

<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 11786</b>	<b>Date: January 17, 2023</b>
	<b>Change Request 13041</b>

**Transmittal 11762 issued December 21, 2022, is being rescinded and replaced by Transmittal 11786, dated, January 17, 2023, to add CPT codes 50970, 50972, 50974 to Attachment A, table 2, delete CPT code Q4228 from Attachment A, table 10, and revise policy section B.1.a. All other information remains the same.**

**SUBJECT: January 2023 Update of the Ambulatory Surgical Center [ASC] Payment System**

**I. SUMMARY OF CHANGES:** The purpose of this recurring update notification Change Request (CR) is to provides changes to and billing instructions for various payment policies implemented in the January 2023 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

**EFFECTIVE DATE: January 1, 2023**

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

**IMPLEMENTATION DATE: January 3, 2023**

**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: 11786	Date: January 17, 2023	Change Request: 13041
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**SUBJECT: January 2023 Update of the Ambulatory Surgical Center [ASC] Payment System**

**EFFECTIVE DATE: January 1, 2023**

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

**IMPLEMENTATION DATE: January 3, 2023**

## **I. GENERAL INFORMATION**

**A. Background:** Included in this transmittal are Calendar Year (CY) 2023 payment rates for separately payable procedures/services, drugs and biologicals, including descriptors for newly created Current Procedural Terminology (CPT) and Level II HCPCS codes. A January 2023 Ambulatory Surgical Center Fee Schedule (ASCFS) File, a January 2023 Ambulatory Surgical Center Payment Indicator (ASC PI) File, a January 2023 ASC Code Pair file, a January 2023 Ambulatory Surgical Center Drug File, and a corrected October 2022 Ambulatory Surgical Center Drug File will be issued with this transmittal.

## **B. Policy: 1. New Device Pass-Through Categories Effective January 1, 2023**

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

For the January 2023 update, we approved three new devices for pass-through status under the OPPS and are establishing the new device categories in the ASC payment system. Specifically, HCPCS codes C1747, C1826, and C1827 are effective January 1, 2023. Table 1 includes the HCPCS code, code descriptors, and ASC PI (see Attachment A: Policy Section Tables).

Additionally, we are updating the device category long descriptor for device HCPCS code C1831, which was effective October 1, 2021, from "Personalized, anterior and lateral interbody cage (implantable)" to "Interbody cage, anterior, lateral or posterior, personalized (implantable)" effective January 1, 2023.

## **a. New Device Offset from Payment for the Following HCPCS Codes Effective January 1, 2023**

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from OPPS pass-through payments for devices an amount that reflects the device portion of the ambulatory payment classification (APC) payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. This device offset policy is also implemented in ASCs. In ASCs, the device offset

represents a deduction from the ASC procedure payment for the applicable pass-through device.

We have determined that offsets are associated with the costs of the new device categories described by the HCPCS codes in Table 2. The device in these categories should always be billed in the ASC setting with one of the associated Current Procedural Terminology (CPT) codes that are included in Table 2 (see Attachment A: Policy Section Tables). The associated new devices, procedures, and offset percentages, as well as existing ASC code pairs, are included in the January 2023 ASC code pair file, which is accessible on the CMS website at: <https://www.cms.gov/medicare/ambulatory-surgical-center-asc-payment/asc-code-pairs>

## **2. MiVu Mucosal Integrity Testing System: Clarification on the Reporting of HCPCS Code C9777**

In the CY 2022 OPPI/ASC final rule (86 FR 63517 and 63558), we stated that when both a MiVu test and an esophagoscopy or esophagogastroduodenoscopy (EGD) test are performed together, HOPDs should report only HCPCS code C9777 and should not report a separate HCPCS code for the esophagoscopy or esophagogastroduodenoscopy. The January 2023 Update to the Hospital Outpatient Prospective Payment System change request clarified this policy to indicate that a diagnostic esophagoscopy or EGD is included in HCPCS code C9777, and therefore, should not be reported separately. This policy is also in effect in ASCs beginning January 1, 2023.

