tcat s&ivc prstc vl impl opn
0882T	2026-07-01	Intraop ther estim pn 1st	Intraop ther estim pn ue 1st
0883T	2026-07-01	Intraop ther estim pn ea	Intraop ther estim pn ue ea
A4459	2026-07-01	Transanal irrigation, manual	Transanal irrigation, any
A4479	2026-07-01	Transanal irrigation, electr	Electro pump enema, reusable
J1569	2026-07-01	Gammagard liquid/erc inj	Gammagard liquid injection
J2787	2026-07-01	Riboflavin photrexa/viscous	Riboflavin 5'phos opth<=3ml
J3375	2026-07-01	Inj, vanco (tyzavan) 10mg	Inj vancomycin (xellia) 10mg
Q5161	2026-07-01	Inj, denosumab-kyqq, 1 mg	Inj, den (auk/bos), bio, 1mg
Q5162	2026-07-01	Inj, denosumab-nxxp, 1 mg	Inj, den (bil/bil), bio, 1mg

Modified HCPCS Code APC/Status Indicators/Edit Assignments

The following HCPCS code(s) had an APC, Status Indicator, or Edit assignment change.

Modified HCPCS Code APC/Status Indicators/Edit Assignments

HCPCS	Eff Date	Description	APC Current	APC Previous	Status Indicator Current	Status Indicator Previous	Edits Current	Edits Previous
0509F	2019-10-01	Urine incon plan docd			E1	M	112	72,112
0513F	2019-10-01	Elev bp plan of care docd			E1	M	112	72,112
0517F	2019-10-01	Glaucoma plan of care docd			E1	M	112	72,112
0518F	2019-10-01	Fall plan of care docd			E1	M	112	72,112
0520F	2019-10-01	Rad dos limts b/4 3d rad			E1	M	112	72,112
0521F	2022-01-01	Plan of care 4 pain docd			E1	M	112	72,112
0526F	2019-10-01	Subs visit for episode			E1	M	112	72,112
0528F	2019-10-01	Rcmnd flw-up 10 yrs docd			E1	M	112	72,112
0529F	2019-10-01	Intrvl 3/>yr pts clnscp docd			E1	M	112	72,112
0540F	2019-10-01	Gluco mngmnt plan docd			E1	M	112	72,112
0581F	2019-10-01	Pt trnsfrd from anesth to cc			E1	M	112	72,112
0583F	2019-10-01	Transfer care checklist used			E1	M	112	72,112
0730T	2026-07-01	Trabeculotomy lsr w/oct gdn	05493	00000	J1	E1		9
0796T	2026-04-01	Tcat ins 2chmbr ldls pm ra	05224	05231				
0823T	2026-04-01	Tcat ins 1chmbr ldls pm ra	05224	05231				
0858T	2026-07-01	Ext trmscranl mag stimj meas	05723	00000	S	E1		9
0870T	2026-07-01	Imp subq prtl ascets pmp sys	01580	01579				
0871T	2026-07-01	Rplcmt subq prtl ascites pmp	01579	01578				
0996T	2026-01-01	Ins& sclr fix caps bag prosth	00000	05491	E1	J1	9	
1006F	2019-10-01	Osteoarthritis assess			E1	M	112	72,112
1036F	2019-10-01	Tobacco non-user			E1	M	112	72,112
1038F	2019-10-01	Persistent asthma			E1	M	112	72,112
1039F	2019-10-01	Intermittent asthma			E1	M	112	72,112
1090F	2019-10-01	Pres/absn urine incon assess			E1	M	112	72,112
1100F	2019-10-01	Ptfalls assess-docd ge2>/yr			E1	M	112	72,112
1101F	2019-10-01	Pt falls assess-docd le1/yr			E1	M	112	72,112
1111F	2019-10-01	Dschrg med/current med merge			E1	M	112	72,112
1123F	2019-10-01	Acp discuss/dscn mkr docd			E1	M	112	72,112
1124F	2019-10-01	Acp discuss-no dscnmkr docd			E1	M	112	72,112
1125F	2019-10-01	Amnt pain noted pain prsnt			E1	M	112	72,112
1126F	2019-10-01	Amnt pain noted none prsnt			E1	M	112	72,112
1158F	2019-10-01	Advnc care plan tlk docd			E1	M	112	72,112
1170F	2019-10-01	Fxnl status assessed			E1	M	112	72,112
1460F	2019-10-01	Qual card diag prior 12 mons			E1	M	112	72,112
1461F	2019-10-01	No qual card diag prior12mon			E1	M	112	72,112
2000F	2019-10-01	Blood pressure measure			E1	M	112	72,112
2022F	2019-10-01	Dil retina exam interp rev			E1	M	112	72,112
2022F	2020-01-01	Dilat rta xm evc rtnophy			E1	M	112	72,112
2023F	2019-10-01	Dilat rta xm w/o rtnophy			E1	M	112	72,112
2024F	2019-10-01	7 field photo interp doc rev			E1	M	112	72,112
2024F	2020-01-01	7 fld rta photo evc rtnophy			E1	M	112	72,112
2025F	2019-10-01	7 fld rta photo w/o rtnophy			E1	M	112	72,112
2026F	2019-10-01	Eye img valid evc rtnophy			E1	M	112	72,112
2027F	2019-10-01	Optic nerve head eval done			E1	M	112	72,112
2033F	2019-10-01	Eye img valid w/o rtnophy			E1	M	112	72,112
2033F	2022-01-01	Eye img valid w/o rtnophy			E1	M	112	72
3017F	2019-10-01	Colorectal ca screen doc rev			E1	M	112	72,112
3021F	2019-10-01	Lvef mod/sever deprs syst			E1	M	112	72,112
3022F	2019-10-01	Lvef >=40% systolic			E1	M	112	72,112
3022F	2022-01-01	Lvef >=40% systolic			E1	M	112	72,112
3023F	2019-10-01	Spirom doc rev			E1	M	112	72,112
3044F	2019-10-01	Hg a1c level lt 7.0%			E1	M	112	72,112
3045F	2019-10-01	Hg a1c level 7.0-9.0%			E1	M	112	72,112
3046F	2019-10-01	Hemoglobin a1c level >9.0%			E1	M	112	72,112
3051F	2022-01-01	Hg a1c>equal 7.0%<8.0%			E1	M	112	72,112
3052F	2022-01-01	Hg a1c>equal 8.0%<equal 9.0%			E1	M	112	72,112
3060F	2019-10-01	Pos microalbuminuria rev			E1	M	112	72,112
3061F	2019-10-01	Neg microalbuminuria rev			E1	M	112	72,112
3062F	2019-10-01	Pos macroalbuminuria rev			E1	M	112	72,112
3066F	2019-10-01	Nephropathy doc tx			E1	M	112	72,112
3072F	2019-10-01	Low risk for retinopathy			E1	M	112	72,112
3095F	2019-10-01	Central dexa results docd			E1	M	112	72,112
3100F	2019-10-01	Image test ref carot diam			E1	M	112	72,112
3126F	2019-10-01	Esoph bx rprrt w/dyspl info			E1	M	112	72,112
3155F	2019-10-01	Cytogen test marrow b/4 tx			E1	M	112	72,112
3160F	2019-10-01	Doc fe+ stores b/4 epo thx			E1	M	112	72,112
3170F	2019-10-01	Flow cyto done b/4 tx			E1	M	112	72,112
3170F	2020-10-01	Baselin flo cytometry b/4 tx			E1	M	112	72,112
3210F	2019-10-01	Grp a strep test performed			E1	M	112	72,112
3250F	2019-10-01	Nonprim loc anat bx site tum			E1	M	112	72,112
3260F	2019-10-01	Pt cat/pn cat/hist grd docd			E1	M	112	72,112

Modified HCPCS Code APC/Status Indicators/Edit Assignments

HCPCS	Eff Date	Description	APC Current	APC Previous	Status Indicator Current	Status Indicator Previous	Edits Current	Edits Previous
3267F	2019-10-01	Path rpt w/ pt pn cat et al			E1	M	112	72,112
3269F	2019-10-01	Bone scn b/4 txmnt/aftr dx			E1	M	112	72,112
3270F	2019-10-01	No bone scn b/4 txmnt/aftrdx			E1	M	112	72,112
3284F	2019-10-01	Iop down >15% of pre-svc lvl			E1	M	112	72,112
3285F	2019-10-01	Iop down <15% of pre-svc lvl			E1	M	112	72,112
3288F	2019-10-01	Fall risk assessment docd			E1	M	112	72,112
3300F	2019-10-01	Ajcc stage docd b/4 thxpy			E1	M	112	72,112
3301F	2019-10-01	Cancer stage docd metast			E1	M	112	72,112
3319F	2019-10-01	X-ray/ct/ultrsnd et al ord			E1	M	112	72,112
3320F	2019-10-01	No xray/ct/ et al ordd			E1	M	112	72,112
3321F	2019-10-01	Ajcc cncr 0/ia melan docd			E1	M	112	72,112
3322F	2019-10-01	Melanomaajcc stage 0 or ia			E1	M	112	72,112
3340F	2019-10-01	Mammo assess inc xray docd			E1	M	112	72,112
3341F	2019-10-01	Mammo assess negative docd			E1	M	112	72,112
3342F	2019-10-01	Mammo assess bengn docd			E1	M	112	72,112
3343F	2019-10-01	Mammo probably bengn docd			E1	M	112	72,112
3344F	2019-10-01	Mammo assess susp docd			E1	M	112	72,112
3345F	2019-10-01	Mammo assess hghlymalig doc			E1	M	112	72,112
3350F	2019-10-01	Mammo bx proven malig docd			E1	M	112	72,112
3394F	2019-10-01	Quant her2 ihc eval brst cx			E1	M	112	72,112
3395F	2019-10-01	Quant nonher2 ihc brst cx			E1	M	112	72,112
3475F	2019-10-01	Disease progn ra poor docd			E1	M	112	72,112
3476F	2019-10-01	Disease progn ra good docd			E1	M	112	72,112
3570F	2019-10-01	Rprt bone scint xref w xray			E1	M	112	72,112
3720F	2019-10-01	Cognit impairment assessed			E1	M	112	72,112
3725F	2019-10-01	Screen depression performed			E1	M	112	72,112
4004F	2019-10-01	Pt tobacco screen revd tlk			E1	M	112	72,112
4008F	2019-10-01	Beta-blocker therapy rxd/tkn			E1	M	112	72,112
4010F	2019-10-01	Ace/arb therapy rxd/taken			E1	M	112	72,112
4040F	2019-10-01	Pneumoc vac/admin/rcvrd			E1	M	112	72,112
4044F	2019-10-01	Doc order given vte prophylx			E1	M	112	72,112
4086F	2019-10-01	Aspirin/clopidogrel rxd			E1	M	112	72,112
4090F	2019-10-01	Pt rcvng epo thxpy			E1	M	112	72,112
4100F	2019-10-01	Biphos thxpy vein ord/recvd			E1	M	112	72,112
4110F	2019-10-01	Int mam art used for cabg			E1	M	112	72,112
4115F	2019-10-01	Beta blkcr admin w/in 24 hrs			E1	M	112	72,112
4120F	2019-10-01	Antibiot rxd/given			E1	M	112	72,112
4124F	2019-10-01	Antibiot not rxd/given			E1	M	112	72,112
4130F	2019-10-01	Topical prep rx aoe			E1	M	112	72,112
4131F	2019-10-01	Syst antimicrobial thx rx			E1	M	112	72,112
4132F	2019-10-01	No syst antimicrobial thx rx			E1	M	112	72,112
4175F	2019-10-01	Vis 20/40/> w/in 90 days			E1	M	112	72,112
4177F	2019-10-01	Talk pt/crgvr re areds prev			E1	M	112	72,112
4192F	2019-10-01	Pt not rcvng glucoco thxpy			E1	M	112	72,112
4193F	2019-10-01	Pt rcvng<10mg daily predniso			E1	M	112	72,112
4194F	2019-10-01	Pt rcvng10mg daily predniso			E1	M	112	72,112
4194F	2022-01-01	Pt rev >=10mg daily predniso			E1	M	112	72,112
4195F	2019-10-01	Pt rcvng anti-rheum thxpy ra			E1	M	112	72,112
4196F	2019-10-01	Ptnot rcvng anti-rhm thxpyra			E1	M	112	72,112
4255F	2019-10-01	Anesth 60 min/> as docd			E1	M	112	72,112
4322F	2019-10-01	Crgvr prov w/ ed addl rsrcs			E1	M	112	72,112
4325F	2019-10-01	Med txmnt options rvwd w/pt			E1	M	112	72,112
4340F	2019-10-01	Cnslng chldbrng women epi			E1	M	112	72,112
4400F	2019-10-01	Rehab thxpy options w/pt			E1	M	112	72,112
4500F	2019-10-01	Ref to outpt card rehab prog			E1	M	112	72,112
4510F	2019-10-01	Prev cardrehab qualcardevent			E1	M	112	72,112
4554F	2019-10-01	Pt recvd inhal anesthetic			E1	M	112	72,112
4556F	2019-10-01	Pt w/3+ post-op nausea&vom			E1	M	112	72,112
5010F	2019-10-01	Macul result phy/qhp mng dm			E1	M	112	72,112
5015F	2019-10-01	Doc fx & test/txmnt for op			E1	M	112	72,112
5050F	2019-10-01	Plan 2 main dr by 1 month			E1	M	112	72,112
6030F	2019-10-01	Max sterile barriers follwd			E1	M	112	72,112
6030F	2022-01-01	Max sterile barriers flwd			E1	M	112	72,112
7010F	2019-10-01	Pt info into recall system			E1	M	112	72,112
7025F	2019-10-01	Pt infosys alarm 4 nxt mammo			E1	M	112	72,112
83718	2026-01-01	Assay of lipoprotein			A	Q4		
9003F	2019-10-01	Aortic anrysm5.5-5.9cm diam			E1	M	112	72,112
9004F	2019-10-01	Aortic anrysm 6/> cm diam			E1	M	112	72,112
9006F	2019-10-01	Sympt sten-tia/strk<120days			E1	M	112	72,112
9007F	2019-10-01	Other carot sten 120 days/>			E1	M	112	72,112
A2032	2026-01-01	Myriad matrix, per sq cm	06001	00000	S1	N		
A2034	2026-01-01	Found drs solo, per sq cm	06001	00000	S1	N		
C8010	2026-07-01	Pc plm pm c etd emb prtct	01576	01575			55	55
C9818	2026-01-23	Suzetrigine, orl, 1mg	00000	00933	E1	K1	55,50,141	55,134
C9818	2026-04-01	Suzetrigine, orl, 1mg					55	55
J0208	2026-07-01	lnj, pedmark, 100 mg			K	G		

Modified HCPCS Code APC/Status Indicators/Edit Assignments

HCPCS	Eff Date	Description	APC Current	APC Previous	Status Indicator Current	Status Indicator Previous	Edits Current	Edits Previous
J1440	2026-07-01	Fecal microbiota jsml 1 ml			K	G		
J1741	2026-03-11	Ibuprofen injection					141	
J1741	2026-04-01	Ibuprofen injection	00953	00000	K1	N		
J1961	2026-07-01	Inj lenacapavir (hiv tx) 1mg			K	G		
J2329	2026-07-01	Inj ublituximab-xiiy, 1 mg			K	G		
J2781	2026-07-01	Inj, pegcetacoplan, 1mg			K	G		
J2993	2026-07-01	Reteplase injection	00000	09005	E1	K	9	
J3290	2025-10-01	Inj, tranexamic acid 5 mg					9	28
J7674	2026-04-01	Methacholine chloride, neb			N	E1		9
J9056	2026-07-01	Inj, vivimusta, 1 mg			K	G		
J9350	2026-07-01	Inj mosunetuzumab-axgb, 1 mg			K	G		
K1030	2025-10-28	Ext recharge bat replacement			A	Y	68	61
K1030	2026-01-01	Ext recharge bat replacement			A	Y		61
Q5098	2026-07-01	Inj ustekinumab-srlf, 1 mg	00952	00000	G	E1		9
Q5099	2026-01-01	Inj ustekinumab-stba, 1 mg	00855	00000	K	E1		9
Q5129	2026-07-01	Inj, vegzelma, 10 mg			K	G		
Q5146	2026-07-01	Inj, hercessi, 10 mg			G	K		
Q5156	2026-04-01	Inj, tocilizumab-anoh, 1 mg	00950	00000	K	E2		13
Q5161	2026-07-01	Inj, denosumab-kyqq, 1 mg	00951	00000	G	E2		13

Mid Quarter Edits Additions

The following HCPCS code(s) were added to Mid-Quarter edit 67, 68, 69, 83, 110, 134 or 141.

Mid Quarter Edits Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	Date	Edit	R*
87638	2026-04-01	Iadna dna/rna rubeola measles	2026-05-15	110	N
K1030	2025-10-01	Ext recharge bat replacement	2025-10-28	68	A

Mid Quarter Edits Removals

The following HCPCS code(s) were removed from Mid-Quarter edit 67, 68, 69, 83, 110, 134 or 141.

Mid Quarter Edits Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
C9818	2026-01-01	Suzetrigine, orl, 1mg	R

Mid Quarter Edits Modified

The following HCPCS code(s) had a modification to its Mid-Quarter edit or effective date.

Mid Quarter Edits Modified

HCPCS	Eff Date	Description	Mid Quarter Date Edit	Date Approved Previous	Date Approved Current	Date Terminated Previous	Date Terminated Current
C9818	2026-04-01	Suzetrigine, orl, 1mg	0	2026-01-23		2035-01-01	
C9818	2026-01-01	Suzetrigine, orl, 1mg	141			2035-01-01	2026-03-31
J1741	2026-01-01	Ibuprofen injection	141		2026-03-11		2026-03-31
K1030	2025-10-01	Ext recharge bat replacement	68		2025-10-28		

Independent Bilateral Additions

The following HCPCS were added to the Independent Bilateral list.

