

|                                              |                                                           |
|----------------------------------------------|-----------------------------------------------------------|
| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 13983</b>                     | <b>Date: October 8, 2026</b>                              |
|                                              | <b>Change Request 14634</b>                               |

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

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to describe changes to and billing instructions for various payment policies implemented in the October 2026 ASC Payment System update.

**EFFECTIVE DATE: October 1, 2026**

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

**IMPLEMENTATION DATE: October 5, 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.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|-----------------------------------------------|
| 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: 13983 | Date: October 8, 2026 | Change Request: 14634 |
|-------------|--------------------|-----------------------|-----------------------|

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

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## **II. GENERAL INFORMATION**

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

### **B. Policy: 1. Newly Payable ASC Surgical Procedures and HCPCS C-Code Descriptor Revisions**

#### **a. New Category III CPT Codes Effective October 1, 2026**

The AMA releases CPT Category III codes three times a year: in April, for implementation beginning the following July, in July for implementation beginning the following October, and in October, for implementation beginning the following January.

For the October 2026 update, CMS is implementing ten (10) new CPT Category III codes that the AMA released in early August 2026 for implementation under the ASC Payment System on October 1, 2026. Table 1 includes the new CPT Category III codes, code descriptors, and ASC PIs (see Attachment A: Policy Section Tables).

#### **b. New Category III CPT Code to Replace HCPCS Code C8010 Effective October 1, 2026**

We established HCPCS code C8010 to describe the Category B IDE clinical study associated with Javelin Medical's carotid implants for permanent placement of common carotid artery filters. Because the AMA created Category III CPT code 1091T effective October 1, 2026, that describes the same procedure, we are deleting HCPCS code C8010. Table 2 includes HCPCS C8010 code, code descriptors, and ASC PI (see Attachment A: Policy Section Tables).

#### **c. Descriptor Revisions for HCPCS Codes C1982, C9797, C8004**

CMS is revising the long descriptors for HCPCS codes C1982, C9797, and C8004, which describe the vascular embolization or occlusion procedure or the simulation angiogram service with use of a pressure-generating catheter. These HCPCS codes along with their new long descriptors are listed in Table 3 (see Attachment A: Policy Section Tables).

## **2. Drugs, Biologicals, and Radiopharmaceuticals**

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

Twelve (12) new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available starting on October 1, 2026. These drugs and biologicals will receive drug pass-through status starting October 1, 2026. These HCPCS codes along with their descriptors and ASC PIs are listed in Table 4 (see Attachment A: Policy Section Tables).

#### **b. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of September 30, 2026**

Ten (10) drug, biological, and radiopharmaceutical HCPCS codes are being deleted as of September 30, 2026. These HCPCS codes along with their descriptors and ASC PIs are listed in Table 5 (see Attachment A: Policy Section Tables).

#### **c. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status**

Twenty-one (21) drug, biological, and radiopharmaceutical HCPCS codes are changing payment status effective October 1, 2026. Additionally, one (1) drug, biological, and radiopharmaceutical HCPCS code is changing payment status effective July 1, 2026. These HCPCS codes along with their descriptors and ASC PIs are listed in Table 6 (see Attachment A: Policy Section Tables).

#### **d. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of October 1, 2026**

Three (3) drug, biological, and radiopharmaceutical HCPCS codes have had substantial descriptor changes as of October 1, 2026. These HCPCS codes along with their descriptors and ASC PIs are listed in Table 7 (see Attachment A: Policy Section Tables).

#### **e. Drugs and Biologicals with Payments Based on Average Sales Price (ASP)**

For CY 2026, payment for the majority of nonpass-through drugs, biologicals, and therapeutic radiopharmaceuticals is made at a single rate of ASP plus 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars). In CY 2026, a single payment of ASP plus 6 percent for pass-through drugs, biologicals, and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASP will be updated on a quarterly basis as later quarter ASP submissions become available.