## **3. New ASC Procedures effective January 1, 2023**

The following twenty-six new procedures are separately payable in the ASC setting. The CPT codes, descriptors, and ASC PIs are listed in Table 3 (see Attachment A: Policy Section Tables). The ASC payment rates for the codes can be found in the January 2023 ASC Addenda AA and BB.

## **4. ASC Special Payment Policy for OPPI Complexity-Adjusted Comprehensive Ambulatory Payment Classifications (C-APCs)**

In the CY 2023 OPPI/ASC final rule (86 FR 72078- 72080), we discussed and finalized the ASC special payment policy for OPPI complexity adjusted C-APCs. We are operationalizing a complexity adjustment into the payment rate for primary surgical procedure and packaged add-on code combinations that are eligible for complexity adjustments under the OPPI and also performed in the ASC setting through the assignment of new HCPCS C-codes. At this time, CMS is utilizing the billing of these new C-codes to provide a complexity adjustment to ASCs when performing these specific code pairs. Table 4 displays the new HCPCS C-codes, descriptors, and ASC PIs. These new C-codes have been added to the ASC covered procedures list. Table 5 displays the specific HCPCS code combinations that correspond to the new C-codes. When the assigned primary procedure and secondary add-on procedure HCPCS codes are performed together during an encounter, ASCs should now bill the new C-code to which these procedures are paired rather than the individual procedures HCPCS codes. (Of note, ASCs already do not bill packaged codes; ASC PI=N1). Additional information related to these code pairs, including descriptors and PIs, were published as a supplemental crosswalk table to the CY 2023 OPPI/ASC final rule, and is accessible on the CMS website at: <https://www.cms.gov/license/ama?file=/files/zip/cy-2023-final-asc-code-pair-crosswalk-table.zip> (see Attachment A: Policy Section Tables).

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

### **a. Newly Established HCPCS Codes for Drugs and Biologicals as of January 1, 2023**

Fifteen new drug and biological HCPCS codes will be established on January 1, 2023. These HCPCS codes as well as the descriptors and ASC PIs are listed in Table 6 (see Attachment A: Policy Section Tables).

#### **b. HCPCS Codes for Drugs Deleted on December 31, 2022**

Two separately payable drug HCPCS codes will be deleted on December 31, 2022. These HCPCS codes are listed in Table 7 (see Attachment A: Policy Section Tables).

#### **c. HCPCS Code Q5124 Separately Payable Effective October 1, 2022**

CMS has identified an error with the October 2022 ASC drug file resulting in the HCPCS code Q5124 (Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg) being assigned an ASC PI=K5 (Items, codes, and services for which pricing information and claims data are not available. No payment made.). The correct ASC PI for this code was K2 (Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.) effective October 1, 2022. We are reissuing the October 2022 ASC drug file with HCPCS code Q5124 assigned ASC PI=K2. This correction is retroactively effective to October 1, 2022. Suppliers who performed this service with dates of service beginning October 1, 2022, through December 31, 2022, and whose claim was denied as not payable may request reprocessing of this code from their Part B Medicare Administrative Contractor. Table 8 lists the HCPCS code, descriptors, ASC PI, and effective date (see Attachment A: Policy Section Tables).

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

For CY 2023, payment for nonpass-through drugs and biologicals continues to be made at a single rate of Average Sales Price (ASP) + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug or biological. In addition, in CY 2023, a single payment of ASP + 6 percent continues to be made for the Outpatient Prospective Payment System (OPPS) pass-through drugs and biologicals to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items. Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective January 1, 2023, can be found in the January 2023 update of ASC Addendum BB on the CMS website at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\\_Addenda\\_Updates.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html)

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

Some drugs and biologicals with payment rates based on the ASP methodology may have their payment rates corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs and biologicals with corrected payment rates will be accessible on the CMS website on the first date of the quarter at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Restated-Payment-Rates.html>

Suppliers who think they may have received an incorrect payment for drugs and biologicals impacted by these corrections may request contractor adjustment of the previously processed claims.