Independent Bilateral Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
1043T	2026-07-01	Quan mr alys liver tiss 1/+	N

Deductible Coinsurance Not Applicable Additions

The following HCPCS were added to the Deductible Coinsurance Not Applicable list.

Deductible Coinsurance Not Applicable Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
M0231	2026-07-01	Inf tocilizumab-bavi 1st dos	N
M0232	2026-07-01	Inf tocilizumab-bavi 2nd dos	N

Comprehensive APC HCPCS Additions

The following HCPCS were assigned an SI = J1 and are applicable for Comprehensive APC logic.

Comprehensive APC HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
0730T	2026-07-01	Trabeculotomy lsr w/oct gdn	A
C8014	2026-07-01	Cysto, litho, w suct sheath	N

Comprehensive APC HCPCS Removals

The following HCPCS were removed from being assigned an SI = J1 and are no longer applicable for Comprehensive APC logic.

Comprehensive APC HCPCS Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
0996T	2026-01-01	Ins&seclr fix caps bag prosth	R

CAPC Exclusion Additions

The following HCPCS were added to the CAPC Exclusion list.

CAPC Exclusion Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
I039T	2026-07-01	Connectomic alys prv brn mri	N
M0231	2026-07-01	Inf tocilizumab-bavi 1st dos	N
M0232	2026-07-01	Inf tocilizumab-bavi 2nd dos	N

FQHC Non-Packaged Preventive Services Additions

The following HCPCS were added to the FQHC Non-Packaged Preventive list.

FQHC Non-Packaged Preventive Services Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
90616	2026-07-01	Tirv vacc mrna 37.5/0.38 im	N
90639	2026-07-01	Vacc qirv mrna 50mcg/.5ml im	N
Q2038	2026-07-01	Fluzone vacc, 3 yrs & >, im	A

FQHC Non-Covered Additions

The following HCPCS were added to the FQHC Non-Covered list.

FQHC Non-Covered Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
0631U	2026-07-01	Onc sol tum dna seq alys 15	N
0632U	2026-07-01	Rbc ag fl rhd gen alys mpcr	N
0633U	2026-07-01	Ob 1-gene n-invas prntl tst	N
0634U	2026-07-01	Onc brst ca cfdna evl 11esr1	N
0635U	2026-07-01	Ai ad mma gene xprsn 487gen	N
0636U	2026-07-01	Babesia 20 rprtn grps igg	N
0637U	2026-07-01	Babesia 20 rprtn grps igm	N
0638U	2026-07-01	Bartonella antib detcj 32 igg	N
0639U	2026-07-01	Bartonella antib detcj 32 igm	N
0640U	2026-07-01	Onc lm tumor cell slctn id	N
0641U	2026-07-01	Onc mrd tum dna ngs ffppe 1st	N
0642U	2026-07-01	Onc mrd tum dna ngs whl bld	N
0643U	2026-07-01	Onc gu ca cfctdna 200gen ngs	N
0644U	2026-07-01	Onc leukemia mrd baseline	N
0645U	2026-07-01	Onc leukemia mrd based dpcr	N
0646U	2026-07-01	Onc mrds wgsa cfdna baseline	N
0647U	2026-07-01	Onc mr ds wgsa cfdna ctdna	N
0648U	2026-07-01	Onc sol tum tgsa 42/10/18gen	N
0649U	2026-07-01	Neuro alz ds dna ngs ad-1&2	N
0650U	2026-07-01	Rx metab advrs rxns&rspse 9	N
0651U	2026-07-01	Onc hered ca 55gen ngs dmlpa	N
0652U	2026-07-01	Rx metab adverse dna alys 13	N
0653U	2026-07-01	Nfro inh kdn do dna 700gens	N
0654U	2026-07-01	Iem pmd 1nzm complex wb alys	N
0655U	2026-07-01	Iem pmd 1nzm complex sk asy	N
0656U	2026-07-01	Iem pmd 1nzm complex radact	N
0657U	2026-07-01	Rare ds seq alys cmptrtr nuc	N
0658U	2026-07-01	Rare ds nuc&mitochdr1 dna	N
0659U	2026-07-01	Rare ds ultrapid wgsalys dna	N
87638	2026-04-01	Iadna dna/ma rubeola measls	N

FQHC Non-Covered Removals

The following HCPCS were removed from the FQHC Non-Covered list.

FQHC Non-Covered Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
0029U	2026-07-01	Rx metab advrs trgt seq alys	D
0031U	2026-07-01	Cyp1a2 gene	D
0423U	2026-07-01	Psyc genomic alys pnl 26 gen	D
0577U	2026-07-01	Onc ovr serum alys 39 gps	D

FQHC Preventive Services Additions

The following HCPCS were added to the FQHC Preventive Services list.

FQHC Preventive Services Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
G0136	2026-07-01	Adm of soc dtr assess 5-15 m	A

Bypass Edit 72 FQHC RHC Removals

The following HCPCS were removed from the Bypass Edit 72 FQHC RHC list.

Bypass Edit 72 FQHC RHC Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
0509F	2019-10-01	Urine incon plan docd	R
0513F	2019-10-01	Elev bp plan of care docd	R
0517F	2019-10-01	Glaucoma plan of care docd	R
0518F	2019-10-01	Fall plan of care docd	R
0520F	2019-10-01	Rad dos limits b/4 3d rad	R
0521F	2024-04-01	Plan of care 4 pain docd	R
0526F	2019-10-01	Subs visit for episode	R
0528F	2019-10-01	Rcmnd flw-up 10 yrs docd	R
0529F	2019-10-01	Intrvl 3/>yr pts clnsep docd	R
0540F	2019-10-01	Gluco mngmnt plan docd	R
0581F	2019-10-01	Pt trnsfrd from anesth to cc	R
0583F	2019-10-01	Transfer care checklist used	R
1006F	2019-10-01	Osteoarthritis assess	R
1036F	2019-10-01	Tobacco non-user	R
1038F	2019-10-01	Persistent asthma	R
1039F	2019-10-01	Intermittent asthma	R
1090F	2019-10-01	Pres/absn urine incon assess	R
1100F	2019-10-01	Ptfalls assess-docd ge2>/yr	R
1101F	2019-10-01	Pt falls assess-docd le1/yr	R
1111F	2019-10-01	Dschrg med/current med merge	R
1123F	2019-10-01	Acp discuss/dscn mkr docd	R
1124F	2019-10-01	Acp discuss-no dscnmkr docd	R
1125F	2019-10-01	Amnt pain noted pain prsnt	R
1126F	2019-10-01	Amnt pain noted none prsnt	R
1158F	2019-10-01	Advnc care plan tlk docd	R
1170F	2019-10-01	Fxnl status assessed	R
1460F	2019-10-01	Qual card diag prior 12 mons	R
1461F	2019-10-01	No qual card diag prior12mon	R
2000F	2019-10-01	Blood pressure measure	R
2022F	2019-10-01	Dil retina exam interp rev	R
2022F	2020-01-01	Dilat rta xm evc rtnophy	R
2023F	2019-10-01	Dilat rta xm w/o rtnophy	R
2024F	2019-10-01	7 fld photo interp doc rev	R
2024F	2020-01-01	7 fld rta photo evc rtnophy	R
2025F	2019-10-01	7 fld rta photo w/o rtnophy	R
2026F	2019-10-01	Eye img valid evc rtnophy	R
2027F	2019-10-01	Optic nerve head eval done	R
2033F	2019-10-01	Eye img valid w/o rtnophy	R
3017F	2019-10-01	Colorectal ca screen doc rev	R
3021F	2019-10-01	Lvef mod/sever deprs syst	R
3022F	2019-10-01	Lvef >/=40% systolic	R
3022F	2022-01-01	Lvef >=40% systolic	R
3023F	2019-10-01	Spirom doc rev	R
3044F	2019-10-01	Hg a1c level lt 7.0%	R
3045F	2019-10-01	Hg a1c level 7.0-9.0%	R
3046F	2019-10-01	Hemoglobin a1c level >9.0%	R
3051F	2022-01-01	Hg a1c>equal 7.0%<8.0%	R
3052F	2022-01-01	Hg a1c>equal 8.0%<equal 9.0%	R
3060F	2019-10-01	Pos microalbuminuria rev	R
3061F	2019-10-01	Neg microalbuminuria rev	R
3062F	2019-10-01	Pos macroalbuminuria rev	R
3066F	2019-10-01	Nephropathy doc tx	R
3072F	2019-10-01	Low risk for retinopathy	R
3095F	2019-10-01	Central dexta results docd	R
3100F	2019-10-01	Image test ref carot diam	R
3126F	2019-10-01	Esoph bx rpt w/dyspl info	R
3155F	2019-10-01	Cytogen test marrow b/4 tx	R
3160F	2019-10-01	Doc fe+ stores b/4 epo thx	R
3170F	2019-10-01	Flow cyto done b/4 tx	R
3170F	2020-10-01	Baselin flo cytometry b/4 tx	R
3210F	2019-10-01	Grp a strep test performed	R
3250F	2019-10-01	Nonprim loc anat bx site tum	R
3260F	2019-10-01	Pt cat/pn cat/hist grd docd	R
3267F	2019-10-01	Path rpt w/ pt pn cat et al	R
3269F	2019-10-01	Bone scn b/4 txmnt/aftr dx	R
3270F	2019-10-01	No bone scn b/4 txmnt/aftrdx	R
3284F	2019-10-01	Iop down >15% of pre-svc lvl	R
3285F	2019-10-01	Iop down <15% of pre-svc lvl	R
3288F	2019-10-01	Fall risk assessment docd	R
3300F	2019-10-01	Ajcc stage docd b/4 thxpy	R
3301F	2019-10-01	Cancer stage docd metast	R
3319F	2019-10-01	X-ray/ct/ultrsnd et al ord	R

Bypass Edit 72 FQHC RHC Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
3320F	2019-10-01	No xray/ct/ et al ordd	R
3321F	2019-10-01	Ajcc cncr 0/ia melan docd	R
3322F	2019-10-01	Melanomaajcc stage 0 or ia	R
3340F	2019-10-01	Mammo assess inc xray docd	R
3341F	2019-10-01	Mammo assess negative docd	R
3342F	2019-10-01	Mammo assess bengn docd	R
3343F	2019-10-01	Mammo probably bengn docd	R
3344F	2019-10-01	Mammo assess susp docd	R
3345F	2019-10-01	Mammo assess hghlymalig doc	R
3350F	2019-10-01	Mammo bx proven malig docd	R
3394F	2019-10-01	Quant her2 ihc eval brst cx	R
3395F	2019-10-01	Quant nonher2 ihc brst cx	R
3475F	2019-10-01	Disease progn ra poor docd	R
3476F	2019-10-01	Disease progn ra good docd	R
3570F	2019-10-01	Rprt bone scint xref w xray	R
3720F	2019-10-01	Cognit impairment assessed	R
3725F	2019-10-01	Screen depression performed	R
4004F	2019-10-01	Pt tobacco screen rcvd tlk	R
4008F	2019-10-01	Beta-blocker therapy rxd/tnk	R
4010F	2019-10-01	Ace/arb therapy rxd/taken	R
4040F	2019-10-01	Pneumoc vac/admin/rcvd	R
4044F	2019-10-01	Doc order given vte prophylx	R
4086F	2019-10-01	Aspirin/clopidogrel rxd	R
4090F	2019-10-01	Pt rcvng epo thxpy	R
4100F	2019-10-01	Biphos thxpy vein ord/recvd	R
4110F	2019-10-01	Int mam art used for cabg	R
4115F	2019-10-01	Beta blkcr admin w/in 24 hrs	R
4120F	2019-10-01	Antibiot rxd/given	R
4124F	2019-10-01	Antibiot not rxd/given	R
4130F	2019-10-01	Topical prep rx aoe	R
4131F	2019-10-01	Syst antimicrobial thx rx	R
4132F	2019-10-01	No syst antimicrobial thx rx	R
4175F	2019-10-01	Vis 20/40/> w/in 90 days	R
4177F	2019-10-01	Talk pt/crgvr re areds prev	R
4192F	2019-10-01	Pt not rcvng glucoco thxpy	R
4193F	2019-10-01	Pt rcvng<10mg daily predniso	R
4194F	2019-10-01	Pt rcvng10mg daily predniso	R
4194F	2022-01-01	Pt rev >=10mg daily predniso	R
4195F	2019-10-01	Pt rcvng anti-rheum thxpy ra	R
4196F	2019-10-01	Ptnot rcvng anti-rhm thxpyra	R
4255F	2019-10-01	Anesth 60 min/> as docd	R
4322F	2019-10-01	Crgvr prov w/ ed addl rsrscs	R
4325F	2019-10-01	Med txmnt options rvwd w/pt	R
4340F	2019-10-01	Cnslng chldbrng women epi	R
4400F	2019-10-01	Rehab thxpy options w/pt	R
4500F	2019-10-01	Ref to outpt card rehab prog	R
4510F	2019-10-01	Prev cardrehab qualcardevent	R
4554F	2019-10-01	Pt recvd inhal anesthetic	R
4556F	2019-10-01	Pt w/3+ post-op nausea&vom	R
5010F	2019-10-01	Macul result phy/qhp mng dm	R
5015F	2019-10-01	Doc fx & test/txmnt for op	R
5050F	2019-10-01	Plan 2 main dr by 1 month	R
6030F	2019-10-01	Max sterile barriers follwd	R
6030F	2022-01-01	Max sterile barriers flwd	R
7010F	2019-10-01	Pt info into recall system	R
7025F	2019-10-01	Pt infosys alarm 4 nxt mammo	R
9003F	2019-10-01	Aortic anrysm5.5-5.9cm diam	R
9004F	2019-10-01	Aortic anrysm 6/> cm diam	R
9006F	2019-10-01	Sympt sten-tia/strk<120days	R
9007F	2019-10-01	Other carot sten 120 days/>	R

Pass-Through Contrast HCPCS Additions

The following HCPCS were added to the Pass-Through Contrast HCPCS list.

Pass-Through Contrast HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	Amount	R*
A9574	2026-07-01	Inj. ferumoxytol, 1 mg		N
J9220	2025-07-01	Indigotindisulfonate sod 1mg		A

Pass-Through Radiopharm HCPCS Additions

The following HCPCS were added to the Pass-Through Radiopharm HCPCS list.

Pass-Through Radiopharm HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
A9616	2025-10-01	Gallium gozellix 1 millicuri	A

Skin Substitute High Cost Product Removals

The following HCPCS were removed from the Skin Substitute High Cost Product list.

Skin Substitute High Cost Product Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
A2017	2025-01-01	Permeaderm glove, each	R
A2028	2025-01-01	Micromatrix flex per mg	R

Skin Substitute Low Cost Product Removals

The following HCPCS were removed from the Skin Substitute Low Cost Product list.

Skin Substitute Low Cost Product Removals

Reason Key: R=Removed From List, D=Code Terminated

HCPCS	Eff Date	Description	R*
Q4100	2025-01-01	Skin substitute, nos	R

Non-BLA Skin Substitute Product Additions

The following HCPCS were added to the non-BLA skin substitute product list not to be reported with modifiers JW or JZ (edit 140).