Effective January 1, 2026, payment rates for many drugs and biologicals have changed from the values published in the CY 2026 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the fourth quarter of CY 2025. Updated payment rates effective October 1, 2026, can be found in the October 2026 update of the ASC Addendum BB on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

#### **f. Drugs and Biologicals Paid Based on ASP Methodology with Restated Payment Rates**

Some drugs and biologicals paid based on ASP methodology will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payments rates will be accessible on the CMS website on the first date of the quarter at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/restated-drug-biological-payment-rates>.

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

### **3. New and Revised Skin Substitute Codes**

#### **a. New HCPCS Codes for Skin Substitute Products Effective October 1, 2026**

CMS is creating eight (8) new HCPCS Level II codes describing various skin substitute products effective October 1, 2026. These HCPCS codes along with their descriptors and ASC PIs are listed in Table 8 (see Attachment A: Policy Section Tables).

#### **b. Revised HCPCS Codes for Skin Substitute Products Retroactive to April 1, 2026**

CMS is revising the long descriptors for five (5) HCPCS Level II codes describing various skin substitute products retroactive to April 1, 2026. These code descriptors have been revised to include the parenthetical “add-on, list separately in addition to primary procedure”. These HCPCS codes along with their old and new long descriptors are listed in Table 9 (see Attachment A: Policy Section Tables).

### **4. HCPCS Codes, Payment Indicator, & Payment Limitations for Qualifying Non-Opioid Treatments for Pain Relief**

Section 4135 of the Consolidated Appropriations Act (CAA), 2023 established the eligibility criteria for temporary additional payments for certain non-opioid treatments for pain relief. CMS has evaluated applicable non-opioid treatments against the statutory eligibility criteria and determined that the product in Table 10 (see Attachment A: Policy Section Tables) newly meets the statutory definition of a Non-opioid Treatment for Pain Relief and should be paid according to the finalized policy for CY 2026. Specifically, Stimuplex® needles, will receive temporary additional payment under Section 4135 of the CAA, 2023, effective April 30, 2026. We are making a descriptor change to existing HCPCS code C9812 (Echogenic nerve block needles (e.g. Sonoplex, SonoBlock, SonoTap), nonopioid medical device *(must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)*) to effectuate this change. We are updating the long descriptor of HCPCS code C9812 to list Stimuplex® needles among the approved non-opioid devices that can be described by this code. There are no changes to HCPCS code C9812’s payment indicator.

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

The finalized descriptor for HCPCS code C9812 is found in Table 10 (see Attachment A: Policy Section Tables).

### **5. Coverage Determinations**

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

## **III. BUSINESS REQUIREMENTS TABLE**

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

| Number  | Requirement                                                                                                                                                                                                                                                                                                                                                      | Responsibility |   |         |                        |                              |         |         |         |         |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|---------|------------------------|------------------------------|---------|---------|---------|---------|
|         |                                                                                                                                                                                                                                                                                                                                                                  | A/B MAC        |   |         | DM<br>E<br><br>MA<br>C | Shared-System<br>Maintainers |         |         |         | Other   |
|         |                                                                                                                                                                                                                                                                                                                                                                  | A              | B | HH<br>H |                        | FIS<br>S                     | MC<br>S | VM<br>S | CW<br>F |         |
| 14634.1 | Medicare contractors shall use the cloud service or MCS to process ASC Fee Schedule (FS) claims, based on CMS direction. NOTE: As a reminder, contractors get the October 2026 ASC FS pricing, as well as restated quarterly ASC FS payment rates, as applicable, from the cloud. Date of retrieval will be provided in a separate email communication from CMS. |                | X |         |                        |                              |         |         |         |         |
| 14634.2 | Medicare contractors shall use the cloud service to process ASC drug claims.<br><br>NOTE: As a reminder, contractors get the October 2026 ASC Drug pricing, as well as restated quarterly ASC drug payment rates, as applicable, from the cloud. NOTE: Date of retrieval will be provided in a separate email communication from CMS.                            |                | X |         |                        |                              |         |         |         |         |
| 14634.3 | Medicare contractors shall ensure that the updated cloud service payment rate is applied to affected claims.                                                                                                                                                                                                                                                     |                | X |         |                        |                              |         |         |         |         |
| 14634.4 | Medicare contractors shall download and install the October 2026 ASC Payment Indicator (PI) file.<br><br>FILENAME:<br><br><a href="#">MU00.@BF12390.ASC.CY26.PI.OCT A.V0908</a><br><br>NOTE: Date of retrieval will be provided in a separate email communication from CMS.                                                                                      |                | X |         |                        |                              |         |         |         |         |
| 14634.5 | Contractors and the Common Working File (CWF) shall add Type of Service (TOS) F, for HCPCS included in tables 1, 4, and 8 of Attachment A, as appropriate, effective for dates of service October 1, 2026, and, for table 6 of Attachment A, for dates of service based on the effective date provided in table 6, except for HCPCS codes that                   |                | X |         |                        |                              |         |         | X       | CV<br>M |