#### **f. New Modifier “JZ” Available for Use as of January 1, 2023**

Beginning January 1, 2023, modifier JZ will be available for voluntary provider use when no amount of drug is discarded from a single dose or single use packaging. ASCs must report the JZ modifier for all applicable drugs with no discarded drug amounts beginning no later than July 1, 2023. Table 9 displays the modifier and descriptors. (see Attachment A: Policy Section Tables).

## **6. Skin Substitutes**

The payment for skin substitute products that do not qualify for hospital OPPS pass-through status are packaged into the OPPS payment for the associated skin substitute application procedure. This policy is also implemented in the ASC payment system. The skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products for packaging purposes. High cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS codes C5271-C5278. All OPPS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT codes 15271-15278. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has OPPS pricing data that demonstrates that the cost of the product is above either the mean unit cost of \$47 or the per day cost of \$837 for CY 2023.

### **a. New Skin Substitute Products as of January 1, 2023**

There are four new skin substitute HCPCS codes that will be active as of January 1, 2023, specifically, HCPCS codes Q4236, Q4262, Q4263, and Q4264. The codes are packaged and are assigned to the low-cost skin substitute group. These new packaged codes are listed in Table 10, (see Attachment A: Policy Section Tables).

Note that ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system.

### **b. Deletion of HCPCS Code C1849 (Skin substitute, synthetic, resorbable, per square centimeter) Effective December 31, 2022**

HCPCS code C1849 (Skin substitute, synthetic, resorbable, per square centimeter) has been deleted as of December 31, 2022. HCPCS code C1849 is listed in Table 10 (see Attachment A: Policy Section Tables).

### **c. Skin Substitute Assignments to High Cost and Low Costs Groups for CY 2023**

Table 10 also lists the skin substitute products and their assignment as either a high cost or a low cost skin substitute product, when applicable (see Attachment A: Policy Section Tables).

## **7. HCPCS Codes with ASC PI Changes from Non-Payable to Payable in CY2023**

The eighteen HCPCS codes included in table 11 have non-payable ASC PIs in CY2022 and are moving to payable effective January 1, 2023. These codes have not been included in other tables in this attachment (see Attachment A: Policy Section Tables).

## 8. Coverage Determinations

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.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13041.1	Contractors shall download the January 2023 ASC Fee Schedule (FS) from the CMS mainframe.  FILENAME: MU00.@BF12390.ASC.CY23.FS.JANA.V1205  NOTE: The January 2023 ASCFS is a full update.  NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
13041.2	Medicare contractors shall download and install the January 2023 ASC DRUG file.  FILENAME: MU00.@BF12390.ASC.CY23.DRUG.JANA.V1216  NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
13041.3	Medicare contractors shall download and install the January 2023 ASC Payment Indicator (PI) file.  FILENAME:		X							VDC





Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	10, as appropriate, effective December 31, 2022.									
13041.9	<p>Medicare contractors shall download and install the revised October 2022 ASC DRUG file.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY22.DRUG.OCTB.V1216</p> <p>NOTE: this file includes a new record for HCPCS Q5124</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							VDC
13041.9.1	<p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service October 1, 2022 - December 31, 2022 and;</p> <p>2) Were originally processed prior to the installation of the revised October 2022 ASC DRUG File.</p>		X							
13041.10	<p>If released by CMS, Medicare contractors shall download and install the revised July 2022 ASC DRUG file.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY22.DRUG.JULC.V1216</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13041.10.1	<p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service July 1, 2022 - October 31, 2022 and;</p> <p>2) Were originally processed prior to the installation of the revised July 2022 ASC DRUG File.</p>		X							
13041.11	<p>If released by CMS, Medicare contractors shall download and install the revised April 2022 ASC DRUG file.</p> <p>FILENAME: MU00.@BF12390.ASC.CY22.DRUG.APRC.V1216</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							VDC
13041.11.1	<p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service April 1, 2022 - June 30, 2022 and;</p> <p>2) Were originally processed prior to the installation of the revised April 2022 ASC DRUG File.</p>		X							
13041.12	If released by CMS, Medicare contractors shall download and install the revised January 2022 ASC DRUG file.		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	FILENAME: MU00.@BF12390.ASC.CY22.DRUG.JAND.V1216  NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
13041.12.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:  1) Have dates of service January 1, 2022 - March 31, 2022 and;  2) Were originally processed prior to the installation of the revised January 2022 ASC DRUG File.		X							
13041.13	Contractors shall make January 2023 ASCFS fee data for their ASC payment localities available on their web sites.		X							
13041.14	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X						VDC	
13041.15	Contractors and Common Working File (CWF) shall add Type of Service (TOS) F, as appropriate, for HCPCS Q5124, included in attachment A, table 8, effective for services October 1, 2022 and later payable in the ASC setting.		X					X		