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
A2001	2026-01-01	Innovamatrix ac, per sq cm	A
A2001	2026-04-01	Innovamatrix ac, per sq cm	A
A2001	2026-07-01	Innovamatrix ac, per sq cm	A
A2002	2026-01-01	Mirragen adv wnd mat per sq	A
A2002	2026-04-01	Mirragen adv wnd mat per sq	A
A2002	2026-07-01	Mirragen adv wnd mat per sq	A
A2004	2026-01-01	Xcellistem, 1 mg	A
A2004	2026-04-01	Xcellistem, 1 mg	A
A2004	2026-07-01	Xcellistem, 1 mg	A
A2005	2026-01-01	Microlyte matrix, per sq cm	A
A2005	2026-04-01	Microlyte matrix, per sq cm	A
A2005	2026-07-01	Microlyte matrix, per sq cm	A
A2006	2026-01-01	Novosorb synpath per sq cm	A
A2006	2026-04-01	Novosorb synpath per sq cm	A
A2006	2026-07-01	Novosorb synpath per sq cm	A
A2007	2026-01-01	Restrata, per sq cm	A
A2007	2026-04-01	Restrata, per sq cm	A
A2007	2026-07-01	Restrata, per sq cm	A
A2008	2026-01-01	Theragenesis, per sq cm	A
A2008	2026-04-01	Theragenesis, per sq cm	A
A2008	2026-07-01	Theragenesis, per sq cm	A
A2009	2026-01-01	Symphony, per sq cm	A
A2009	2026-04-01	Symphony, per sq cm	A
A2009	2026-07-01	Symphony, per sq cm	A
A2010	2026-01-01	Apis, per square centimeter	A
A2010	2026-04-01	Apis, per square centimeter	A
A2010	2026-07-01	Apis, per square centimeter	A
A2011	2026-01-01	Supra sdrm, per sq cm	A
A2011	2026-04-01	Supra sdrm, per sq cm	A
A2011	2026-07-01	Supra sdrm, per sq cm	A
A2012	2026-01-01	Suprathel, per sq cm	A
A2012	2026-04-01	Suprathel, per sq cm	A
A2012	2026-07-01	Suprathel, per sq cm	A
A2013	2026-01-01	Innovamatrix fs, per sq cm	A
A2013	2026-04-01	Innovamatrix fs, per sq cm	A
A2013	2026-07-01	Innovamatrix fs, per sq cm	A
A2014	2026-01-01	Omeza collag per 100 mg	A
A2014	2026-04-01	Omeza collag compl 100 mg	A
A2014	2026-07-01	Omeza collag compl 100 mg	A
A2015	2026-01-01	Phoenix wnd mtrx, per sq cm	A
A2015	2026-04-01	Phoenix wnd mtrx, per sq cm	A
A2015	2026-07-01	Phoenix wnd mtrx, per sq cm	A
A2016	2026-01-01	Permeaderm b, per sq cm	A
A2016	2026-04-01	Permeaderm b, per sq cm	A
A2016	2026-07-01	Permeaderm b, per sq cm	A
A2017	2026-01-01	Permeaderm glove, each	A
A2017	2026-04-01	Permeaderm glove, each	A
A2017	2026-07-01	Permeaderm glove, each	A
A2018	2026-01-01	Permeaderm c, per sq cm	A
A2018	2026-04-01	Permeaderm c, per sq cm	A
A2018	2026-07-01	Permeaderm c, per sq cm	A
A2019	2026-01-01	Kerecis marigen shld sq cm	A
A2019	2026-04-01	Kerecis marigen shld sq cm	A
A2019	2026-07-01	Kerecis marigen shld sq cm	A
A2020	2026-01-01	Ac5 wound system	A
A2020	2026-04-01	Ac5 wound system	A
A2020	2026-07-01	Ac5 wound system	A
A2021	2026-01-01	Neomatrix per sq cm	A
A2021	2026-04-01	Neomatrix per sq cm	A
A2021	2026-07-01	Neomatrix per sq cm	A
A2022	2026-01-01	Innovabrn/innovamatx xl sqcm	A
A2022	2026-04-01	Innovabrn/innovamatx xl sqcm	A
A2022	2026-07-01	Innovabrn/innovamatx xl sqcm	A
A2023	2026-01-01	Innovamatrix pd, 1 mg	A
A2023	2026-04-01	Innovamatrix pd, 1 mg	A
A2023	2026-07-01	Innovamatrix pd, 1 mg	A
A2024	2026-01-01	Resolve or xenopatch sq cm	A
A2024	2026-04-01	Resolve or xenopatch sq cm	A
A2024	2026-07-01	Resolve or xenopatch sq cm	A
A2025	2026-01-01	Miro3d per cubic cm	A
A2025	2026-04-01	Miro3d per cubic cm	A
A2025	2026-07-01	Miro3d per cubic cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
A2026	2026-01-01	Restrata minimatrix, 5 mg	A
A2026	2026-04-01	Restrata minimatrix, 5 mg	A
A2026	2026-07-01	Restrata minimatrix, 5 mg	A
A2027	2026-01-01	Matriderm per sq cm	A
A2027	2026-04-01	Matriderm per sq cm	A
A2027	2026-07-01	Matriderm per sq cm	A
A2028	2026-01-01	Micromatrix flex per mg	A
A2028	2026-04-01	Micromatrix flex per mg	A
A2028	2026-07-01	Micromatrix flex per mg	A
A2029	2026-01-01	Mirotract matrix sheet	A
A2029	2026-04-01	Mirotract matrix sheet	A
A2029	2026-07-01	Mirotract matrix sheet	A
A2030	2026-01-01	Miro3d fibers, per mg	A
A2030	2026-04-01	Miro3d fibers, per mg	A
A2030	2026-07-01	Miro3d fibers, per mg	A
A2031	2026-01-01	Mirodry, per sq cm	A
A2031	2026-04-01	Mirodry, per sq cm	A
A2031	2026-07-01	Mirodry, per sq cm	A
A2032	2026-01-01	Myriad matrix, per sq cm	A
A2032	2026-04-01	Myriad matrix, per sq cm	A
A2032	2026-07-01	Myriad matrix, per sq cm	A
A2033	2026-01-01	Myriad morcells, 4 mg	A
A2033	2026-04-01	Myriad morcells, 4 mg	A
A2033	2026-07-01	Myriad morcells, 4 mg	A
A2034	2026-01-01	Found drs solo, per sq cm	A
A2034	2026-04-01	Found drs solo, per sq cm	A
A2034	2026-07-01	Found drs solo, per sq cm	A
A2035	2026-01-01	Corpl p therac p allac p mg	A
A2035	2026-04-01	Corpl p therac p allac p mg	A
A2035	2026-07-01	Corpl p therac p allac p mg	A
A2036	2026-01-01	Cohealyx col dml mx pr sq cm	A
A2036	2026-04-01	Cohealyx col dml mx pr sq cm	A
A2036	2026-07-01	Cohealyx col dml mx pr sq cm	A
A2037	2026-01-01	G4derm plus, per ml	A
A2037	2026-04-01	G4derm plus/suprello, pr ml	A
A2037	2026-07-01	G4derm plus/suprello, pr ml	A
A2038	2026-01-01	Marigen pacto, per sq cm	A
A2038	2026-04-01	Marigen pacto, per sq cm	A
A2038	2026-07-01	Marigen pacto, per sq cm	A
A2039	2026-01-01	Innovamatrix fd, per sq cm	A
A2039	2026-04-01	Innovamatrix fd, per sq cm	A
A2039	2026-07-01	Innovamatrix fd, per sq cm	A
A2040	2026-04-01	Microlyte painguard pr sq cm	A
A2040	2026-07-01	Microlyte painguard pr sq cm	A
A2041	2026-04-01	Foundation drs+ duo pr sq cm	A
A2041	2026-07-01	Foundation drs+ duo pr sq cm	A
A2042	2026-04-01	Foundation drs+ solo, sq cm	A
A2042	2026-07-01	Foundation drs+ solo, sq cm	A
A2043	2026-04-01	Biobrane, per sq cm	A
A2043	2026-07-01	Biobrane, per sq cm	A
A2044	2026-04-01	Biobrane glove, each	A
A2044	2026-07-01	Biobrane glove, each	A
A2045	2026-04-01	Novashield/novogen pr sq cm	A
A2045	2026-07-01	Novashield/novogen pr sq cm	A
Q4101	2026-01-01	Apligraf	A
Q4101	2026-04-01	Apligraf	A
Q4101	2026-07-01	Apligraf	A
Q4102	2026-01-01	Oasis wound matrix	A
Q4102	2026-04-01	Oasis wound matrix	A
Q4102	2026-07-01	Oasis wound matrix	A
Q4103	2026-01-01	Oasis burn matrix	A
Q4103	2026-04-01	Oasis burn matrix	A
Q4103	2026-07-01	Oasis burn matrix	A
Q4104	2026-01-01	Integra bmwd	A
Q4104	2026-04-01	Integra bmwd	A
Q4104	2026-07-01	Integra bmwd	A
Q4105	2026-01-01	Integra drt or omnigraft	A
Q4105	2026-04-01	Integra drt or omnigraft	A
Q4105	2026-07-01	Integra drt or omnigraft	A
Q4107	2026-01-01	Graftjacket	A
Q4107	2026-04-01	Graftjacket	A
Q4107	2026-07-01	Graftjacket	A
Q4108	2026-01-01	Integra matrix	A
Q4108	2026-04-01	Integra matrix	A
Q4108	2026-07-01	Integra matrix	A
Q4110	2026-01-01	Primatrix	A
Q4110	2026-04-01	Primatrix	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4110	2026-07-01	Primatrix	A
Q4111	2026-01-01	Gammagraft	A
Q4111	2026-04-01	Gammagraft	A
Q4111	2026-07-01	Gammagraft	A
Q4112	2026-01-01	Cymetra injectable	A
Q4112	2026-04-01	Cymetra injectable	A
Q4112	2026-07-01	Cymetra injectable	A
Q4113	2026-01-01	Graftjacket xpress	A
Q4113	2026-04-01	Graftjacket xpress	A
Q4113	2026-07-01	Graftjacket xpress	A
Q4114	2026-01-01	Integra flowable wound matri	A
Q4114	2026-04-01	Integra flowable wound matri	A
Q4114	2026-07-01	Integra flowable wound matri	A
Q4115	2026-01-01	Alloskin	A
Q4115	2026-04-01	Alloskin	A
Q4115	2026-07-01	Alloskin	A
Q4116	2026-01-01	Alloderm	A
Q4116	2026-04-01	Alloderm	A
Q4116	2026-07-01	Alloderm	A
Q4117	2026-01-01	Hyalomatrix	A
Q4117	2026-04-01	Hyalomatrix	A
Q4117	2026-07-01	Hyalomatrix	A
Q4118	2026-01-01	Matristem micromatrix	A
Q4118	2026-04-01	Matristem micromatrix	A
Q4118	2026-07-01	Matristem micromatrix	A
Q4121	2026-01-01	Theraskin	A
Q4121	2026-04-01	Theraskin	A
Q4121	2026-07-01	Theraskin	A
Q4122	2026-01-01	Dermacell, awm, porous sq cm	A
Q4122	2026-04-01	Dermacell, awm, porous sq cm	A
Q4122	2026-07-01	Dermacell, awm, porous sq cm	A
Q4123	2026-01-01	Alloskin	A
Q4123	2026-04-01	Alloskin	A
Q4123	2026-07-01	Alloskin	A
Q4124	2026-01-01	Oasis tri-layer wound matrix	A
Q4124	2026-04-01	Oasis tri-layer wound matrix	A
Q4124	2026-07-01	Oasis tri-layer wound matrix	A
Q4125	2026-01-01	Arthroflex	A
Q4125	2026-04-01	Arthroflex	A
Q4125	2026-07-01	Arthroflex	A
Q4126	2026-01-01	Memoderm/derma/tranz/integup	A
Q4126	2026-04-01	Memoderm/derma/tranz/integup	A
Q4126	2026-07-01	Memoderm/derma/tranz/integup	A
Q4127	2026-01-01	Talymed	A
Q4127	2026-04-01	Talymed	A
Q4127	2026-07-01	Talymed	A
Q4128	2026-01-01	Flexhd/allopachhd/sq cm	A
Q4128	2026-04-01	Flexhd/allopachhd/sq cm	A
Q4128	2026-07-01	Flexhd/allopachhd/sq cm	A
Q4130	2026-01-01	Strattice tm	A
Q4130	2026-04-01	Strattice tm	A
Q4130	2026-07-01	Strattice tm	A
Q4132	2026-01-01	Grafix core, grafixpl core	A
Q4132	2026-04-01	Grafix core, grafixpl core	A
Q4132	2026-07-01	Grafix core, grafixpl core	A
Q4133	2026-01-01	Grafix stravix prime pl sqcm	A
Q4133	2026-04-01	Grafix stravix prime pl sqcm	A
Q4133	2026-07-01	Grafix stravix prime pl sqcm	A
Q4134	2026-01-01	Hmatrix	A
Q4134	2026-04-01	Hmatrix	A
Q4134	2026-07-01	Hmatrix	A
Q4135	2026-01-01	Mediskin	A
Q4135	2026-04-01	Mediskin	A
Q4135	2026-07-01	Mediskin	A
Q4136	2026-01-01	Ezderm	A
Q4136	2026-04-01	Ezderm	A
Q4136	2026-07-01	Ezderm	A
Q4137	2026-01-01	Amnioexcel biodexcel 1sq cm	A
Q4137	2026-04-01	Amnioexcel biodexcel 1sq cm	A
Q4137	2026-07-01	Amnioexcel biodexcel 1sq cm	A
Q4138	2026-01-01	Biodfence dryflex, 1cm	A
Q4138	2026-04-01	Biodfence dryflex, 1cm	A
Q4138	2026-07-01	Biodfence dryflex, 1cm	A
Q4139	2026-01-01	Amnio or biodmatrix, inj 1cc	A
Q4139	2026-04-01	Amnio or biodmatrix, inj 1cc	A
Q4139	2026-07-01	Amnio or biodmatrix, inj 1cc	A
Q4140	2026-01-01	Biodfence 1cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4140	2026-04-01	Biodfence 1cm	A
Q4140	2026-07-01	Biodfence 1cm	A
Q4141	2026-01-01	Alloskin ac, 1 cm	A
Q4141	2026-04-01	Alloskin ac, 1 cm	A
Q4141	2026-07-01	Alloskin ac, 1 cm	A
Q4142	2026-01-01	Xcm biologic tiss matrix 1cm	A
Q4142	2026-04-01	Xcm biologic tiss matrix 1cm	A
Q4142	2026-07-01	Xcm biologic tiss matrix 1cm	A
Q4143	2026-01-01	Repriza, 1cm	A
Q4143	2026-04-01	Repriza, 1cm	A
Q4143	2026-07-01	Repriza, 1cm	A
Q4145	2026-01-01	Epifix, inj, 1mg	A
Q4145	2026-04-01	Epifix, inj, 1mg	A
Q4145	2026-07-01	Epifix, inj, 1mg	A
Q4146	2026-01-01	Tensix, 1cm	A
Q4146	2026-04-01	Tensix, 1cm	A
Q4146	2026-07-01	Tensix, 1cm	A
Q4147	2026-01-01	Architect ecm px fx 1 sq cm	A
Q4147	2026-04-01	Architect ecm px fx 1 sq cm	A
Q4147	2026-07-01	Architect ecm px fx 1 sq cm	A
Q4148	2026-01-01	Neox neox rt or clarix cord	A
Q4148	2026-04-01	Neox neox rt or clarix cord	A
Q4148	2026-07-01	Neox neox rt or clarix cord	A
Q4149	2026-01-01	Excellagen, 0.1 cc	A
Q4149	2026-04-01	Excellagen, 0.1 cc	A
Q4149	2026-07-01	Excellagen, 0.1 cc	A
Q4150	2026-01-01	Allowrap ds or dry 1 sq cm	A
Q4150	2026-04-01	Allowrap ds or dry 1 sq cm	A
Q4150	2026-07-01	Allowrap ds or dry 1 sq cm	A
Q4151	2026-01-01	Amnioband, guardian 1 sq cm	A
Q4151	2026-04-01	Amnioband, guardian 1 sq cm	A
Q4151	2026-07-01	Amnioband, guardian 1 sq cm	A
Q4152	2026-01-01	Dermapure 1 square cm	A
Q4152	2026-04-01	Dermapure 1 square cm	A
Q4152	2026-07-01	Dermapure 1 square cm	A
Q4153	2026-01-01	Dermavest, plurivest sq cm	A
Q4153	2026-04-01	Dermavest, plurivest sq cm	A
Q4153	2026-07-01	Dermavest, plurivest sq cm	A
Q4154	2026-01-01	Biovance 1 square cm	A
Q4154	2026-04-01	Biovance 1 square cm	A
Q4154	2026-07-01	Biovance 1 square cm	A
Q4155	2026-01-01	Neoxflo or clarixflo 1 mg	A
Q4155	2026-04-01	Neoxflo or clarixflo 1 mg	A
Q4155	2026-07-01	Neoxflo or clarixflo 1 mg	A
Q4156	2026-01-01	Neox 100 or clarix 100	A
Q4156	2026-04-01	Neox 100 or clarix 100	A
Q4156	2026-07-01	Neox 100 or clarix 100	A
Q4157	2026-01-01	Revitalon 1 square cm	A
Q4157	2026-04-01	Revitalon 1 square cm	A
Q4157	2026-07-01	Revitalon 1 square cm	A
Q4158	2026-01-01	Kerecis omega3, per sq cm	A
Q4158	2026-04-01	Kerecis omega3, per sq cm	A
Q4158	2026-07-01	Kerecis omega3, per sq cm	A
Q4159	2026-01-01	Affinity1 square cm	A
Q4159	2026-04-01	Affinity1 square cm	A
Q4159	2026-07-01	Affinity1 square cm	A
Q4160	2026-01-01	Nushield 1 square cm	A
Q4160	2026-04-01	Nushield 1 square cm	A
Q4160	2026-07-01	Nushield 1 square cm	A
Q4161	2026-01-01	Bio-connekt per square cm	A
Q4161	2026-04-01	Bio-connekt per square cm	A
Q4161	2026-07-01	Bio-connekt per square cm	A
Q4162	2026-01-01	Windex flw, bioskn flw, 0.5cc	A
Q4162	2026-04-01	Windex flw, bioskn flw, 0.5cc	A
Q4162	2026-07-01	Windex flw, bioskn flw, 0.5cc	A
Q4163	2026-01-01	Woundex, bioskin, per sq cm	A
Q4163	2026-04-01	Woundex, bioskin, per sq cm	A
Q4163	2026-07-01	Woundex, bioskin, per sq cm	A
Q4164	2026-01-01	Helicoll, per square cm	A
Q4164	2026-04-01	Helicoll, per square cm	A
Q4164	2026-07-01	Helicoll, per square cm	A
Q4165	2026-01-01	Keramatrix, kerasorb sq cm	A
Q4165	2026-04-01	Keramatrix, kerasorb sq cm	A
Q4165	2026-07-01	Keramatrix, kerasorb sq cm	A
Q4166	2026-01-01	Cytal, per square centimeter	A
Q4166	2026-04-01	Cytal, per square centimeter	A
Q4166	2026-07-01	Cytal, per square centimeter	A