| Number  | Requirement                                                                                                                                                                                                                                                                       | Responsibility |   |         |            |                           |         |         |         |       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|---------|------------|---------------------------|---------|---------|---------|-------|
|         |                                                                                                                                                                                                                                                                                   | A/B MAC        |   |         | DME<br>MAC | Shared-System Maintainers |         |         |         | Other |
|         |                                                                                                                                                                                                                                                                                   | A              | B | HH<br>H |            | FIS<br>S                  | MC<br>S | VM<br>S | CW<br>F |       |
|         | are changing PI from “K2” to non-payable PIs in table 6, attachment A.                                                                                                                                                                                                            |                |   |         |            |                           |         |         |         |       |
| 14634.6 | Medicare contractors and CWF shall end date CY 2026 HCPCS codes listed in Attachment A, table 5 as appropriate, in their systems, effective September 30, 2026.                                                                                                                   |                | X |         |            |                           |         |         | X       |       |
| 14634.7 | Medicare contractors shall search for and reprocess claims with dates of service from May 14, 2026, through September 30, 2026, as appropriate, that included HCPCS code A9521. Affected claims shall be reprocessed no later than 30 days of implementation of this transmittal. |                | X |         |            |                           |         |         |         |       |
| 14634.8 | Medicare contractors shall search for and reprocess claims with dates of service from July 1, 2026, through September 30, 2026, as appropriate, that included HCPCS code J9161. Affected claims shall be reprocessed no later than 30 days of implementation of this transmittal. |                | X |         |            |                           |         |         |         |       |
| 14634.9 | Medicare contractors shall make October 2026 ASCFS fee data for their ASC payment localities available on their websites.                                                                                                                                                         |                | X |         |            |                           |         |         |         |       |

#### IV. PROVIDER EDUCATION

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

**Impacted Contractors:** A/B MAC Part B

#### V. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

| <b>X-Ref<br/>Requirement<br/>Number</b> | <b>Recommendations or other supporting information:</b> |
|-----------------------------------------|---------------------------------------------------------|
|-----------------------------------------|---------------------------------------------------------|

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

**VI. CONTACTS**

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

**VII. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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

**ATTACHMENTS: 1**

## ATTACHMENT A: POLICY SECTION TABLES

**Table 1. — New Category III CPT Codes Effective October 1, 2026**

| <b>HCPCS Code</b> | <b>Short Descriptor</b>       | <b>Long Descriptor</b>                                                                                                                                                                    | <b>ASC PI</b> |
|-------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1054T             | Fcsd nshckwv us prop resd st  | Focused non-shock wave ultrasonic propulsion of residual stone fragment(s) post-lithotripsy, unilateral, including ultrasound guidance, fragment(s) less than or equal to 5 mm            | G2            |
| 1056T             | Cochlear infusion rx agent    | Cochlear infusion of pharmacologic agent (ie, gene therapy vector), including mastoidectomy, labyrinthotomy, and repair of fenestrations                                                  | G2            |
| 1062T             | Artif insemin trnscrvt ntratl | Artificial insemination, transcervical intratubal, unilateral or bilateral, including imaging guidance                                                                                    | G2            |
| 1069T             | Mchnl xtr crycmprsn meas&edu  | Mechanical extremity (ie, hands and feet) cryocompression; individual glove and boot supplies with initial measurement, fitting, and therapy education                                    | G2            |
| 1070T             | Mchnl xtr crycmprsn plmt      | Mechanical extremity (ie, hands and feet) cryocompression; individual glove and boot placement, initiation of cooling pre-chemotherapy and continuing through chemotherapy administration | G2            |
| 1081T             | Mvasc anast lymph nod&vn 1st  | Microvascular anastomosis between a lymph node and a vein, including robot assistance, when performed; initial anastomosis                                                                | G2            |
| 1084T             | Impl scf algrf sprchrdl spc   | Implantation of scaffolding allograft to reinforce the suprachoroidal space                                                                                                               | G2            |
| 1091T             | Plmt perm com crtd art fltr   | Placement of permanent common carotid artery filter, percutaneous, bilateral, including ultrasound guidance, when performed                                                               | J8            |
| 1092T             | Imp aclr scf kne chndr open   | Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into chondral defect, open                                                                                     | J8            |
| 1093T             | Imp aclr scf kne chndr arth   | Implantation of acellular scaffold (eg, hyaluronan), knee, single implant; into a chondral or osteochondral defect, arthroscopic                                                          | J8            |