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13041.16	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.		X			

### IV. SUPPORTING INFORMATION

#### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
1,3-4,6-8,11	Attachment A: POLICY SECTION TABLES

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Chuck Braver, [chuck.braver@cms.hhs.gov](mailto:chuck.braver@cms.hhs.gov) (ASC Payment Policy) , Yvette Cousar, [yvette.cousar@cms.hhs.gov](mailto:yvette.cousar@cms.hhs.gov) (B MAC Claims Processing Issues)

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

### VI. FUNDING

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

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be

outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 1**

## Attachment A – Tables for the Policy Section

**Table 1 - New Device Pass-Through Categories Effective January 1, 2023**

<b>HCPSC Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	Endo, single, urinary tract	J7
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	Gen, neuro, clo loop, rechg	J7
C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	Gen, neuro, imp led, ex cntr	J7

**Table 2 - New Device Offset from Payment for the Following HCPCS Codes Effective January 1, 2023**

<b>New Device Category HCPCS</b>	<b>HCPCS/CPT Code</b>	<b>HCPCS/CPT Code Long Descriptor</b>	<b>OPPS APC</b>
C1826	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	5465
C1827	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	5465
C1747	50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes	5375

		cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	
C1747	50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	5374
C1747	50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	5374
C1747	50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	5375
C1747	50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	5375
C1747	50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	5375
C1747	50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with	5375

		fulguration and/or incision, with or without biopsy	
C1747	50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	5375
C1747	52344	Cysto/uretero stricture tx	5374
C1747	52345	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	5374
C1747	52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	5375
C1747	52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	5374
C1747	52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	5374
C1747	52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	5375
C1747	52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	5375
C1747	52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	5375
C1747	52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of	5375



		indwelling ureteral stent (eg, gibbons or double-j type)	
C1747	C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable	5376
C1747	50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	5374
C1747	50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	5374
C1747	50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	5375

**Table 3. – New ASC Procedures effective January 1, 2023**

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Rpr nsl vlv collapse w/rmdlg	J8
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Perq p-art revsc 1 nm nt uni	J8

<b>CY 2023 HPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Perq p-art revsc 1 nm nt bi	J8
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Perq p-art revsc 1 abnor uni	J8
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Perq p-art revsc 1 abnor bi	J8
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Prq av fstl crtj uxtr 1 acs	J8
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Prq av fstl crt uxtr sep acs	J8
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Egd flx trnsorl dplmnt balo	G2
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Egd flx trnsorl rmvl balo	G2
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	Rpr aa hrn 1st < 3 cm rdc	G2
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis	Rpr aa hrn 1st < 3 ncr/strn	G2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated		
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	Rpr aa hrn 1st 3-10 rdc	G2
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	Rpr aa hrn 1st 3-10 ncr/strn	G2
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	Rpr aa hrn 1st > 10 rdc	G2
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	Rpr aa hrn rcr < 3 rdc	G2
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	Rpr aa hrn rcr < 3 ncr/strn	G2
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis	Rpr aa hrn rcr 3-10 rdc	G2