Non-BLA Skin Substitute Product Additions

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HCPCS	Eff Date	Description	R*
Q4167	2026-01-01	Truskin, per sq centimeter	A
Q4167	2026-04-01	Truskin, per sq centimeter	A
Q4167	2026-07-01	Truskin, per sq centimeter	A
Q4168	2026-01-01	Amnioband, 1 mg	A
Q4168	2026-04-01	Amnioband, 1 mg	A
Q4168	2026-07-01	Amnioband, 1 mg	A
Q4169	2026-01-01	Artacent wound, per sq cm	A
Q4169	2026-04-01	Artacent wound, per sq cm	A
Q4169	2026-07-01	Artacent wound, per sq cm	A
Q4170	2026-01-01	Cygnus, per sq cm	A
Q4170	2026-04-01	Cygnus, per sq cm	A
Q4170	2026-07-01	Cygnus, per sq cm	A
Q4171	2026-01-01	Interfyl, 1 mg	A
Q4171	2026-04-01	Interfyl, 1 mg	A
Q4171	2026-07-01	Interfyl, 1 mg	A
Q4173	2026-01-01	Palingen or palingen xplus	A
Q4173	2026-04-01	Palingen or palingen xplus	A
Q4173	2026-07-01	Palingen or palingen xplus	A
Q4174	2026-01-01	Palingen or promatrx	A
Q4174	2026-04-01	Palingen or promatrx	A
Q4174	2026-07-01	Palingen or promatrx	A
Q4175	2026-01-01	Miroderm	A
Q4175	2026-04-01	Miroderm	A
Q4175	2026-07-01	Miroderm	A
Q4176	2026-01-01	Neopatch or therion, 1 sq cm	A
Q4176	2026-04-01	Neopatch or therion, 1 sq cm	A
Q4176	2026-07-01	Neopatch or therion, 1 sq cm	A
Q4177	2026-01-01	Floweramnioflo, 0.1 cc	A
Q4177	2026-04-01	Floweramnioflo, 0.1 cc	A
Q4177	2026-07-01	Floweramnioflo, 0.1 cc	A
Q4178	2026-01-01	Floweramniopatch, per sq cm	A
Q4178	2026-04-01	Floweramniopatch, per sq cm	A
Q4178	2026-07-01	Floweramniopatch, per sq cm	A
Q4179	2026-01-01	Flowerderm, per sq cm	A
Q4179	2026-04-01	Flowerderm, per sq cm	A
Q4179	2026-07-01	Flowerderm, per sq cm	A
Q4180	2026-01-01	Revita, per sq cm	A
Q4180	2026-04-01	Revita, per sq cm	A
Q4180	2026-07-01	Revita, per sq cm	A
Q4181	2026-01-01	Amnio wound, per square cm	A
Q4181	2026-04-01	Amnio wound, per square cm	A
Q4181	2026-07-01	Amnio wound, per square cm	A
Q4182	2026-01-01	Transcyte, per sq centimeter	A
Q4182	2026-04-01	Transcyte, per sq centimeter	A
Q4182	2026-07-01	Transcyte, per sq centimeter	A
Q4183	2026-01-01	Surgigraft, 1 sq cm	A
Q4183	2026-04-01	Surgigraft, 1 sq cm	A
Q4183	2026-07-01	Surgigraft, 1 sq cm	A
Q4184	2026-01-01	Cellesta or duo per sq cm	A
Q4184	2026-04-01	Cellesta or duo per sq cm	A
Q4184	2026-07-01	Cellesta or duo per sq cm	A
Q4185	2026-01-01	Cellesta flowab amnion 0.5cc	A
Q4185	2026-04-01	Cellesta flowab amnion 0.5cc	A
Q4185	2026-07-01	Cellesta flowab amnion 0.5cc	A
Q4186	2026-01-01	Epifix 1 sq cm	A
Q4186	2026-04-01	Epifix 1 sq cm	A
Q4186	2026-07-01	Epifix 1 sq cm	A
Q4187	2026-01-01	Epicord 1 sq cm	A
Q4187	2026-04-01	Epicord 1 sq cm	A
Q4187	2026-07-01	Epicord 1 sq cm	A
Q4188	2026-01-01	Amnioarmor 1 sq cm	A
Q4188	2026-04-01	Amnioarmor 1 sq cm	A
Q4188	2026-07-01	Amnioarmor 1 sq cm	A
Q4189	2026-01-01	Artacent ac, 1 mg	A
Q4189	2026-04-01	Artacent ac, 1 mg	A
Q4189	2026-07-01	Artacent ac, 1 mg	A
Q4190	2026-01-01	Artacent ac 1 sq cm	A
Q4190	2026-04-01	Artacent ac 1 sq cm	A
Q4190	2026-07-01	Artacent ac 1 sq cm	A
Q4191	2026-01-01	Restorigin 1 sq cm	A
Q4191	2026-04-01	Restorigin 1 sq cm	A
Q4191	2026-07-01	Restorigin 1 sq cm	A
Q4192	2026-01-01	Restorigin, 1 cc	A
Q4192	2026-04-01	Restorigin, 1 cc	A
Q4192	2026-07-01	Restorigin, 1 cc	A
Q4193	2026-01-01	Coll-e-derm 1 sq cm	A
Q4193	2026-04-01	Coll-e-derm 1 sq cm	A

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HCPCS	Eff Date	Description	R*
Q4193	2026-07-01	Coll-e-derm 1 sq cm	A
Q4194	2026-01-01	Novachor 1 sq cm	A
Q4194	2026-04-01	Novachor 1 sq cm	A
Q4194	2026-07-01	Novachor 1 sq cm	A
Q4195	2026-01-01	Puraply 1 sq cm	A
Q4195	2026-04-01	Puraply 1 sq cm	A
Q4195	2026-07-01	Puraply 1 sq cm	A
Q4196	2026-01-01	Puraply am 1 sq cm	A
Q4196	2026-04-01	Puraply am 1 sq cm	A
Q4196	2026-07-01	Puraply am 1 sq cm	A
Q4197	2026-01-01	Puraply xt 1 sq cm	A
Q4197	2026-04-01	Puraply xt 1 sq cm	A
Q4197	2026-07-01	Puraply xt 1 sq cm	A
Q4198	2026-01-01	Genesis amnio membrane 1sqcm	A
Q4198	2026-04-01	Genesis amnio membrane 1sqcm	A
Q4198	2026-07-01	Genesis amnio membrane 1sqcm	A
Q4199	2026-01-01	Cygnus matrix, per sq cm	A
Q4199	2026-04-01	Cygnus matrix, per sq cm	A
Q4199	2026-07-01	Cygnus matrix, per sq cm	A
Q4200	2026-01-01	Skin te 1 sq cm	A
Q4200	2026-04-01	Skin te 1 sq cm	A
Q4200	2026-07-01	Skin te 1 sq cm	A
Q4201	2026-01-01	Matrion 1 sq cm	A
Q4201	2026-04-01	Matrion 1 sq cm	A
Q4201	2026-07-01	Matrion 1 sq cm	A
Q4202	2026-01-01	Keroxx (2.5g/cc), 1cc	A
Q4202	2026-04-01	Keroxx (2.5g/cc), 1cc	A
Q4202	2026-07-01	Keroxx (2.5g/cc), 1cc	A
Q4203	2026-01-01	Derma-gide, 1 sq cm	A
Q4203	2026-04-01	Derma-gide, 1 sq cm	A
Q4203	2026-07-01	Derma-gide, 1 sq cm	A
Q4204	2026-01-01	Xwrap 1 sq cm	A
Q4204	2026-04-01	Xwrap 1 sq cm	A
Q4204	2026-07-01	Xwrap 1 sq cm	A
Q4205	2026-01-01	Membrane graft or wrap sq cm	A
Q4205	2026-04-01	Membrane graft or wrap sq cm	A
Q4205	2026-07-01	Membrane graft or wrap sq cm	A
Q4206	2026-01-01	Fluid flow or fluid gf 1 cc	A
Q4206	2026-04-01	Fluid flow or fluid gf 1 cc	A
Q4206	2026-07-01	Fluid flow or fluid gf 1 cc	A
Q4208	2026-01-01	Novafix per sq cm	A
Q4208	2026-04-01	Novafix per sq cm	A
Q4208	2026-07-01	Novafix per sq cm	A
Q4209	2026-01-01	Surgraft per sq cm	A
Q4209	2026-04-01	Surgraft per sq cm	A
Q4209	2026-07-01	Surgraft per sq cm	A
Q4211	2026-01-01	Amnion bio or axobio sq cm	A
Q4211	2026-04-01	Amnion bio or axobio sq cm	A
Q4211	2026-07-01	Amnion bio or axobio sq cm	A
Q4212	2026-01-01	Allogen, per cc	A
Q4212	2026-04-01	Allogen, per cc	A
Q4212	2026-07-01	Allogen, per cc	A
Q4213	2026-01-01	Ascent, 0.5 mg	A
Q4213	2026-04-01	Ascent, 0.5 mg	A
Q4213	2026-07-01	Ascent, 0.5 mg	A
Q4214	2026-01-01	Cellesta cord per sq cm	A
Q4214	2026-04-01	Cellesta cord per sq cm	A
Q4214	2026-07-01	Cellesta cord per sq cm	A
Q4215	2026-01-01	Axolotl ambient, cryo 0.1 mg	A
Q4215	2026-04-01	Axolotl ambient, cryo 0.1 mg	A
Q4215	2026-07-01	Axolotl ambient, cryo 0.1 mg	A
Q4216	2026-01-01	Artacent cord per sq cm	A
Q4216	2026-04-01	Artacent cord per sq cm	A
Q4216	2026-07-01	Artacent cord per sq cm	A
Q4217	2026-01-01	Woundfix biowound plus xplus	A
Q4217	2026-04-01	Woundfix biowound plus xplus	A
Q4217	2026-07-01	Woundfix biowound plus xplus	A
Q4218	2026-01-01	Surgicord per sq cm	A
Q4218	2026-04-01	Surgicord per sq cm	A
Q4218	2026-07-01	Surgicord per sq cm	A
Q4219	2026-01-01	Surgigraft dual per sq cm	A
Q4219	2026-04-01	Surgigraft dual per sq cm	A
Q4219	2026-07-01	Surgigraft dual per sq cm	A
Q4220	2026-01-01	Bellacell hd, surederm sq cm	A
Q4220	2026-04-01	Bellacell hd, surederm sq cm	A
Q4220	2026-07-01	Bellacell hd, surederm sq cm	A
Q4221	2026-01-01	Amniowrap2 per sq cm	A

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HCPCS	Eff Date	Description	R*
Q4221	2026-04-01	Amniowrap2 per sq cm	A
Q4221	2026-07-01	Amniowrap2 per sq cm	A
Q4222	2026-01-01	Progenamatrix, per sq cm	A
Q4222	2026-04-01	Progenamatrix, per sq cm	A
Q4222	2026-07-01	Progenamatrix, per sq cm	A
Q4224	2026-01-01	Hhfl0-p per sq cm	A
Q4224	2026-04-01	Hhfl0-p per sq cm	A
Q4224	2026-07-01	Hhfl0-p per sq cm	A
Q4225	2026-01-01	Amnio or derma tl, per sq cm	A
Q4225	2026-04-01	Amnio or derma tl, per sq cm	A
Q4225	2026-07-01	Amnio or derma tl, per sq cm	A
Q4227	2026-01-01	Amniocore per sq cm	A
Q4227	2026-04-01	Amniocore per sq cm	A
Q4227	2026-07-01	Amniocore per sq cm	A
Q4229	2026-01-01	Cogenex amnio memb per sq cm	A
Q4229	2026-04-01	Cogenex amnio memb per sq cm	A
Q4229	2026-07-01	Cogenex amnio memb per sq cm	A
Q4230	2026-01-01	Cogenex flow amnion 0.5 cc	A
Q4230	2026-04-01	Cogenex flow amnion 0.5 cc	A
Q4230	2026-07-01	Cogenex flow amnion 0.5 cc	A
Q4232	2026-01-01	Corplex, per sq cm	A
Q4232	2026-04-01	Corplex, per sq cm	A
Q4232	2026-07-01	Corplex, per sq cm	A
Q4233	2026-01-01	Surfactor /nudyn per 0.5 cc	A
Q4233	2026-04-01	Surfactor /nudyn per 0.5 cc	A
Q4233	2026-07-01	Surfactor /nudyn per 0.5 cc	A
Q4234	2026-01-01	Xcellerate, per sq cm	A
Q4234	2026-04-01	Xcellerate, per sq cm	A
Q4234	2026-07-01	Xcellerate, per sq cm	A
Q4235	2026-01-01	Amniorepair or altiply sq cm	A
Q4235	2026-04-01	Amniorepair or altiply sq cm	A
Q4235	2026-07-01	Amniorepair or altiply sq cm	A
Q4236	2026-01-01	Carepatch per sq cm	A
Q4236	2026-04-01	Carepatch per sq cm	A
Q4236	2026-07-01	Carepatch per sq cm	A
Q4237	2026-01-01	Cryo-cord, per sq cm	A
Q4237	2026-04-01	Cryo-cord, per sq cm	A
Q4237	2026-07-01	Cryo-cord, per sq cm	A
Q4238	2026-01-01	Derm-maxx, per sq cm	A
Q4238	2026-04-01	Derm-maxx, per sq cm	A
Q4238	2026-07-01	Derm-maxx, per sq cm	A
Q4239	2026-01-01	Amnio-maxx or lite per sq cm	A
Q4239	2026-04-01	Amnio-maxx or lite per sq cm	A
Q4239	2026-07-01	Amnio-maxx or lite per sq cm	A
Q4240	2026-01-01	Corecyte topical only 0.5 cc	A
Q4240	2026-04-01	Corecyte topical only 0.5 cc	A
Q4240	2026-07-01	Corecyte topical only 0.5 cc	A
Q4241	2026-01-01	Polycyte, topical only 0.5cc	A
Q4241	2026-04-01	Polycyte, topical only 0.5cc	A
Q4241	2026-07-01	Polycyte, topical only 0.5cc	A
Q4242	2026-01-01	Amniocyte plus, per 0.5 cc	A
Q4242	2026-04-01	Amniocyte plus, per 0.5 cc	A
Q4242	2026-07-01	Amniocyte plus, per 0.5 cc	A
Q4245	2026-01-01	Amniotext, per cc	A
Q4245	2026-04-01	Amniotext, per cc	A
Q4245	2026-07-01	Amniotext, per cc	A
Q4246	2026-01-01	Coretext or protext, per cc	A
Q4246	2026-04-01	Coretext or protext, per cc	A
Q4246	2026-07-01	Coretext or protext, per cc	A
Q4247	2026-01-01	Amniotext patch, per sq cm	A
Q4247	2026-04-01	Amniotext patch, per sq cm	A
Q4247	2026-07-01	Amniotext patch, per sq cm	A
Q4248	2026-01-01	Dermacyte amn mem allo sq cm	A
Q4248	2026-04-01	Dermacyte amn mem allo sq cm	A
Q4248	2026-07-01	Dermacyte amn mem allo sq cm	A
Q4249	2026-01-01	Amniplly, per sq cm	A
Q4249	2026-04-01	Amniplly, per sq cm	A
Q4249	2026-07-01	Amniplly, per sq cm	A
Q4250	2026-01-01	Amnioamp-mp per sq cm	A
Q4250	2026-04-01	Amnioamp-mp per sq cm	A
Q4250	2026-07-01	Amnioamp-mp per sq cm	A
Q4251	2026-01-01	Vim, per square centimeter	A
Q4251	2026-04-01	Vim, per square centimeter	A
Q4251	2026-07-01	Vim, per square centimeter	A
Q4252	2026-01-01	Vendaje, per square centimet	A
Q4252	2026-04-01	Vendaje, per square centimet	A
Q4252	2026-07-01	Vendaje, per square centimet	A