**Table 2. — ASC Payment Indicator Assignment for HCPCS Code C8010 Effective October 1, 2026**

| <b>HCPCS Code</b> | <b>Short Descriptor</b>  | <b>Long Descriptor</b>                                                                      | <b>ASC PI</b> |
|-------------------|--------------------------|---------------------------------------------------------------------------------------------|---------------|
| C8010             | Pc plm pm c ctd emb prtc | Percutaneous placement of permanent common carotid embolic protection device, including all | D5            |

|  |  |                                                      |  |
|--|--|------------------------------------------------------|--|
|  |  | system components and imaging guidance;<br>bilateral |  |
|--|--|------------------------------------------------------|--|

**Table 3. —Revised Long Descriptors for HCPCS Codes C1982, C9797, and C8004 Effective October 1, 2026**

| <b>HCPCS Code</b> | <b>Long Descriptor</b>                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1982             | Catheter, pressure-generating, (e.g., one-way valve or occlusion balloon, intermittently or temporarily occluding)                                                                                                                                                                                                                                                             |
| C9797             | Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve or occlusion balloon, intermittently or temporarily occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction |
| C8004             | Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve or occlusion balloon, intermittently or temporarily occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors               |

**Table 4. — ASC Payment Indicator Assignments for New Drugs, Biologicals, and Radiopharmaceuticals Effective October 1, 2026**

| <b>New HCPCS Code</b> | <b>Old HCPCS Code</b> | <b>Short Descriptor</b>         | <b>Long Descriptor</b>                                                                                                                                                      | <b>ASC PI</b> |
|-----------------------|-----------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| A9613                 |                       | F 18 pylarify truvu, dx 1mci    | PiFlufoLostat f 18 (pylarify truvu), diagnostic, 1 millicurie                                                                                                               | K2            |
| C9311                 |                       | Inj, eplontersen, 1 mg          | Injection, eplontersen, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered) | K2            |
| C9312                 |                       | Inj trabectedin apotex, 0.01 mg | Injection, trabectedin (apotex), not therapeutically equivalent to J9362, 0.01 mg                                                                                           | K2            |
| C9313                 |                       | Inj, pivekimab sunirine pvzy    | Injection, pivekimab sunirine-pvzy, 0.01 mg                                                                                                                                 | K2            |
| J0644                 | C9310                 | Inj, leucovorin cal (avyxa)     | Injection, leucovorin calcium (avyxa), 1 mg                                                                                                                                 | K2            |
| J0871                 |                       | Inj, daptomycin (endo) 1mg      | Injection, daptomycin (endo), not therapeutically equivalent to j0878, 1 mg                                                                                                 | K2            |
| J1757                 |                       | Inj tividen alpha-eknm 1        | Injection, tivideno fusp alpha-eknm, 1 mg                                                                                                                                   | K2            |
| J1818                 |                       | Inj pegzilarginase-nbln         | Injection, pegzilarginase-nbln, 0.05 mg                                                                                                                                     | K2            |
| J9186                 |                       | Inj etoposide (avyxa), 1 mg     | Injection, etoposide (avyxa), 1 mg                                                                                                                                          | K2            |
| J9191                 |                       | Inj fluorouracil (avyxa)10mg    | Injection, fluorouracil (avyxa), 10 mg                                                                                                                                      | K2            |
| J9362                 |                       | Inj, trabectedin, 0.01 mg       | Injection, trabectedin, 0.01 mg                                                                                                                                             | K2            |
| Q5172                 |                       | Inj, filkri, 1 mcg              | Injection, filgrastim-laha (filkri), biosimilar, 1 microgram                                                                                                                | K2            |