<b>CY 2023 HCP Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	when performed, total length of defect(s); 3 cm to 10 cm, reducible		
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Rmv ntr oi imp sk tc esp≥100	G2
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Impl oi implt sk tc esp≥100	J8
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Rplcm oi implt sk tc esp≥100	J8
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Mast mod rad	G2
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Rem endovas vena cava filter	G2
38531	Biopsy or excision of lymph node(s); open, inguino-femoral node(s)	Open bx/exc inguino-fem nodes	G2
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric	Lap rmvl gastr adj all parts	G2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	restrictive device and subcutaneous port components		
0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])	Arthrd si jt prq iartic impl	J8
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Abltj mal brst tum perq crtx	R2

**Table 4. - HCPCS C-codes for ASC Special Payment Policy for OPPS Complexity-Adjusted Comprehensive Ambulatory Payment Classifications (C-APCs)**

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
C7500	Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (eg, subfacial) drug-delivery device(s)	Deb bone 20 cm2 w/drug dev	G2
C7501	Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code)	Perc bx breast lesions stero	G2
C7502	Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or	Perc bx breast lesions mr	G2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	bilateral (for single lesion biopsy, use appropriate code)		
C7503	Open biopsy or excision of deep cervical node(s) with intraoperative identification (eg, mapping) of sentinel lymph node(s) including injection of non-radioactive dye when performed	Open exc cerv node(s) w/ id	G2
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Perq cvt&ls inj vert bodies	G2
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	Perq ls&cvt inj vert bodies	G2
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	Fusion of finger joints	G2
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Perq thor&lumb vert aug	G2
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	Perq lumb&thor vert aug	G2
C7509	Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Dx branch w/ navigation	G2
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided	Bronch/lavag w/ navigation	G2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	navigation, including fluoroscopic guidance when performed		
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	Bronch/bpsy(s) w/ navigation	G2
C7512	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed	Bronch/bpsy(s) w/ ebus	G2
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report	Cath/angio dialcir w/aplasty	R2
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit,	Cath/angio dial cir w/stents	R2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	including all required imaging, radiological supervision and interpretation, image documentation and report		
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report	Cath/angio dial cir w/embol	R2
C7516	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	Cor angio w/ ivus or oct	G2
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	Cor angio w/ilic/fem angio	G2
C7518	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary	Cor/gft angio w/ ivus or oct	G2



CY 2023 HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
	angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report		
C7519	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	Cor/gft angio w/ flow resrv	G2
C7520	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation	Cor/gft angio w/ilic/fem ang	G2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
C7521	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	R hrt angio w/ ivus or oct	G2
C7522	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	R hrt angio w/flow resrv	G2
C7523	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	L hrt angio w/ ivus or oct	G2
C7524	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary	L hrt angio w/flow resrv	G2

CY 2023 HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
	flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress		
C7525	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report	L hrt gft ang w/ ivus or oct	G2
C7526	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	L hrt gft ang w/flow resrv	G2
C7527	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of	R&L hrt angio w/ ivus or oct	G2

CY 2023 HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
	initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report		
C7528	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	R&L hrt angio w/flow resrv	G2
C7529	Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress	R&L hrt gft ang w/flow resrv	G2
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal	Cath/aplasty dial cir w/stnt	G2

CY 2023 HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
	balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report		
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Angio fem/pop w/ us	J8
C7532	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Angio w/ us non-coronary	J8
C7533	Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy	Ptca w/ plcmt brachytx dev	J8
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Fem/pop revasc w/arthr & us	J8

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	Fem/pop revasc w/stent & us	J8
C7537	Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Insrt atril pm w/l vent lead	J8
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Insrt vent pm w/l vent lead	J8
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Insrt a & v pm w/l vent lead	J8
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)	Rmv&rplc pm dul w/l vnt lead	J8
C7541	Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by	Ercp w/ pancreatoscopy	G2