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HCPCS	Eff Date	Description	R*
Q4253	2026-01-01	Zenith amniotic membrane psc	A
Q4253	2026-04-01	Zenith amniotic membrane psc	A
Q4253	2026-07-01	Zenith amniotic membrane psc	A
Q4254	2026-01-01	Novafix dl per sq cm	A
Q4254	2026-04-01	Novafix dl per sq cm	A
Q4254	2026-07-01	Novafix dl per sq cm	A
Q4255	2026-01-01	Reguard, topical use per sq	A
Q4255	2026-04-01	Reguard, topical use per sq	A
Q4255	2026-07-01	Reguard, topical use per sq	A
Q4256	2026-01-01	Mlg complet, per sq cm	A
Q4256	2026-04-01	Mlg complet, per sq cm	A
Q4256	2026-07-01	Mlg complet, per sq cm	A
Q4257	2026-01-01	Relese, per sq cm	A
Q4257	2026-04-01	Relese, per sq cm	A
Q4257	2026-07-01	Relese, per sq cm	A
Q4258	2026-01-01	Enverse, per sq cm	A
Q4258	2026-04-01	Enverse, per sq cm	A
Q4258	2026-07-01	Enverse, per sq cm	A
Q4259	2026-01-01	Celera per sq cm	A
Q4259	2026-04-01	Celera per sq cm	A
Q4259	2026-07-01	Celera per sq cm	A
Q4260	2026-01-01	Signature apatch, per sq cm	A
Q4260	2026-04-01	Signature apatch, per sq cm	A
Q4260	2026-07-01	Signature apatch, per sq cm	A
Q4261	2026-01-01	Tag, per square centimeter	A
Q4261	2026-04-01	Tag, per square centimeter	A
Q4261	2026-07-01	Tag, per square centimeter	A
Q4262	2026-01-01	Dual layer impax, per sq cm	A
Q4262	2026-04-01	Dual layer impax, per sq cm	A
Q4262	2026-07-01	Dual layer impax, per sq cm	A
Q4263	2026-01-01	Surgraft tl, per sq cm	A
Q4263	2026-04-01	Surgraft tl, per sq cm	A
Q4263	2026-07-01	Surgraft tl, per sq cm	A
Q4264	2026-01-01	Cocoon membrane, per sq cm	A
Q4264	2026-04-01	Cocoon membrane, per sq cm	A
Q4264	2026-07-01	Cocoon membrane, per sq cm	A
Q4265	2026-01-01	Neostim tl per sq cm	A
Q4265	2026-04-01	Neostim tl per sq cm	A
Q4265	2026-07-01	Neostim tl per sq cm	A
Q4266	2026-01-01	Neostim per sq cm	A
Q4266	2026-04-01	Neostim per sq cm	A
Q4266	2026-07-01	Neostim per sq cm	A
Q4267	2026-01-01	Neostim dl per sq cm	A
Q4267	2026-04-01	Neostim dl per sq cm	A
Q4267	2026-07-01	Neostim dl per sq cm	A
Q4268	2026-01-01	Surgraft ft per sq cm	A
Q4268	2026-04-01	Surgraft ft per sq cm	A
Q4268	2026-07-01	Surgraft ft per sq cm	A
Q4269	2026-01-01	Surgraft xt per sq cm	A
Q4269	2026-04-01	Surgraft xt per sq cm	A
Q4269	2026-07-01	Surgraft xt per sq cm	A
Q4270	2026-01-01	Complete sl per sq cm	A
Q4270	2026-04-01	Complete sl per sq cm	A
Q4270	2026-07-01	Complete sl per sq cm	A
Q4271	2026-01-01	Complete ft per sq cm	A
Q4271	2026-04-01	Complete ft per sq cm	A
Q4271	2026-07-01	Complete ft per sq cm	A
Q4272	2026-01-01	Esano a, per sq cm	A
Q4272	2026-04-01	Esano a, per sq cm	A
Q4272	2026-07-01	Esano a, per sq cm	A
Q4273	2026-01-01	Esano aaa, per sq cm	A
Q4273	2026-04-01	Esano aaa, per sq cm	A
Q4273	2026-07-01	Esano aaa, per sq cm	A
Q4274	2026-01-01	Esano ac, per sq cm	A
Q4274	2026-04-01	Esano ac, per sq cm	A
Q4274	2026-07-01	Esano ac, per sq cm	A
Q4275	2026-01-01	Esano aca, per sq cm	A
Q4275	2026-04-01	Esano aca, per sq cm	A
Q4275	2026-07-01	Esano aca, per sq cm	A
Q4276	2026-01-01	Orion, per sq cm	A
Q4276	2026-04-01	Orion, per sq cm	A
Q4276	2026-07-01	Orion, per sq cm	A
Q4278	2026-01-01	Epieffect, per sq cm	A
Q4278	2026-04-01	Epieffect, per sq cm	A
Q4278	2026-07-01	Epieffect, per sq cm	A
Q4279	2026-01-01	Vendaje ac, per sq cm	A
Q4279	2026-04-01	Vendaje ac, per sq cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4279	2026-07-01	Vendaje ac, per sq cm	A
Q4280	2026-01-01	Xcell amnio matrix per sq cm	A
Q4280	2026-04-01	Xcell amnio matrix per sq cm	A
Q4280	2026-07-01	Xcell amnio matrix per sq cm	A
Q4281	2026-01-01	Barrera slor dl per sq cm	A
Q4281	2026-04-01	Barrera slor dl per sq cm	A
Q4281	2026-07-01	Barrera slor dl per sq cm	A
Q4282	2026-01-01	Cygnus dual per sq cm	A
Q4282	2026-04-01	Cygnus dual per sq cm	A
Q4282	2026-07-01	Cygnus dual per sq cm	A
Q4283	2026-01-01	Biovance tri or 3l, sq cm	A
Q4283	2026-04-01	Biovance tri or 3l, sq cm	A
Q4283	2026-07-01	Biovance tri or 3l, sq cm	A
Q4284	2026-01-01	Dermabind sl, per sq cm	A
Q4284	2026-04-01	Dermabind sl, per sq cm	A
Q4284	2026-07-01	Dermabind sl, per sq cm	A
Q4285	2026-01-01	Nudyn dl or dl mesh pr sq cm	A
Q4285	2026-04-01	Nudyn dl or dl mesh pr sq cm	A
Q4285	2026-07-01	Nudyn dl or dl mesh pr sq cm	A
Q4286	2026-01-01	Nudyn sl or slw, per sq cm	A
Q4286	2026-04-01	Nudyn sl or slw, per sq cm	A
Q4286	2026-07-01	Nudyn sl or slw, per sq cm	A
Q4287	2026-01-01	Dermabind dl, per sq cm	A
Q4287	2026-04-01	Dermabind dl, per sq cm	A
Q4287	2026-07-01	Dermabind dl, per sq cm	A
Q4288	2026-01-01	Dermabind ch, per sq cm	A
Q4288	2026-04-01	Dermabind ch, per sq cm	A
Q4288	2026-07-01	Dermabind ch, per sq cm	A
Q4289	2026-01-01	Revoshield+ amnio, per sq cm	A
Q4289	2026-04-01	Revoshield+ amnio, per sq cm	A
Q4289	2026-07-01	Revoshield+ amnio, per sq cm	A
Q4290	2026-01-01	Membrane wrap hydr per sq cm	A
Q4290	2026-04-01	Membrane wrap hydr per sq cm	A
Q4290	2026-07-01	Membrane wrap hydr per sq cm	A
Q4291	2026-01-01	Lamellas xt, per sq cm	A
Q4291	2026-04-01	Lamellas xt, per sq cm	A
Q4291	2026-07-01	Lamellas xt, per sq cm	A
Q4292	2026-01-01	Lamellas, per sq cm	A
Q4292	2026-04-01	Lamellas, per sq cm	A
Q4292	2026-07-01	Lamellas, per sq cm	A
Q4293	2026-01-01	Acesso dl, per sq cm	A
Q4293	2026-04-01	Acesso dl, per sq cm	A
Q4293	2026-07-01	Acesso dl, per sq cm	A
Q4294	2026-01-01	Amnio quad-core, per sq cm	A
Q4294	2026-04-01	Amnio quad-core, per sq cm	A
Q4294	2026-07-01	Amnio quad-core, per sq cm	A
Q4295	2026-01-01	Amnio tri-core, per sq cm	A
Q4295	2026-04-01	Amnio tri-core, per sq cm	A
Q4295	2026-07-01	Amnio tri-core, per sq cm	A
Q4296	2026-01-01	Rebound matrix, per sq cm	A
Q4296	2026-04-01	Rebound matrix, per sq cm	A
Q4296	2026-07-01	Rebound matrix, per sq cm	A
Q4297	2026-01-01	Emerge matrix, per sq cm	A
Q4297	2026-04-01	Emerge matrix, per sq cm	A
Q4297	2026-07-01	Emerge matrix, per sq cm	A
Q4298	2026-01-01	Amnicore pro, per sq cm	A
Q4298	2026-04-01	Amnicore pro, per sq cm	A
Q4298	2026-07-01	Amnicore pro, per sq cm	A
Q4299	2026-01-01	Amnicore pro+, per sq cm	A
Q4299	2026-04-01	Amnicore pro+, per sq cm	A
Q4299	2026-07-01	Amnicore pro+, per sq cm	A
Q4300	2026-01-01	Acesso tl, per sq cm	A
Q4300	2026-04-01	Acesso tl, per sq cm	A
Q4300	2026-07-01	Acesso tl, per sq cm	A
Q4301	2026-01-01	Activate matrix, per sq cm	A
Q4301	2026-04-01	Activate matrix, per sq cm	A
Q4301	2026-07-01	Activate matrix, per sq cm	A
Q4302	2026-01-01	Complete aca, per sq cm	A
Q4302	2026-04-01	Complete aca, per sq cm	A
Q4302	2026-07-01	Complete aca, per sq cm	A
Q4303	2026-01-01	Complete aa, per sq cm	A
Q4303	2026-04-01	Complete aa, per sq cm	A
Q4303	2026-07-01	Complete aa, per sq cm	A
Q4304	2026-01-01	Grafix plus, per sq cm	A
Q4304	2026-04-01	Grafix plus, per sq cm	A
Q4304	2026-07-01	Grafix plus, per sq cm	A
Q4305	2026-01-01	Amer am ac tri-layer per sq cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4305	2026-04-01	Amer am ac tri-lay per sq cm	A
Q4305	2026-07-01	Amer am ac tri-lay per sq cm	A
Q4306	2026-01-01	Americ amnion ac per sq cm	A
Q4306	2026-04-01	Americ amnion ac per sq cm	A
Q4306	2026-07-01	Americ amnion ac per sq cm	A
Q4307	2026-01-01	American amnion, per sq cm	A
Q4307	2026-04-01	American amnion, per sq cm	A
Q4307	2026-07-01	American amnion, per sq cm	A
Q4308	2026-01-01	Sanopellis, per sq cm	A
Q4308	2026-04-01	Sanopellis, per sq cm	A
Q4308	2026-07-01	Sanopellis, per sq cm	A
Q4309	2026-01-01	Via matrix, per sq cm	A
Q4309	2026-04-01	Via matrix, per sq cm	A
Q4309	2026-07-01	Via matrix, per sq cm	A
Q4310	2026-01-01	Procenta, per 100 mg	A
Q4310	2026-04-01	Procenta, per 100 mg	A
Q4310	2026-07-01	Procenta, per 100 mg	A
Q4311	2026-01-01	Acesso, per sq cm	A
Q4311	2026-04-01	Acesso, per sq cm	A
Q4311	2026-07-01	Acesso, per sq cm	A
Q4312	2026-01-01	Acesso ac, per sq cm	A
Q4312	2026-04-01	Acesso ac, per sq cm	A
Q4312	2026-07-01	Acesso ac, per sq cm	A
Q4313	2026-01-01	Dermabind fm, per sq cm	A
Q4313	2026-04-01	Dermabind fm, per sq cm	A
Q4313	2026-07-01	Dermabind fm, per sq cm	A
Q4314	2026-01-01	Reeva, per sq cm	A
Q4314	2026-04-01	Reeva, per sq cm	A
Q4314	2026-07-01	Reeva, per sq cm	A
Q4315	2026-01-01	Regenlink amniotic mem allo	A
Q4315	2026-04-01	Regenlink amniotic mem allo	A
Q4315	2026-07-01	Regenlink amniotic mem allo	A
Q4316	2026-01-01	Amchoplast, per sq cm	A
Q4316	2026-04-01	Amchoplast, per sq cm	A
Q4316	2026-07-01	Amchoplast, per sq cm	A
Q4317	2026-01-01	Vitograft, per sq cm	A
Q4317	2026-04-01	Vitograft, per sq cm	A
Q4317	2026-07-01	Vitograft, per sq cm	A
Q4318	2026-01-01	E-graft, per sq cm	A
Q4318	2026-04-01	E-graft, per sq cm	A
Q4318	2026-07-01	E-graft, per sq cm	A
Q4319	2026-01-01	Sanograft, per sq cm	A
Q4319	2026-04-01	Sanograft, per sq cm	A
Q4319	2026-07-01	Sanograft, per sq cm	A
Q4320	2026-01-01	Pellograft, per sq cm	A
Q4320	2026-04-01	Pellograft, per sq cm	A
Q4320	2026-07-01	Pellograft, per sq cm	A
Q4321	2026-01-01	Renograft, per sq cm	A
Q4321	2026-04-01	Renograft, per sq cm	A
Q4321	2026-07-01	Renograft, per sq cm	A
Q4322	2026-01-01	Caregraft, per sq cm	A
Q4322	2026-04-01	Caregraft, per sq cm	A
Q4322	2026-07-01	Caregraft, per sq cm	A
Q4323	2026-01-01	Alloply, per sq cm	A
Q4323	2026-04-01	Alloply, per sq cm	A
Q4323	2026-07-01	Alloply, per sq cm	A
Q4324	2026-01-01	Amniotx, per sq cm	A
Q4324	2026-04-01	Amniotx, per sq cm	A
Q4324	2026-07-01	Amniotx, per sq cm	A
Q4325	2026-01-01	Acapatch, per sq cm	A
Q4325	2026-04-01	Acapatch, per sq cm	A
Q4325	2026-07-01	Acapatch, per sq cm	A
Q4326	2026-01-01	Woundplus, per sq cm	A
Q4326	2026-04-01	Woundplus, per sq cm	A
Q4326	2026-07-01	Woundplus, per sq cm	A
Q4327	2026-01-01	Duoamnion, per sq cm	A
Q4327	2026-04-01	Duoamnion, per sq cm	A
Q4327	2026-07-01	Duoamnion, per sq cm	A
Q4328	2026-01-01	Most, per sq cm	A
Q4328	2026-04-01	Most, per sq cm	A
Q4328	2026-07-01	Most, per sq cm	A
Q4329	2026-01-01	Singlay, per sq cm	A
Q4329	2026-04-01	Singlay, per sq cm	A
Q4329	2026-07-01	Singlay, per sq cm	A
Q4330	2026-01-01	Total, per sq cm	A
Q4330	2026-04-01	Total, per sq cm	A
Q4330	2026-07-01	Total, per sq cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4331	2026-01-01	Axolotl graft, per sq cm	A
Q4331	2026-04-01	Axolotl graft, per sq cm	A
Q4331	2026-07-01	Axolotl graft, per sq cm	A
Q4332	2026-01-01	Axolotl dualgraft, per sq cm	A
Q4332	2026-04-01	Axolotl dualgraft, per sq cm	A
Q4332	2026-07-01	Axolotl dualgraft, per sq cm	A
Q4333	2026-01-01	Ardeograft, per sq cm	A
Q4333	2026-04-01	Ardeograft, per sq cm	A
Q4333	2026-07-01	Ardeograft, per sq cm	A
Q4334	2026-01-01	Amnioplast 1, per sq cm	A
Q4334	2026-04-01	Amnioplast 1, per sq cm	A
Q4334	2026-07-01	Amnioplast 1, per sq cm	A
Q4335	2026-01-01	Amnioplast 2, per sq cm	A
Q4335	2026-04-01	Amnioplast 2, per sq cm	A
Q4335	2026-07-01	Amnioplast 2, per sq cm	A
Q4336	2026-01-01	Artecent c, per sq cm	A
Q4336	2026-04-01	Artecent c, per sq cm	A
Q4336	2026-07-01	Artecent c, per sq cm	A
Q4337	2026-01-01	Artecent trident, per sq cm	A
Q4337	2026-04-01	Artecent trident, per sq cm	A
Q4337	2026-07-01	Artecent trident, per sq cm	A
Q4338	2026-01-01	Artacent velos, per sq cm	A
Q4338	2026-04-01	Artacent velos, per sq cm	A
Q4338	2026-07-01	Artacent velos, per sq cm	A
Q4339	2026-01-01	Artacent vericlen, per sq cm	A
Q4339	2026-04-01	Artacent vericlen, per sq cm	A
Q4339	2026-07-01	Artacent vericlen, per sq cm	A
Q4340	2026-01-01	Simpligraft, per sq cm	A
Q4340	2026-04-01	Simpligraft, per sq cm	A
Q4340	2026-07-01	Simpligraft, per sq cm	A
Q4341	2026-01-01	Simplimax, per sq cm	A
Q4341	2026-04-01	Simplimax, per sq cm	A
Q4341	2026-07-01	Simplimax, per sq cm	A
Q4342	2026-01-01	Theramend, per sq cm	A
Q4342	2026-04-01	Theramend, per sq cm	A
Q4342	2026-07-01	Theramend, per sq cm	A
Q4343	2026-01-01	Dermacyte ac matr per sq cm	A
Q4343	2026-04-01	Dermacyte ac matr per sq cm	A
Q4343	2026-07-01	Dermacyte ac matr per sq cm	A
Q4344	2026-01-01	Tri membrane wrap, per sq cm	A
Q4344	2026-04-01	Tri membrane wrap, per sq cm	A
Q4344	2026-07-01	Tri membrane wrap, per sq cm	A
Q4345	2026-01-01	Matrix hd allogrft per sq cm	A
Q4345	2026-04-01	Matrix hd allogrft per sq cm	A
Q4345	2026-07-01	Matrix hd allogrft per sq cm	A
Q4346	2026-01-01	Shelter dm matrix per sq cm	A
Q4346	2026-04-01	Shelter dm matrix per sq cm	A
Q4346	2026-07-01	Shelter dm matrix per sq cm	A
Q4347	2026-01-01	Rampart dl matrix per sq cm	A
Q4347	2026-04-01	Rampart dl matrix per sq cm	A
Q4347	2026-07-01	Rampart dl matrix per sq cm	A
Q4348	2026-01-01	Sentry sl matrix per sq cm	A
Q4348	2026-04-01	Sentry sl matrix per sq cm	A
Q4348	2026-07-01	Sentry sl matrix per sq cm	A
Q4349	2026-01-01	Mantle dl matrix per sq cm	A
Q4349	2026-04-01	Mantle dl matrix per sq cm	A
Q4349	2026-07-01	Mantle dl matrix per sq cm	A
Q4350	2026-01-01	Palisade dm matrix per sq cm	A
Q4350	2026-04-01	Palisade dm matrix per sq cm	A
Q4350	2026-07-01	Palisade dm matrix per sq cm	A
Q4351	2026-01-01	Enclose tl matrix, per sq cm	A
Q4351	2026-04-01	Enclose tl matrix, per sq cm	A
Q4351	2026-07-01	Enclose tl matrix, per sq cm	A
Q4352	2026-01-01	Overlay sl matrix, per sq cm	A
Q4352	2026-04-01	Overlay sl matrix, per sq cm	A
Q4352	2026-07-01	Overlay sl matrix, per sq cm	A
Q4353	2026-01-01	Xceed tl matrix per sq cm	A
Q4353	2026-04-01	Xceed tl matrix per sq cm	A
Q4353	2026-07-01	Xceed tl matrix per sq cm	A
Q4354	2026-01-01	Palingen dl-palingen dl-x	A
Q4354	2026-04-01	Palingen dl-palingen dl-x	A
Q4354	2026-07-01	Palingen dl-palingen dl-x	A
Q4355	2026-01-01	Abio xpl abio xpl hy p sq cm	A
Q4355	2026-04-01	Abio xpl abio xpl hy p sq cm	A
Q4355	2026-07-01	Abio xpl abio xpl hy p sq cm	A
Q4356	2026-01-01	Abio mem abio hyd per sq cm	A
Q4356	2026-04-01	Abio mem abio hyd per sq cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4356	2026-07-01	Abio mem abio hyd per sq cm	A
Q4357	2026-01-01	Xwrap plus, per sq cm	A
Q4357	2026-04-01	Xwrap plus, per sq cm	A
Q4357	2026-07-01	Xwrap plus, per sq cm	A
Q4358	2026-01-01	Xwrap dual, per sq cm	A
Q4358	2026-04-01	Xwrap dual, per sq cm	A
Q4358	2026-07-01	Xwrap dual, per sq cm	A
Q4359	2026-01-01	Choriplay, per sq cm	A
Q4359	2026-04-01	Choriplay, per sq cm	A
Q4359	2026-07-01	Choriplay, per sq cm	A
Q4360	2026-01-01	Amchoplast fd per sq cm	A
Q4360	2026-04-01	Amchoplast fd per sq cm	A
Q4360	2026-07-01	Amchoplast fd per sq cm	A
Q4361	2026-01-01	Epixpress, per sq cm	A
Q4361	2026-04-01	Epixpress, per sq cm	A
Q4361	2026-07-01	Epixpress, per sq cm	A
Q4362	2026-01-01	Cygnus disk, per sq cm	A
Q4362	2026-04-01	Cygnus disk, per sq cm	A
Q4362	2026-07-01	Cygnus disk, per sq cm	A
Q4363	2026-01-01	Am bur mem hydro per sq cm	A
Q4363	2026-04-01	Am bur mem hydro per sq cm	A
Q4363	2026-07-01	Am bur mem hydro per sq cm	A
Q4364	2026-01-01	Am bur xp mem xpl hy p sq cm	A
Q4364	2026-04-01	Am bur xp mem xpl hy p sq cm	A
Q4364	2026-07-01	Am bur xp mem xpl hy p sq cm	A
Q4365	2026-01-01	Amnio bur dl mem per sq cm	A
Q4365	2026-04-01	Amnio bur dl mem per sq cm	A
Q4365	2026-07-01	Amnio bur dl mem per sq cm	A
Q4366	2026-01-01	DI amnio bur x-mem per sq cm	A
Q4366	2026-04-01	DI amnio bur x-mem per sq cm	A
Q4366	2026-07-01	DI amnio bur x-mem per sq cm	A
Q4367	2026-01-01	Amniocore sl, per sq cm	A
Q4367	2026-04-01	Amniocore sl, per sq cm	A
Q4367	2026-07-01	Amniocore sl, per sq cm	A
Q4368	2026-01-01	Amchothick per sq cm	A
Q4368	2026-04-01	Amchothick per sq cm	A
Q4368	2026-07-01	Amchothick per sq cm	A
Q4369	2026-01-01	Amnioplast 3 per sq cm	A
Q4369	2026-04-01	Amnioplast 3 per sq cm	A
Q4369	2026-07-01	Amnioplast 3 per sq cm	A
Q4370	2026-01-01	Aeroguard per sq cm	A
Q4370	2026-04-01	Aeroguard per sq cm	A
Q4370	2026-07-01	Aeroguard per sq cm	A
Q4371	2026-01-01	Neoguard per sq cm	A
Q4371	2026-04-01	Neoguard per sq cm	A
Q4371	2026-07-01	Neoguard per sq cm	A
Q4372	2026-01-01	Amchoplast excl per sq cm	A
Q4372	2026-04-01	Amchoplast excl per sq cm	A
Q4372	2026-07-01	Amchoplast excl per sq cm	A
Q4373	2026-01-01	Membrane wrp lt per sq cm	A
Q4373	2026-04-01	Membrane wrp lt per sq cm	A
Q4373	2026-07-01	Membrane wrp lt per sq cm	A
Q4375	2026-01-01	Duograft ac per sq cm	A
Q4375	2026-04-01	Duograft ac per sq cm	A
Q4375	2026-07-01	Duograft ac per sq cm	A
Q4376	2026-01-01	Duograft aa per sq cm	A
Q4376	2026-04-01	Duograft aa per sq cm	A
Q4376	2026-07-01	Duograft aa per sq cm	A
Q4377	2026-01-01	Trigraft ft per sq cm	A
Q4377	2026-04-01	Trigraft ft per sq cm	A
Q4377	2026-07-01	Trigraft ft per sq cm	A
Q4378	2026-01-01	Renew ft matrix per sq cm	A
Q4378	2026-04-01	Renew ft matrix per sq cm	A
Q4378	2026-07-01	Renew ft matrix per sq cm	A
Q4379	2026-01-01	Amniodefend ft per sq cm	A
Q4379	2026-04-01	Amniodefend ft per sq cm	A
Q4379	2026-07-01	Amniodefend ft per sq cm	A
Q4380	2026-01-01	Advograft one per sq cm	A
Q4380	2026-04-01	Advograft one per sq cm	A
Q4380	2026-07-01	Advograft one per sq cm	A
Q4382	2026-01-01	Advograft dual per sq cm	A
Q4382	2026-04-01	Advograft dual per sq cm	A
Q4382	2026-07-01	Advograft dual per sq cm	A
Q4383	2026-01-01	Axolotl graft ult per sq cm	A
Q4383	2026-04-01	Axolotl graft ult per sq cm	A
Q4383	2026-07-01	Axolotl graft ult per sq cm	A
Q4384	2026-01-01	Axolotl dual ult per sq cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4384	2026-04-01	Axolotl dual ult per sq cm	A
Q4384	2026-07-01	Axolotl dual ult per sq cm	A
Q4385	2026-01-01	Apollo ft per sq cm	A
Q4385	2026-04-01	Apollo ft per sq cm	A
Q4385	2026-07-01	Apollo ft per sq cm	A
Q4386	2026-01-01	Acesso trifaca per sq cm	A
Q4386	2026-04-01	Acesso trifaca per sq cm	A
Q4386	2026-07-01	Acesso trifaca per sq cm	A
Q4387	2026-01-01	Neothelium ft per sq cm	A
Q4387	2026-04-01	Neothelium ft per sq cm	A
Q4387	2026-07-01	Neothelium ft per sq cm	A
Q4388	2026-01-01	Neothelium 4l per sq cm	A
Q4388	2026-04-01	Neothelium 4l per sq cm	A
Q4388	2026-07-01	Neothelium 4l per sq cm	A
Q4389	2026-01-01	Neothelium 4l+ per sq cm	A
Q4389	2026-04-01	Neothelium 4l+ per sq cm	A
Q4389	2026-07-01	Neothelium 4l+ per sq cm	A
Q4390	2026-01-01	Ascendion per sq cm	A
Q4390	2026-04-01	Ascendion per sq cm	A
Q4390	2026-07-01	Ascendion per sq cm	A
Q4391	2026-01-01	Amnioplast double per sq cm	A
Q4391	2026-04-01	Amnioplast double per sq cm	A
Q4391	2026-07-01	Amnioplast double per sq cm	A
Q4392	2026-01-01	Grafix duo per sq cm	A
Q4392	2026-04-01	Grafix duo per sq cm	A
Q4392	2026-07-01	Grafix duo per sq cm	A
Q4393	2026-01-01	Surgraft ac per sq cm	A
Q4393	2026-04-01	Surgraft ac per sq cm	A
Q4393	2026-07-01	Surgraft ac per sq cm	A
Q4394	2026-01-01	Surgraft aca per sq cm	A
Q4394	2026-04-01	Surgraft aca per sq cm	A
Q4394	2026-07-01	Surgraft aca per sq cm	A
Q4395	2026-01-01	Acelagraft per sq cm	A
Q4395	2026-04-01	Acelagraft per sq cm	A
Q4395	2026-07-01	Acelagraft per sq cm	A
Q4396	2026-01-01	Natalin per sq cm	A
Q4396	2026-04-01	Natalin per sq cm	A
Q4396	2026-07-01	Natalin per sq cm	A
Q4397	2026-01-01	Summit aaa per sq cm	A
Q4397	2026-04-01	Summit aaa per sq cm	A
Q4397	2026-07-01	Summit aaa per sq cm	A
Q4398	2026-01-01	Summit ac per sq cm	A
Q4398	2026-04-01	Summit ac per sq cm	A
Q4398	2026-07-01	Summit ac per sq cm	A
Q4399	2026-01-01	Summit fx per sq cm	A
Q4399	2026-04-01	Summit fx per sq cm	A
Q4399	2026-07-01	Summit fx per sq cm	A
Q4400	2026-01-01	Polygon3 per sq cm	A
Q4400	2026-04-01	Polygon3 per sq cm	A
Q4400	2026-07-01	Polygon3 per sq cm	A
Q4401	2026-01-01	Absolv3 per sq cm	A
Q4401	2026-04-01	Absolv3 per sq cm	A
Q4401	2026-07-01	Absolv3 per sq cm	A
Q4402	2026-01-01	Xwrap 2.0 per sq cm	A
Q4402	2026-04-01	Xwrap 2.0 per sq cm	A
Q4402	2026-07-01	Xwrap 2.0 per sq cm	A
Q4403	2026-01-01	Xwrap dual plus per sq cm	A
Q4403	2026-04-01	Xwrap dual plus per sq cm	A
Q4403	2026-07-01	Xwrap dual plus per sq cm	A
Q4404	2026-01-01	Xwrap hydro plus per sq cm	A
Q4404	2026-04-01	Xwrap hydro plus per sq cm	A
Q4404	2026-07-01	Xwrap hydro plus per sq cm	A
Q4405	2026-01-01	Xwrap fenestra plus sq cm	A
Q4405	2026-04-01	Xwrap fenestra plus sq cm	A
Q4405	2026-07-01	Xwrap fenestra plus sq cm	A
Q4406	2026-01-01	Xwrap fenestra per sq cm	A
Q4406	2026-04-01	Xwrap fenestra per sq cm	A
Q4406	2026-07-01	Xwrap fenestra per sq cm	A
Q4407	2026-01-01	Xwrap tribus per sq cm	A
Q4407	2026-04-01	Xwrap tribus per sq cm	A
Q4407	2026-07-01	Xwrap tribus per sq cm	A
Q4408	2026-01-01	Xwrap hydro per sq cm	A
Q4408	2026-04-01	Xwrap hydro per sq cm	A
Q4408	2026-07-01	Xwrap hydro per sq cm	A
Q4409	2026-01-01	Amniomatrixf3x per sq cm	A
Q4409	2026-04-01	Amniomatrixf3x per sq cm	A
Q4409	2026-07-01	Amniomatrixf3x per sq cm	A