**Table 5. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of September 30, 2026**

| <b>HCPCS Code</b> | <b>Short Descriptor</b>      | <b>Long Descriptor</b>                                    | <b>ASC PI</b> |
|-------------------|------------------------------|-----------------------------------------------------------|---------------|
| J0640             | Leucovorin calcium injection | Injection, leucovorin calcium, per 50 mg                  | D5            |
| J1941             | Inj, furoscix, 20 mg         | Injection, furosemide (furoscix), 20 mg                   | D5            |
| J1953             | Levetiracetam injection      | Injection, levetiracetam, 10 mg                           | D5            |
| J7514             | Mycophenol (myhibbin) 100 mg | Mycophenolate mofetil (myhibbin), oral suspension, 100 mg | D5            |
| J7517             | Mycophenolate mofetil oral   | Mycophenolate mofetil, oral, 250 mg                       | D5            |
| J7519             | Inj. mycophenolate mofetil   | Injection, mycophenolate mofetil, 10 mg                   | D5            |
| J7528             | Mycophen mofetil for susp    | Mycophenolate mofetil, for suspension, oral, 100 mg       | D5            |
| J9181             | Etoposide injection          | Injection, etoposide, 10 mg                               | D5            |
| J9190             | Fluorouracil injection       | Injection, fluorouracil, 500 mg                           | D5            |
| J9352             | Injection trabectedin 0.1mg  | Injection, trabectedin, 0.1 mg                            | D5            |

**Table 6. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status**

| <b>New HCPCS Code</b> | <b>Long Descriptor</b>                                                                           | <b>Old ASC PI</b> | <b>New ASC PI</b> | <b>Effective Date</b> |
|-----------------------|--------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------------------|
| A9521                 | Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries                  | Y5                | K2                | 05/14/2026            |
| A9600                 | Strontium Sr-89 chloride, therapeutic, per millicurie                                            | K2                | Y5                | 10/1/2026             |
| J0184                 | Injection, amisulpride, 1 mg                                                                     | K2                | N1                | 10/1/2026             |
| J0209                 | Injection, sodium thiosulfate (hope), 100 mg                                                     | K2                | Y5                | 10/1/2026             |
| J0211                 | Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)                        | K2                | Y5                | 10/1/2026             |
| J0565                 | Injection, bezlotoxumab, 10 mg                                                                   | K2                | Y5                | 10/1/2026             |
| J0716                 | Injection, centrurides (scorpion) immune f(ab)2, up to 120 milligrams                            | Y5                | K2                | 10/1/2026             |
| J0841                 | Injection, crotalidae immune f(ab')2 (equine), 120 mg                                            | Y5                | K2                | 10/1/2026             |
| J0891                 | Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use) | K2                | K5                | 10/1/2026             |
| J7314                 | Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg                         | K2                | Y5                | 10/1/2026             |
| J9161                 | Inj denileuk difti-cxdl 1mcg                                                                     | K5                | K2                | 7/1/2026              |
| J9232                 | Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg                    | K5                | K2                | 10/1/2026             |
| J9296                 | Injection, pemetrexed (accord), not therapeutically equivalent to j9305, 10 mg                   | K2                | K5                | 10/1/2026             |
| J9302                 | Injection, ofatumumab, 10 mg                                                                     | K2                | Y5                | 10/1/2026             |
| J9313                 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg                                                   | K2                | Y5                | 10/1/2026             |
| J9361                 | Injection, efbemalenograstim alfa-vuxw, 0.5 mg                                                   | K5                | K2                | 10/1/2026             |

|       |                                                                                        |    |    |           |
|-------|----------------------------------------------------------------------------------------|----|----|-----------|
| J9394 | Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg | K2 | K5 | 10/1/2026 |
| Q5154 | Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg                                 | K5 | K2 | 10/1/2026 |
| Q5166 | Injection, denosumab-desu (osvyrti/jubereq), biosimilar, 1 mg                          | K5 | K2 | 10/1/2026 |
| Q5168 | Injection, ranibizumab-leyk (nufymco), biosimilar, 0.1 mg                              | K5 | K2 | 10/1/2026 |
| Q5169 | Injection, pegfilgrastim-unne (armlupeg), biosimilar, 0.5 mg                           | K5 | K2 | 10/1/2026 |