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)		
C7542	Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Ercp w/bx & pancreatoscopy	G2
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Ercp w/otomy, pancreatoscopy	G2
C7544	Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	Ercp rmv calc pancreatoscopy	G2
C7545	Percutaneous exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Exch bil cath w/ rmv calculi	G2
C7546	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation	Rep neph/urt cath w/dil stric	G2
C7547	Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with	Cnvrt neph cath w/ dil stric	J8

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	ureteral stricture balloon dialation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation		
C7548	Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Exch neph cath w/ dil stric	G2
C7549	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Chge urtr stent w/ dil stric	G2
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	Cysto w/ bx(s) w/ blue light	G2
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	Exc neuroma w/ implnt nv end	G2
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel.	R hrt art/grft ang hrt flow	G2
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and	R&I hrt art/vent ang drg ad	G2



<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
	interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed.		
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	Cystureth blu li cyst fl img	G2
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	Rmvl thyrd w/autotran parath	G2

**Table 5. - Primary and Secondary code pairs for ASC Special Payment Policy for OPPS Complexity-Adjusted Comprehensive Ambulatory Payment Classifications (C-APCs)**

<b>CY 2023 HCPCS C Codes</b>	<b>Primary Procedure HCPCS codes</b>	<b>Secondary Procedure HCPCS codes</b>
C7500	11044	20700
C7501	19081	19082
C7502	19085	19086
C7503	38510	38900
C7504	22510	22512
C7505	22511	22512
C7506	26860	26861

<b>CY 2023 HCPCS C Codes</b>	<b>Primary Procedure HCPCS codes</b>	<b>Secondary Procedure HCPCS codes</b>
C7507	22513	22515
C7508	22514	22515
C7509	31622	31627
C7510	31624	31627
C7511	31625	31627
C7512	31625	31654
C7513	36901	36907
C7514	36901	36908
C7515	36901	36909
C7516	93454	92978
C7517	93454	G0278
C7518	93455	92978
C7519	93455	93571
C7520	93455	G0278
C7521	93456	92978
C7522	93456	93571
C7523	93458	92978
C7524	93458	93571
C7525	93459	92978
C7526	93459	93571
C7527	93460	92978
C7528	93460	93571
C7529	93461	93571
C7530	36902	36908
C7531	37224	37252

<b>CY 2023 HCPCS C Codes</b>	<b>Primary Procedure HCPCS codes</b>	<b>Secondary Procedure HCPCS codes</b>
C7532	37246	37252
C7533	92920	92974
C7534	37225	37252
C7535	37226	37252
C7537	33206	33225
C7538	33207	33225
C7539	33208	33225
C7540	33228	33225
C7541	43260	43273
C7542	43261	43273
C7543	43262	43273
C7544	43264	43273
C7545	47536	47544
C7546	50387	50706
C7547	50434	50706
C7548	50435	50706
C7549	50688	50706
C7550	52204	C9738
C7551	64784	64787
C7552	93457	93571
C7553	93461	93463
C7554	52000	C9738
C7555	60240	60512

**Table 6. – Newly Established HCPCS Codes for Drugs and Biologicals as of January 1, 2023**

<b>CY 2023 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
J0225	Injection, vutrisiran, 1 mg	Inj, vutrisiran, 1 mg	K2
J0891	Injection, argatroban (accord), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Argatroban nonesrd (accord)	K2
J0892	Injection, argatroban (accord), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Argatroban dialysis (accord)	K2
J0898	Injection, argatroban (auromedics), not therapeutically equivalent to j0883, 1 mg (for non-esrd use)	Argatroban nonesrd (auromed)	K2
J0899	Injection, argatroban (auromedics), not therapeutically equivalent to j0884, 1 mg (for esrd on dialysis)	Argatroban dialysis, auromed	K2
J1611	Injection, glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to j1610, per 1 mg	Inj glucagon hcl, fresenius	K2
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	Inj risankizumab-rzaa 1 mg	K2
J9046	Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to j9041, 0.1 mg	Inj, bortezomib, dr. reddy's	K2
J9048	Injection, bortezomib (fresenius kabi), not therapeutically equivalent to j9041, 0.1 mg	Inj, bortezomib freseniuskab	K2
J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg	Inj, bortezomib, hospira	K2
J9314	Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg	Inj pemetrexed (teva) 10mg	K2
J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg	Inj, fulvestrant (teva)	K2
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Inj, fulvestrant (fresenius)	K2
Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg	Inj alymsys 10 mg	K2
C9144	Injection, bupivacaine (posimir), 1 mg	Inj, bupivacaine (posimir)	K2