Non-BLA Skin Substitute Product Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
Q4410	2026-01-01	Amchomatrixdl per sq cm	A
Q4410	2026-04-01	Amchomatrixdl per sq cm	A
Q4410	2026-07-01	Amchomatrixdl per sq cm	A
Q4411	2026-01-01	Amniomatrixf4x per sq cm	A
Q4411	2026-04-01	Amniomatrixf4x per sq cm	A
Q4411	2026-07-01	Amniomatrixf4x per sq cm	A
Q4412	2026-01-01	Choriofix per sq cm	A
Q4412	2026-04-01	Choriofix per sq cm	A
Q4412	2026-07-01	Choriofix per sq cm	A
Q4413	2026-01-01	Cygnus solo per sq cm	A
Q4413	2026-04-01	Cygnus solo per sq cm	A
Q4413	2026-07-01	Cygnus solo per sq cm	A
Q4414	2026-01-01	Simplichor per sq cm	A
Q4414	2026-04-01	Simplichor per sq cm	A
Q4414	2026-07-01	Simplichor per sq cm	A
Q4415	2026-01-01	Alexiguard st-l per sq cm	A
Q4415	2026-04-01	Alexiguard st-l per sq cm	A
Q4415	2026-07-01	Alexiguard st-l per sq cm	A
Q4416	2026-01-01	Alexiguard tl-t per sq cm	A
Q4416	2026-04-01	Alexiguard tl-t per sq cm	A
Q4416	2026-07-01	Alexiguard tl-t per sq cm	A
Q4417	2026-01-01	Alexiguard dl-t per sq cm	A
Q4417	2026-04-01	Alexiguard dl-t per sq cm	A
Q4417	2026-07-01	Alexiguard dl-t per sq cm	A
Q4418	2026-04-01	Biolab wrap flow per sq cm	A
Q4418	2026-07-01	Biolab wrap flow per sq cm	A
Q4419	2026-04-01	Biolab wrap flw lt per sq cm	A
Q4419	2026-07-01	Biolab wrap flw lt per sq cm	A
Q4420	2026-01-01	Nuform per sq cm	A
Q4420	2026-04-01	Nuform per sq cm	A
Q4420	2026-07-01	Nuform per sq cm	A
Q4421	2026-04-01	Biolab wrap solo per sq cm	A
Q4421	2026-07-01	Biolab wrap solo per sq cm	A
Q4422	2026-04-01	Ac wrap per sq cm	A
Q4422	2026-07-01	Ac wrap per sq cm	A
Q4423	2026-04-01	Biolab tri wrap fl per sq cm	A
Q4423	2026-07-01	Biolab tri wrap fl per sq cm	A
Q4424	2026-04-01	Revive ft per sq cm	A
Q4424	2026-07-01	Revive ft per sq cm	A
Q4425	2026-04-01	Revive tl per sq cm	A
Q4425	2026-07-01	Revive tl per sq cm	A
Q4426	2026-04-01	Dermbnd tl+, tlx per sq cm	A
Q4426	2026-07-01	Dermbnd tl+, tlx per sq cm	A
Q4427	2026-04-01	Dermbnd dln dl+ dlx sq cm	A
Q4427	2026-07-01	Dermbnd dln dl+ dlx sq cm	A
Q4428	2026-04-01	Dermbnd sln sl+ slx sq cm	A
Q4428	2026-07-01	Dermbnd sln sl+ slx sq cm	A
Q4429	2026-04-01	Dermbnd chn, chx per sq cm	A
Q4429	2026-07-01	Dermbnd chn, chx per sq cm	A
Q4435	2026-04-01	Renati membrane per sq cm	A
Q4435	2026-07-01	Renati membrane per sq cm	A
Q4436	2026-04-01	Renati ac membrane per sq cm	A
Q4436	2026-07-01	Renati ac membrane per sq cm	A
Q4437	2026-04-01	Revival ac per sq cm	A
Q4437	2026-07-01	Revival ac per sq cm	A
Q4438	2026-04-01	Pretect per sq cm	A
Q4438	2026-07-01	Pretect per sq cm	A
Q4439	2026-04-01	Instagraft per sq cm	A
Q4439	2026-07-01	Instagraft per sq cm	A
Q4440	2026-04-01	Curamatrix per sq cm	A
Q4440	2026-07-01	Curamatrix per sq cm	A

Device Procedure Additions

The following HCPCS were added to the Device Procedure list.

Device Procedure Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C8014	2026-07-01	Cysto, litho, w suct sheath	N

Device Procedure Edit 92 Bypass Additions

The following HCPCS were added to the Device Procedure Bypass Edit 92 list.

Device Procedure Edit 92 Bypass Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
65780	2026-01-01	Ocular reconst transplant	A
65781	2026-01-01	Ocular reconst transplant	A

Device Additions

The following HCPCS were added to the Device list.

Device Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C1609	2026-07-01	Vert dev motion-preserv	N

Pass-Through Device HCPCS Additions

The following HCPCS were added to the Pass-Through Device HCPCS list.

Pass-Through Device HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C1609	2026-07-01	Vert dev motion-preserv	N

Pass-Through Device Offset Procedure Additions

The following HCPCS were added to the list of pass-through device code pairs subject to a device offset.

Pass-Through Device Offset Procedure Additions

Code1	Code2	Eff Date	Amount
C1609	0202T	2026-07-01	\$8,065.50

Terminated Device Procedure Additions

The following HCPCS were added to the terminated device procedure list, that may be subject to device credit when the procedure is terminated early.

Terminated Device Procedure Additions

HCPCS	Eff Date	Amount
C8014	2026-07-01	\$1,698.16

Terminated Device Procedure Modifications

The following HCPCS have a modified device credit amount for device procedures that may be terminated early.

Terminated Device Procedure Modifications

HCPCS	Eff Date	Description	Current Amount	Previous Amount
0796T	2026-04-01	Tcat ins 2chmbr ldls pm ra	\$16,759.95	\$14,513.18
0823T	2026-04-01	Tcat ins 1chmbr ldls pm ra	\$15,532.78	\$13,450.52
C8010	2026-07-01	Pc plm pm e ctd emb prtc	\$5,425.16	\$3,875.16

Type One Addon Procedure Code Additions

The following HCPCS were added to the Type One Addon Procedure code list (edit 106).

**Type One Addon Procedure
Code Additions**

Reason Key: A=Added To List, N=New Code

Addon	Primary	Eff Date	R*
90481	G0008	2026-07-01	A
90481	G0009	2026-07-01	A
90481	G0010	2026-07-01	A

Telehealth Service Additions

The following HCPCS were added to the Telehealth list (edit 126).