**Table 7. - HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of October 1, 2026**

| <b>HCPCS Code</b> | <b>July 2026 Long Descriptor</b>                            | <b>October 2026 Long Descriptor</b>                                     |
|-------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|
| A9595             | Piflufolastat f-18, diagnostic, 1 millicurie                | Piflufolastat f 18 (pylarify), diagnostic, 1 millicurie                 |
| J3300             | Injection, triamcinolone acetonide, preservative free, 1 mg | Injection, triamcinolone acetonide (triesence), preservative free, 1 mg |
| J9033             | Injection, bendamustine hydrochloride, 1 mg                 | Injection, bendamustine hydrochloride, not otherwise specified, 1 mg    |

**Table 8. - New HCPCS Level II Skin Substitute Product Codes Effective October 1, 2026**

| <b>HCPCS Code</b> | <b>Long Descriptor</b>                                                                               | <b>ASC PI</b> |
|-------------------|------------------------------------------------------------------------------------------------------|---------------|
| A2046             | Dermisphere hdrt, per square centimeter (add-on, list separately in addition to primary procedure)   | S2            |
| A2047             | Lacertamatrix, per square centimeter (add-on, list separately in addition to primary procedure)      | S2            |
| A2048             | Puraply mz, per milligram                                                                            | N1            |
| A2049             | Theracor, per square centimeter (add-on, list separately in addition to primary procedure)           | S2            |
| A2050             | Fibrillar collagen wound dressing, per milligram                                                     | N1            |
| Q4207             | Carbon life, per square centimeter (add-on, list separately in addition to primary procedure)        | S2            |
| Q4223             | Dermabind sl optic, per square centimeter (add-on, list separately in addition to primary procedure) | S2            |
| Q4243             | Amchomatrix, per square centimeter (add-on, list separately in addition to primary procedure)        | S2            |

**Table 9. — HCPCS Level II Skin Substitute Product Codes with Revised Long Descriptors Retroactive to April 1, 2026**

| <b>HCPCS Code</b> | <b>Old Long Descriptor</b>                 | <b>New Long Descriptor</b>                                                                            |
|-------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
| A2040             | Microlyte painguard, per square centimeter | Microlyte painguard (add-on, list separately in addition to primary procedure), per square centimeter |

|       |                                                           |                                                                                                                      |
|-------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| A2041 | Foundation drs+ duo, per square centimeter                | Foundation drs+ duo (add-on, list separately in addition to primary procedure), per square centimeter                |
| A2042 | Foundation drs+ solo, per square centimeter               | Foundation drs+ solo (add-on, list separately in addition to primary procedure), per square centimeter               |
| A2043 | Biobrane, per square centimeter                           | Biobrane (add-on, list separately in addition to primary procedure), per square centimeter                           |
| A2045 | Novashield or novogen wound matrix, per square centimeter | Novashield or novogen wound matrix (add-on, list separately in addition to primary procedure), per square centimeter |

**Table 10. - HCPCS Code, ASC Payment Indicator and Payment Limitation for Qualifying Non-Opioid Treatment for Pain Relief**

| <b>HCPCS Code</b> | <b>Long Descriptor</b>                                                                                                                                                                                                                                                         | <b>ASC PI</b> | <b>Payment Limitation*</b> | <b>Effective Date</b> |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-----------------------|
| C9812             | Echogenic and/or nerve stimulator-guided nerve block needles (e.g. SonoPlex, SonoBlock, SonoTap, Stimuplex), nonopioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023) | L6            | \$1,997.16                 | April 30, 2026        |

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