**Table 7. – HCPCS Codes for Drugs Deleted on December 31, 2022**

<b>CY 2022 HCPCS Code</b>	<b>Long Descriptor</b>	<b>CY2022 ASC PI</b>
C9142	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg	K2
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	K2

**Table 8. - HCPCS Code Q5124 Separately Payable Effective October 1, 2022**

<b>CY 2022 HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>CY2022 ASC PI</b>
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Inj. byooviz, 0.1 mg	K2

**Table 9. - New Modifier “JZ” Available for Use as of January 1, 2023**

<b>Modifier</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>
JZ	Zero drug amount discarded/not administered to any patient	Zero drug amount discarded/not administered to any patient

**Table 10. – Skin Substitute Assignments to High Cost and Low Cost Groups for CY 2023**

<b>CY 2023 HCPCS Code</b>	<b>CY 2023 Short Descriptor</b>	<b>CY 2023 ASC PI</b>	<b>CY 2022 High/Low Cost Assignment</b>	<b>CY 2023 High/Low Cost Assignment</b>
A2001	Innovamatrix ac, per sq cm	N1	High	High
A2002	Mirragen adv wnd mat per sq	N1	High	High
A2005	Microlyte matrix, per sq cm	N1	Low	High

<b>CY 2023 HCP Code</b>	<b>CY 2023 Short Descriptor</b>	<b>CY 2023 ASC PI</b>	<b>CY 2022 High/Low Cost Assignment</b>	<b>CY 2023 High/Low Cost Assignment</b>
A2006	Novosorb synpath per sq cm	N1	Low	High
A2007	Restrata, per sq cm	N1	High	High
A2008	Theragenesis, per sq cm	N1	Low	High
A2009	Symphony, per sq cm	N1	Low	High
A2010	Apis, per square centimeter	N1	Low	High
A2011	Supra sdrm, per sq cm	N1	Low	High
A2012	Suprathel, per sq cm	N1	Low	High
A2013	Innovamatrix fs, per sq cm	N1	Low	High
A2015	Phoenix wnd mtrx, per sq cm	N1	Low	High
A2016	Permeaderm b, per sq cm	N1	Low	High
A2017	Permeaderm glove, each	N1	Low	High
A2018	Permeaderm c, per sq cm	N1	Low	High
A4100	Skin sub fda clrd as dev nos	N1	Low	Low
C1849	Skin substitute, synthetic	N/A	High	Deleted 12/31/2022
C9363	Integra meshed bil wound mat	N1	High	High
Q4100	Skin substitute, nos	N1	Low	Low
Q4101	Apligraf	N1	High	High
Q4102	Oasis wound matrix	N1	Low	Low
Q4103	Oasis burn matrix	N1	High	High*
Q4104	Integra bmwd	N1	High	High
Q4105	Integra drt or omnigraft	N1	High	High
Q4106	Dermagraft	N1	High	High
Q4107	Graftjacket	N1	High	High
Q4108	Integra matrix	N1	High	High*
Q4110	Primatrix	N1	High	High
Q4111	Gammagraft	N1	Low	Low
Q4115	Alloskin	N1	Low	Low
Q4116	Alloderm	N1	High	High
Q4117	Hyalomatrix	N1	Low	Low
Q4121	Theraskin	N1	High	High*
Q4122	Dermacell	N1	High	High
Q4123	Alloskin	N1	High	High
Q4124	Oasis tri-layer wound matrix	N1	Low	Low
Q4126	Memoderm/derma/tranz/integup	N1	High	High
Q4127	Talymed	N1	High	High*
Q4128	Flexhd/allopatchhd/matrixhd	N1	High	High
Q4132	Grafix core, grafixpl core	N1	High	High
Q4133	Grafix stravix prime pl sqcm	N1	High	High
Q4134	Hmatrix	N1	Low	High
Q4135	Mediskin	N1	Low	Low
Q4136	Ezderm	N1	Low	Low
Q4137	Amnioexcel biodexcel, 1 sq cm	N1	High	High