Telehealth Service Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
C7900	2023-01-01	Hopd mntl hlt, 15-29 min	A
C7900	2023-04-01	Hopd mntl hlt, 15-29 min	A
C7900	2023-07-01	Hopd mntl hlt, 15-29 min	A
C7900	2023-10-01	Hopd mntl hlt, 15-29 min	A
C7900	2024-01-01	Hopd mntl hlt, 15-29 min	A
C7900	2024-04-01	Hopd mntl hlt, 15-29 min	A
C7900	2024-07-01	Hopd mntl hlt, 15-29 min	A
C7900	2024-10-01	Hopd mntl hlt, 15-29 min	A
C7900	2025-01-01	Hopd mntl hlt, 15-29 min	A
C7900	2025-04-01	Hopd mntl hlt, 15-29 min	A
C7900	2025-07-01	Hopd mntl hlt, 15-29 min	A
C7900	2025-10-01	Hopd mntl hlt, 15-29 min	A
C7900	2026-01-01	Hopd mntl hlt, 15-29 min	A
C7900	2026-04-01	Hopd mntl hlt, 15-29 min	A
C7900	2026-07-01	Hopd mntl hlt, 15-29 min	A
C7901	2023-01-01	Hopd mntl hlt, 30-60 min	A
C7901	2023-04-01	Hopd mntl hlt, 30-60 min	A
C7901	2023-07-01	Hopd mntl hlt, 30-60 min	A
C7901	2023-10-01	Hopd mntl hlt, 30-60 min	A
C7901	2024-01-01	Hopd mntl hlt, 30-60 min	A
C7901	2024-04-01	Hopd mntl hlt, 30-60 min	A
C7901	2024-07-01	Hopd mntl hlt, 30-60 min	A
C7901	2024-10-01	Hopd mntl hlt, 30-60 min	A
C7901	2025-01-01	Hopd mntl hlt, 30-60 min	A
C7901	2025-04-01	Hopd mntl hlt, 30-60 min	A
C7901	2025-07-01	Hopd mntl hlt, 30-60 min	A
C7901	2025-10-01	Hopd mntl hlt, 30-60 min	A
C7901	2026-01-01	Hopd mntl hlt, 30-60 min	A
C7901	2026-04-01	Hopd mntl hlt, 30-60 min	A
C7901	2026-07-01	Hopd mntl hlt, 30-60 min	A
C7902	2023-01-01	Hopd mntl hlt, ea addl	A
C7902	2023-04-01	Hopd mntl hlt, ea addl	A
C7902	2023-07-01	Hopd mntl hlt, ea addl	A
C7902	2023-10-01	Hopd mntl hlt, ea addl	A
C7902	2024-01-01	Hopd mntl hlt, ea addl	A
C7902	2024-04-01	Hopd mntl hlt, ea addl	A
C7902	2024-07-01	Hopd mntl hlt, ea addl	A
C7902	2024-10-01	Hopd mntl hlt, ea addl	A
C7902	2025-01-01	Hopd mntl hlt, ea addl	A
C7902	2025-04-01	Hopd mntl hlt, ea addl	A
C7902	2025-07-01	Hopd mntl hlt, ea addl	A
C7902	2025-10-01	Hopd mntl hlt, ea addl	A
C7902	2026-01-01	Hopd mntl hlt, ea addl	A
C7902	2026-04-01	Hopd mntl hlt, ea addl	A
C7902	2026-07-01	Hopd mntl hlt, ea addl	A
C7903	2024-01-01	Hopd mntl hlt, grp	A
C7903	2024-04-01	Hopd mntl hlt, grp	A
C7903	2024-07-01	Hopd mntl hlt, grp	A
C7903	2024-10-01	Hopd mntl hlt, grp	A
C7903	2025-01-01	Hopd mntl hlt, grp	A
C7903	2025-04-01	Hopd mntl hlt, grp	A
C7903	2025-07-01	Hopd mntl hlt, grp	A
C7903	2025-10-01	Hopd mntl hlt, grp	A
C7903	2026-01-01	Hopd mntl hlt, grp	A
C7903	2026-04-01	Hopd mntl hlt, grp	A
C7903	2026-07-01	Hopd mntl hlt, grp	A

Part B Billable Inpatient HCPCS Additions

The following HCPCS were added as billable for Part B Hospital Inpatient claims.

Part B Billable Inpatient HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
90616	2026-07-01	Tirv vacc mrna 37.5/0.38 im	N
90639	2026-07-01	Vacc qirv mrna 50mcg/.5ml im	N
G0106	2019-10-01	Colon ca screen;barium enema	A
G0106	2020-01-01	Colon ca screen;barium enema	A
G0106	2020-04-01	Colon ca screen;barium enema	A
G0106	2020-07-01	Colon ca screen;barium enema	A
G0106	2020-10-01	Colon ca screen;barium enema	A
G0106	2021-01-01	Colon ca screen;barium enema	A
G0106	2021-04-01	Colon ca screen;barium enema	A
G0106	2021-07-01	Colon ca screen;barium enema	A
G0106	2021-10-01	Colon ca screen;barium enema	A
G0106	2022-01-01	Colon ca screen;barium enema	A
G0106	2022-04-01	Colon ca screen;barium enema	A
G0106	2022-07-01	Colon ca screen;barium enema	A
G0106	2022-10-01	Colon ca screen;barium enema	A
G0106	2023-01-01	Colon ca screen;barium enema	A
G0106	2023-04-01	Colon ca screen;barium enema	A
G0106	2023-07-01	Colon ca screen;barium enema	A
G0106	2023-10-01	Colon ca screen;barium enema	A
G0106	2024-01-01	Colon ca screen;barium enema	A
G0106	2024-04-01	Colon ca screen;barium enema	A
G0106	2024-07-01	Colon ca screen;barium enema	A
G0106	2024-10-01	Colon ca screen;barium enema	A
G0120	2019-10-01	Colon ca scrn; barium enema	A
G0120	2020-01-01	Colon ca scrn; barium enema	A
G0120	2020-04-01	Colon ca scrn; barium enema	A
G0120	2020-07-01	Colon ca scrn; barium enema	A
G0120	2020-10-01	Colon ca scrn; barium enema	A
G0120	2021-01-01	Colon ca scrn; barium enema	A
G0120	2021-04-01	Colon ca scrn; barium enema	A
G0120	2021-07-01	Colon ca scrn; barium enema	A
G0120	2021-10-01	Colon ca scrn; barium enema	A
G0120	2022-01-01	Colon ca scrn; barium enema	A
G0120	2022-04-01	Colon ca scrn; barium enema	A
G0120	2022-07-01	Colon ca scrn; barium enema	A
G0120	2022-10-01	Colon ca scrn; barium enema	A
G0120	2023-01-01	Colon ca scrn; barium enema	A
G0120	2023-04-01	Colon ca scrn; barium enema	A
G0120	2023-07-01	Colon ca scrn; barium enema	A
G0120	2023-10-01	Colon ca scrn; barium enema	A
G0120	2024-01-01	Colon ca scrn; barium enema	A
G0120	2024-04-01	Colon ca scrn; barium enema	A
G0120	2024-07-01	Colon ca scrn; barium enema	A
G0120	2024-10-01	Colon ca scrn; barium enema	A
J0738	2025-10-01	Hiv prep, inj, lenacapavir	A
J0738	2026-01-01	Hiv prep, inj, lenacapavir	A
J0738	2026-04-01	Hiv prep, inj, lenacapavir	A
J0738	2026-07-01	Hiv prep, inj, lenacapavir	A
J0752	2025-10-01	Hiv prep, oral lenacapavir	A
J0752	2026-01-01	Hiv prep, oral lenacapavir	A
J0752	2026-04-01	Hiv prep, oral lenacapavir	A
J0752	2026-07-01	Hiv prep, oral lenacapavir	A
J0799	2024-01-01	Hiv prep, fda approved, noc	A
J0799	2024-04-01	Hiv prep, fda approved, noc	A
J0799	2024-07-01	Hiv prep, fda approved, noc	A
J0799	2024-10-01	Hiv prep, fda approved, noc	A
J0799	2025-01-01	Hiv prep, fda approved, noc	A
J0799	2025-04-01	Hiv prep, fda approved, noc	A
J0799	2025-07-01	Hiv prep, fda approved, noc	A
J0799	2025-10-01	Hiv prep, fda approved, noc	A
J0799	2026-01-01	Hiv prep, fda approved, noc	A
J0799	2026-04-01	Hiv prep, fda approved, noc	A
J0799	2026-07-01	Hiv prep, fda approved, noc	A
J1459	2019-10-01	Inj ivig privigen 500 mg	A
J1459	2020-01-01	Inj ivig privigen 500 mg	A
J1459	2020-04-01	Inj ivig privigen 500 mg	A
J1459	2020-07-01	Inj ivig privigen 500 mg	A
J1459	2020-10-01	Inj ivig privigen 500 mg	A
J1459	2021-01-01	Inj ivig privigen 500 mg	A
J1459	2021-04-01	Inj ivig privigen 500 mg	A
J1459	2021-07-01	Inj ivig privigen 500 mg	A
J1459	2021-10-01	Inj ivig privigen 500 mg	A

Part B Billable Inpatient HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
J1459	2022-01-01	Inj ivig privigen 500 mg	A
J1459	2022-04-01	Inj ivig privigen 500 mg	A
J1459	2022-07-01	Inj ivig privigen 500 mg	A
J1459	2022-10-01	Inj ivig privigen 500 mg	A
J1459	2023-01-01	Inj ivig privigen 500 mg	A
J1459	2023-04-01	Inj ivig privigen 500 mg	A
J1459	2023-07-01	Inj ivig privigen 500 mg	A
J1459	2023-10-01	Inj ivig privigen 500 mg	A
J1459	2024-01-01	Inj ivig privigen 500 mg	A
J1459	2024-04-01	Inj ivig privigen 500 mg	A
J1459	2024-07-01	Inj ivig privigen 500 mg	A
J1459	2024-10-01	Inj ivig privigen 500 mg	A
J1459	2025-01-01	Inj ivig privigen 500 mg	A
J1459	2025-04-01	Inj ivig privigen 500 mg	A
J1459	2025-07-01	Inj ivig privigen 500 mg	A
J1459	2025-10-01	Inj ivig privigen 500 mg	A
J1459	2026-01-01	Inj ivig privigen 500 mg	A
J1459	2026-04-01	Inj ivig privigen 500 mg	A
J1459	2026-07-01	Inj ivig privigen 500 mg	A
J1556	2019-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2020-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2020-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2020-07-01	Inj, imm glob bivigam, 500mg	A
J1556	2020-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2021-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2021-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2021-07-01	Inj, imm glob bivigam, 500mg	A
J1556	2021-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2022-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2022-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2022-07-01	Inj, imm glob bivigam, 500mg	A
J1556	2022-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2023-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2023-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2023-07-01	Inj, imm glob bivigam, 500mg	A
J1556	2023-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2024-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2024-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2024-07-01	Inj, imm glob bivigam, 500mg	A
J1556	2024-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2025-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2025-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2025-07-01	Inj, imm glob bivigam, 500mg	A
J1556	2025-10-01	Inj, imm glob bivigam, 500mg	A
J1556	2026-01-01	Inj, imm glob bivigam, 500mg	A
J1556	2026-04-01	Inj, imm glob bivigam, 500mg	A
J1556	2026-07-01	Inj, imm glob bivigam, 500mg	A
J1557	2019-10-01	Gammaplex injection	A
J1557	2020-01-01	Gammaplex injection	A
J1557	2020-04-01	Gammaplex injection	A
J1557	2020-07-01	Gammaplex injection	A
J1557	2020-10-01	Gammaplex injection	A
J1557	2021-01-01	Gammaplex injection	A
J1557	2021-04-01	Gammaplex injection	A
J1557	2021-07-01	Gammaplex injection	A
J1557	2021-10-01	Gammaplex injection	A
J1557	2022-01-01	Gammaplex injection	A
J1557	2022-04-01	Gammaplex injection	A
J1557	2022-07-01	Gammaplex injection	A
J1557	2022-10-01	Gammaplex injection	A
J1557	2023-01-01	Gammaplex injection	A
J1557	2023-04-01	Gammaplex injection	A
J1557	2023-07-01	Gammaplex injection	A
J1557	2023-10-01	Gammaplex injection	A
J1557	2024-01-01	Gammaplex injection	A
J1557	2024-04-01	Gammaplex injection	A
J1557	2024-07-01	Gammaplex injection	A
J1557	2024-10-01	Gammaplex injection	A
J1557	2025-01-01	Gammaplex injection	A
J1557	2025-04-01	Gammaplex injection	A
J1557	2025-07-01	Gammaplex injection	A
J1557	2025-10-01	Gammaplex injection	A
J1557	2026-01-01	Gammaplex injection	A
J1557	2026-04-01	Gammaplex injection	A
J1557	2026-07-01	Gammaplex injection	A
J1561	2019-10-01	Gamunex-c/gammaked	A
J1561	2020-01-01	Gamunex-c/gammaked	A

Part B Billable Inpatient HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
J1561	2020-04-01	Gamunex-c/gammaked	A
J1561	2020-07-01	Gamunex-c/gammaked	A
J1561	2020-10-01	Gamunex-c/gammaked	A
J1561	2021-01-01	Gamunex-c/gammaked	A
J1561	2021-04-01	Gamunex-c/gammaked	A
J1561	2021-07-01	Gamunex-c/gammaked	A
J1561	2021-10-01	Gamunex-c/gammaked	A
J1561	2022-01-01	Gamunex-c/gammaked	A
J1561	2022-04-01	Gamunex-c/gammaked	A
J1561	2022-07-01	Gamunex-c/gammaked	A
J1561	2022-10-01	Gamunex-c/gammaked	A
J1561	2023-01-01	Gamunex-c/gammaked	A
J1561	2023-04-01	Gamunex-c/gammaked	A
J1561	2023-07-01	Gamunex-c/gammaked	A
J1561	2023-10-01	Gamunex-c/gammaked	A
J1561	2024-01-01	Gamunex-c/gammaked	A
J1561	2024-04-01	Gamunex-c/gammaked	A
J1561	2024-07-01	Gamunex-c/gammaked	A
J1561	2024-10-01	Gamunex-c/gammaked	A
J1561	2025-01-01	Gamunex-c/gammaked	A
J1561	2025-04-01	Gamunex-c/gammaked	A
J1561	2025-07-01	Gamunex-c/gammaked	A
J1561	2025-10-01	Gamunex-c/gammaked	A
J1561	2026-01-01	Gamunex-c/gammaked	A
J1561	2026-04-01	Gamunex-c/gammaked	A
J1561	2026-07-01	Gamunex-c/gammaked	A
J1566	2019-10-01	Immune globulin, powder	A
J1566	2020-01-01	Immune globulin, powder	A
J1566	2020-04-01	Immune globulin, powder	A
J1566	2020-07-01	Immune globulin, powder	A
J1566	2020-10-01	Immune globulin, powder	A
J1566	2021-01-01	Immune globulin, powder	A
J1566	2021-04-01	Immune globulin, powder	A
J1566	2021-07-01	Immune globulin, powder	A
J1566	2021-10-01	Immune globulin, powder	A
J1566	2022-01-01	Immune globulin, powder	A
J1566	2022-04-01	Immune globulin, powder	A
J1566	2022-07-01	Immune globulin, powder	A
J1566	2022-10-01	Immune globulin, powder	A
J1566	2023-01-01	Immune globulin, powder	A
J1566	2023-04-01	Immune globulin, powder	A
J1566	2023-07-01	Immune globulin, powder	A
J1566	2023-10-01	Immune globulin, powder	A
J1566	2024-01-01	Immune globulin, powder	A
J1566	2024-04-01	Immune globulin, powder	A
J1566	2024-07-01	Immune globulin, powder	A
J1566	2024-10-01	Immune globulin, powder	A
J1566	2025-01-01	Immune globulin, powder	A
J1566	2025-04-01	Immune globulin, powder	A
J1566	2025-07-01	Immune globulin, powder	A
J1566	2025-10-01	Immune globulin, powder	A
J1566	2026-01-01	Immune globulin, powder	A
J1566	2026-04-01	Immune globulin, powder	A
J1566	2026-07-01	Immune globulin, powder	A
J1568	2019-10-01	Octagam injection	A
J1568	2020-01-01	Octagam injection	A
J1568	2020-04-01	Octagam injection	A
J1568	2020-07-01	Octagam injection	A
J1568	2020-10-01	Octagam injection	A
J1568	2021-01-01	Octagam injection	A
J1568	2021-04-01	Octagam injection	A
J1568	2021-07-01	Octagam injection	A
J1568	2021-10-01	Octagam injection	A
J1568	2022-01-01	Octagam injection	A
J1568	2022-04-01	Octagam injection	A
J1568	2022-07-01	Octagam injection	A
J1568	2022-10-01	Octagam injection	A
J1568	2023-01-01	Octagam injection	A
J1568	2023-04-01	Octagam injection	A
J1568	2023-07-01	Octagam injection	A
J1568	2023-10-01	Octagam injection	A
J1568	2024-01-01	Octagam injection	A
J1568	2024-04-01	Octagam injection	A
J1568	2024-07-01	Octagam injection	A
J1568	2024-10-01	Octagam injection	A
J1568	2025-01-01	Octagam injection	A
J1568	2025-04-01	Octagam injection	A

Part B Billable Inpatient HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
J1568	2025-07-01	Octagam injection	A
J1568	2025-10-01	Octagam injection	A
J1568	2026-01-01	Octagam injection	A
J1568	2026-04-01	Octagam injection	A
J1568	2026-07-01	Octagam injection	A
J1569	2019-10-01	Gammagard liquid injection	A
J1569	2020-01-01	Gammagard liquid injection	A
J1569	2020-04-01	Gammagard liquid injection	A
J1569	2020-07-01	Gammagard liquid injection	A
J1569	2020-10-01	Gammagard liquid injection	A
J1569	2021-01-01	Gammagard liquid injection	A
J1569	2021-04-01	Gammagard liquid injection	A
J1569	2021-07-01	Gammagard liquid injection	A
J1569	2021-10-01	Gammagard liquid injection	A
J1569	2022-01-01	Gammagard liquid injection	A
J1569	2022-04-01	Gammagard liquid injection	A
J1569	2022-07-01	Gammagard liquid injection	A
J1569	2022-10-01	Gammagard liquid injection	A
J1569	2023-01-01	Gammagard liquid injection	A
J1569	2023-04-01	Gammagard liquid injection	A
J1569	2023-07-01	Gammagard liquid injection	A
J1569	2023-10-01	Gammagard liquid injection	A
J1569	2024-01-01	Gammagard liquid injection	A
J1569	2024-04-01	Gammagard liquid injection	A
J1569	2024-07-01	Gammagard liquid injection	A
J1569	2024-10-01	Gammagard liquid injection	A
J1569	2025-01-01	Gammagard liquid injection	A
J1569	2025-04-01	Gammagard liquid injection	A
J1569	2025-07-01	Gammagard liquid injection	A
J1569	2025-10-01	Gammagard liquid injection	A
J1569	2026-01-01	Gammagard liquid injection	A
J1569	2026-04-01	Gammagard liquid injection	A
J1569	2026-07-01	Gammagard liquid/erc inj	A
J1572	2019-10-01	Flebogamma injection	A
J1572	2020-01-01	Flebogamma injection	A
J1572	2020-04-01	Flebogamma injection	A
J1572	2020-07-01	Flebogamma injection	A
J1572	2020-10-01	Flebogamma injection	A
J1572	2021-01-01	Flebogamma injection	A
J1572	2021-04-01	Flebogamma injection	A
J1572	2021-07-01	Flebogamma injection	A
J1572	2021-10-01	Flebogamma injection	A
J1572	2022-01-01	Flebogamma injection	A
J1572	2022-04-01	Flebogamma injection	A
J1572	2022-07-01	Flebogamma injection	A
J1572	2022-10-01	Flebogamma injection	A
J1572	2023-01-01	Flebogamma injection	A
J1572	2023-04-01	Flebogamma injection	A
J1572	2023-07-01	Flebogamma injection	A
J1572	2023-10-01	Flebogamma injection	A
J1572	2024-01-01	Flebogamma injection	A
J1572	2024-04-01	Flebogamma injection	A
J1572	2024-07-01	Flebogamma injection	A
J1572	2024-10-01	Flebogamma injection	A
J1572	2025-01-01	Flebogamma injection	A
J1572	2025-04-01	Flebogamma injection	A
J1572	2025-07-01	Flebogamma injection	A
J1572	2025-10-01	Flebogamma injection	A
J1572	2026-01-01	Flebogamma injection	A
J1572	2026-04-01	Flebogamma injection	A
J1572	2026-07-01	Flebogamma injection	A
J7172	2025-07-01	Inj marstacim-hncq, 0.5 mg	A
J7172	2025-10-01	Inj marstacim-hncq, 0.5 mg	A
J7172	2026-01-01	Inj marstacim-hncq, 0.5 mg	A
J7172	2026-04-01	Inj marstacim-hncq, 0.5 mg	A
J7172	2026-07-01	Inj marstacim-hncq, 0.5 mg	A
J7173	2025-10-01	Inj. concizumab-mtci, 0.5 mg	A
J7173	2026-01-01	Inj. concizumab-mtci, 0.5 mg	A
J7173	2026-04-01	Inj. concizumab-mtci, 0.5 mg	A
J7173	2026-07-01	Inj. concizumab-mtci, 0.5 mg	A
J7174	2025-10-01	Injection fitusiran 0.04 mg	A
J7174	2026-01-01	Injection fitusiran 0.04 mg	A
J7174	2026-04-01	Injection fitusiran 0.04 mg	A
J7174	2026-07-01	Injection fitusiran 0.04 mg	A
J7213	2023-07-01	Inj, ixinity, 1 i.u.	A
J7213	2023-10-01	Inj, ixinity, 1 i.u.	A
J7213	2024-01-01	Inj, ixinity, 1 i.u.	A

Part B Billable Inpatient HCPCS Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
J7213	2024-04-01	Inj, ixinity, 1 i.u.	A
J7213	2024-07-01	Inj, ixinity, 1 i.u.	A
J7213	2024-10-01	Inj, ixinity, 1 i.u.	A
J7213	2025-01-01	Inj, ixinity, 1 i.u.	A
J7213	2025-04-01	Inj, ixinity, 1 i.u.	A
J7213	2025-07-01	Inj, ixinity, 1 i.u.	A
J7213	2025-10-01	Inj, ixinity, 1 i.u.	A
J7213	2026-01-01	Inj, ixinity, 1 i.u.	A
J7213	2026-04-01	Inj, ixinity, 1 i.u.	A
J7213	2026-07-01	Inj, ixinity, 1 i.u.	A
J7214	2023-10-01	Altuviiiio per factor viii iu	A
J7214	2024-01-01	Altuviiiio per factor viii iu	A
J7214	2024-04-01	Altuviiiio per factor viii iu	A
J7214	2024-07-01	Altuviiiio per factor viii iu	A
J7214	2024-10-01	Altuviiiio per factor viii iu	A
J7214	2025-01-01	Altuviiiio per factor viii iu	A
J7214	2025-04-01	Altuviiiio per factor viii iu	A
J7214	2025-07-01	Altuviiiio per factor viii iu	A
J7214	2025-10-01	Altuviiiio per factor viii iu	A
J7214	2026-01-01	Altuviiiio per factor viii iu	A
J7214	2026-04-01	Altuviiiio per factor viii iu	A
J7214	2026-07-01	Altuviiiio per factor viii iu	A
M0231	2026-07-01	Inf tocilizumab-bavi 1st dos	N
M0232	2026-07-01	Inf tocilizumab-bavi 2nd dos	N
Q0155	2025-01-01	Dronabinol (syndros) 0.1 mg	A
Q0155	2025-04-01	Dronabinol (syndros) 0.1 mg	A
Q0155	2025-07-01	Dronabinol (syndros) 0.1 mg	A
Q0155	2025-10-01	Dronabinol (syndros) 0.1 mg	A
Q0155	2026-01-01	Dronabinol (syndros) 0.1 mg	A
Q0155	2026-04-01	Dronabinol (syndros) 0.1 mg	A
Q0155	2026-07-01	Dronabinol (syndros) 0.1 mg	A
Q0234	2026-07-01	Inj, tocilizumab-bavi, 1mg	N
Q5106	2019-10-01	Inj retacrit non-esrd use	A
Q5106	2020-01-01	Inj retacrit non-esrd use	A
Q5106	2020-04-01	Inj retacrit non-esrd use	A
Q5106	2020-07-01	Inj retacrit non-esrd use	A
Q5106	2020-10-01	Inj retacrit non-esrd use	A
Q5106	2021-01-01	Inj retacrit non-esrd use	A
Q5106	2021-04-01	Inj retacrit non-esrd use	A
Q5106	2021-07-01	Inj retacrit non-esrd use	A
Q5106	2021-10-01	Inj retacrit non-esrd use	A
Q5106	2022-01-01	Inj retacrit non-esrd use	A
Q5106	2022-04-01	Inj retacrit non-esrd use	A
Q5106	2022-07-01	Inj retacrit non-esrd use	A
Q5106	2022-10-01	Inj retacrit non-esrd use	A
Q5106	2023-01-01	Inj retacrit non-esrd use	A
Q5106	2023-04-01	Inj retacrit non-esrd use	A
Q5106	2023-07-01	Inj retacrit non-esrd use	A
Q5106	2023-10-01	Inj retacrit non-esrd use	A
Q5106	2024-01-01	Inj retacrit non-esrd use	A
Q5106	2024-04-01	Inj retacrit non-esrd use	A
Q5106	2024-07-01	Inj retacrit non-esrd use	A
Q5106	2024-10-01	Inj retacrit non-esrd use	A
Q5106	2025-01-01	Inj retacrit non-esrd use	A
Q5106	2025-04-01	Inj retacrit non-esrd use	A
Q5106	2025-07-01	Inj retacrit non-esrd use	A
Q5106	2025-10-01	Inj retacrit non-esrd use	A
Q5106	2026-01-01	Inj retacrit non-esrd use	A
Q5106	2026-04-01	Inj retacrit non-esrd use	A
Q5106	2026-07-01	Inj retacrit non-esrd use	A

Non-Opioid Pass-Through Drugs Or Devices For Surgical Pain Relief Additions

The following HCPCS codes were added to the Non-Opioid pass-through drugs and devices list with payment limitation.

Non-Opioid Pass-Through Drugs Or Devices For Surgical Pain Relief Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Hcps Description	Cap Amount	Cap Device	R*
J1741	2026-04-01	Ibuprofen injection	\$1,892.36	0	A

Non-Opioid Pass-Through Drugs Or Devices For Surgical Pain Relief Deletions

The following HCPCS codes were deleted from the Non-Opioid pass-through drugs and devices list with payment limitation.

Non-Opioid Pass-Through Drugs Or Devices For Surgical Pain Relief Deletions

HCPCS	Eff Date	Hcpcs Description	Cap Amount	Cap Device	R*
C9818	2026-01-01	Suzetrigine, orl, 1mg	\$2,195.29	0	R

Radiopharmaceutical Exceeds Packaging Threshold Additions

The following HCPCS codes were added to the Radiopharmaceutical Exceeds Packaging Threshold list.

Radiopharmaceutical Exceeds Packaging Threshold Additions

Reason Key: A=Added To List, N=New Code

HCPCS	Eff Date	Description	R*
A9601	2025-01-01	Flortaucipir inj 1 millicuri	A
A9601	2025-04-01	Flortaucipir inj 1 millicuri	A
A9601	2025-07-01	Flortaucipir inj 1 millicuri	A
A9601	2025-10-01	Flortaucipir inj 1 millicuri	A
A9608	2025-01-01	Flotufolastat fl8 diag 1 mci	A
A9608	2025-04-01	Flotufolastat fl8 diag 1 mci	A
A9608	2025-07-01	Flotufolastat fl8 diag 1 mci	A
A9608	2025-10-01	Flotufolastat fl8 diag 1 mci	A

Radiopharmaceutical Exceeds Packaging Threshold Deletions

The following HCPCS codes were deleted from the Radiopharmaceutical Exceeds Packaging Threshold list.

Radiopharmaceutical Exceeds Packaging Threshold Deletions

HCPCS	Eff Date	Description	R*
A9507	2026-01-01	In111 capromab	R
A9508	2026-01-01	I131 iodobenguante, dx	R
A9515	2026-01-01	Choline c-11	R
A9521	2026-01-01	Tc99m exametazime	R
A9532	2026-01-01	I125 serum albumin, dx	R
A9547	2026-01-01	In111 oxyquinoline	R
A9548	2026-01-01	In111 pentetate	R
A9551	2026-01-01	Tc99m succimer	R
A9553	2026-01-01	Cr51 chromate	R
A9554	2026-01-01	I125 iothalamate, dx	R
A9557	2026-01-01	Tc99m biccisate	R
A9569	2026-01-01	Technetium tc-99m auto wbc	R
A9570	2026-01-01	Indium in-111 auto wbc	R
A9572	2026-01-01	Indium in-111 pentetreotide	R
A9582	2026-01-01	Iodine i-123 iobenguane	R
A9584	2026-01-01	Iodine i-123 ioflupane	R
A9586	2026-01-01	Florbetapir f18	R
A9587	2026-01-01	Gallium ga-68	R
A9588	2026-01-01	Fluciclovine f-18	R
A9591	2026-01-01	Fluoroestradiol f 18	R
A9592	2026-01-01	Copper cu 64 dotatate diag	R
A9593	2026-01-01	Gallium ga-68 psma-11 ucsf	R
A9594	2026-01-01	Gallium ga-68 psma-11, ucla	R
A9595	2026-01-01	Piflu f-18, dia 1 millicurie	R
A9602	2025-10-01	Fluorodopa f-18 diag per mci	R
A9800	2025-10-01	Gallium locametz 1 millicuri	R
C9067	2026-01-01	Gallium ga-68 dotatoc	R
Q9982	2026-01-01	Flutemetamol f18 diagnostic	R
Q9983	2026-01-01	Florbetaben f18 diagnostic	R

Modifier Changes

Added Modifiers

The following modifier(s) were added to the list of valid modifiers (edit 22).

Added Modifiers

Modifier	Eff Date	Description
AC	2026-07-01	Co-mgmt mod - onboarding

Modifier Description Changes

The following modifier(s) had a description change.

Modifier Description Changes

Modifier	Eff Date	Description Current	Description Previous
#0	2025-07-01	Separately paid fee schedule service not in HCPCS file or SI = E1	Separately paid fee schedule service not in HCPCS file
#1	2025-07-01	Separately paid drug (non-pass-thru) not in HCPCS file or SI = E1	Separately paid drug (non-pass-thru) not in HCPCS file
#2	2025-07-01	Separately paid Pass-Thru drug not in HCPCS file or SI = E1	Separately paid Pass-Thru drug not in HCPCS file
#3	2025-07-01	Separately paid Preventive Service drug not in HCPCS file or SI = E1	Separately paid Preventive Service drug not in HCPCS file
#4	2025-07-01	Separately paid RHC/FQHC service (CCM/Telehealth)	Separately paid fee schedule service Current SI=E1
#5	2025-07-01	Separately paid RHC/FQHC Vaccine service not in HCPCS file or SI = E1	Separately paid drug (non-pass-thru) Current SI=E1
#6	2025-07-01	Separately paid Flu/PPV/Hep B Preventive Vaccine Admin not in HCPCS file or SI = E1	Separately paid Pass-Thru drug Current SI=E1
#7	2025-07-01	Separately paid COVID Preventive Vaccine Admin not in HCPCS file or Current SI=E1	Separately paid Preventive Vaccine Current SI=E1
#8	2025-07-01	Separately paid Preventive Vaccine Admin Home not in HCPCS file or SI = E1	Separately paid FQHC service
#9	2025-07-01	Separately paid COVID-19 Monoclonal Admin not in HCPCS file or SI = E1	Service is payable and want to make it payable for Non-OPPS only
#A	2025-07-01	Separately paid COVID-19 Monoclonal Admin not in HCPCS file or SI = E1	Separately paid Preventive Vaccine Admin not in HCPCS file
#B	2025-07-01	Service is payable and want to make it payable for Non-OPPS only	Separately paid Preventive Vaccine Admin Home not in HCPCS file
#C	2025-07-01	Service is payable and want to make it Noncovered with IOCE edit 9	Separately paid Preventive Vaccine Admin Current SI=E1
#D	2025-07-01	Service is payable and want to make Statutorily Excluded with IOCE edit 50	Separately paid Preventive Vaccine Admin Home Current SI=E1
#E	2025-07-01	Professional Service is payable and want to make it non-payable to Institutional providers except FQHC/RHC, Hospice RC 0657 and CAH Method II RC 096x, 097x, 098x	Professional Service is payable and want to make it non-payable to Institutional providers
#F	2025-07-01	Off-cycle service is payable or SI = E1 and want to make it packaged	Service is payable and want to make it Noncovered
#G	2025-07-01	Off-cycle drug with SI = E1, G, K, K1, N, S1 changed to SI = E2 with IOCE edit 13	Service is payable and want to make it Statutorily Excluded
#H	2025-07-01	Off-cycle ASP drug with SI = E1, E2, K, K1, N, S1 changed to SI = G	Service is payable and want to make it Packaged
#I	2025-07-01	Off-cycle ASP drug with SI = E1, E2, K, K1, N, S1 changed to SI = K	Separately paid COVID-19 Monoclonal Admin not in HCPCS file
#J	2025-07-01	Off-cycle PMA Skin Substitute with SI = E1, E2, G, K, K1, N changed to SI = S1	Separately paid COVID-19 Monoclonal Admin not in HCPCS file
#K	2025-07-01	Off-cycle 510K Skin Substitute with SI = E1, E2, G, K, K1, N changed to SI = S1	Separately paid COVID-19 Monoclonal Admin Current SI=E1
#L	2025-07-01	Off-cycle HCT/P Skin Substitute with SI = E1, E2, G, K, K1, N changed to SI = S1	Separately paid COVID-19 Monoclonal Admin Current SI=E1
#M	2025-07-01	Off-cycle first separately paid drug (K1) and Value code Z7 with PAF and rate sent in IOCE reply (QR9999.99) (VC = Z7 QR9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Separately paid Flu/PPV/HepB Preventive Vaccine Admin not in HCPCS file
#N	2025-07-01	Off-cycle second separately paid drug (K1) and Value code Z7 with PAF and rate sent in IOCE reply (QS9999.99) (VC = Z7 QS9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Separately paid Flu/PPV/HepB Preventive Vaccine Admin Current SI=E1
#O	2025-07-01	Off-cycle third separately paid drug (K1) and Value code Z7 with PAF and rate sent in IOCE reply (QT9999.99) (VC = Z7 QT9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Separately paid RHC/FQHC Vaccine service not in HCPCS file
#P	2025-07-01	Off-cycle first separately paid device (H1) and Value code Z7 with PAF and rate sent in IOCE reply (QP9999.99) (VC = Z7 QP9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Separately paid RHC/FQHC Vaccine service current SI=E1
#Q	2025-07-01	Off-cycle second separately paid device (H1) and Value code Z7 with PAF and rate sent in IOCE reply (QV9999.99) (VC = Z7 QV9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Separately paid drug (K1) not in HCPCS file
#R	2025-07-01	Off-cycle first separately paid drug (G) and Value code Z7 with PAF and rate sent in IOCE reply (QR9999.99) (VC = Z7 QR9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Separately paid drug (K1) Current SI=E1
#S	2025-07-01	Off-cycle second separately paid drug (G) and Value code Z7 with PAF and rate sent in IOCE reply (QS9999.99) (VC = Z7 QS9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Reserved for future use

Modifier Description Changes

Modifier	Eff Date	Description Current	Description Previous
#T	2025-07-01	Off-cycle third separately paid drug (G) and Value code Z7 with PAF and rate sent in IOCE reply (QT9999.99) (VC = Z7 QT9999.99) Payer only Value Code Z7= Payer only APC payment offset or payment limitation	Reserved for future use
#U	2025-07-01	Separately paid RHC/FQHC Preventive Vaccine Administration service not in HCPCS file or SI=E1	Reserved for future use
#V	2025-07-01	Service is payable and want to make it Noncovered (IOCE edit 28)	Reserved for future use
#W	2026-07-01	Separately paid RHC/FQHC service (Telehealth)	Reserved for future use