<b>CY 2023 HPCPS Code</b>	<b>CY 2023 Short Descriptor</b>	<b>CY 2023 ASC PI</b>	<b>CY 2022 High/Low Cost Assignment</b>	<b>CY 2023 High/Low Cost Assignment</b>
Q4138	Biodfence dryflex, 1cm	N1	High	High
Q4140	Biodfence 1cm	N1	High	High
Q4141	Alloskin ac, 1cm	N1	High	High*
Q4143	Repriza, 1cm	N1	High	High*
Q4146	Tensix, 1cm	N1	High	High
Q4147	Architect ecm px fx 1 sq cm	N1	High	High
Q4148	Neox rt or clarix cord	N1	High	High
Q4150	Allowrap ds or dry 1 sq cm	N1	High	High
Q4151	Amnioband, guardian 1 sq cm	N1	High	High
Q4152	Dermapure 1 square cm	N1	High	High
Q4153	Dermavest, plurivest sq cm	N1	High	High
Q4154	Biovance 1 square cm	N1	High	High
Q4156	Neox 100 or clarix 100	N1	High	High
Q4157	Revitalon 1 square cm	N1	High	High
Q4158	Kerecis omega3, per sq cm	N1	High	High
Q4159	Affinity 1 square cm	N1	High	High
Q4160	Nushield 1 square cm	N1	High	High
Q4161	Bio-connekt per square cm	N1	High	High
Q4163	Woundex, bioskin, per sq cm	N1	High	High
Q4164	Helicoll, per square cm	N1	High	High
Q4165	Keramatrix, per square cm	N1	Low	Low
Q4166	Cytal, per square centimeter	N1	Low	Low
Q4167	Truskin, per square centimeter	N1	High	High*
Q4169	Artacent wound, per sq cm	N1	High	High
Q4170	Cygnus, per sq cm	N1	Low	High
Q4173	Palingen or palingen xplus	N1	High	High*
Q4175	Miroderm, per square cm	N1	High	High
Q4176	Neopatch, per sq centimeter	N1	High	High
Q4178	Floweramniopatch, per sq cm	N1	High	High
Q4179	Flowerderm, per sq cm	N1	High	High
Q4180	Revita, per sq cm	N1	High	High
Q4181	Amnio wound, per square cm	N1	High	High
Q4182	Transcyte, per sq centimeter	N1	High	High*
Q4183	Surgigraft, 1 sq cm	N1	High	High
Q4184	Cellesta or duo per sq cm	N1	High	High
Q4186	Epifix 1 sq cm	N1	High	High
Q4187	Epicord 1 sq cm	N1	High	High
Q4188	Amnioarmor 1 sq cm	N1	High	High
Q4190	Artacent ac 1 sq cm	N1	High	High*
Q4191	Restorigin 1 sq cm	N1	Low	High
Q4193	Coll-e-derm 1 sq cm	N1	High	High
Q4194	Novachor 1 sq cm	N1	High	High
Q4195	Puraply 1 sq cm	N1	High	High

<b>CY 2023 HCPCS Code</b>	<b>CY 2023 Short Descriptor</b>	<b>CY 2023 ASC PI</b>	<b>CY 2022 High/Low Cost Assignment</b>	<b>CY 2023 High/Low Cost Assignment</b>
Q4196	Puraply am 1 sq cm	N1	High	High
Q4197	Puraply xt 1 sq cm	N1	High	High
Q4198	Genesis amnio membrane 1 sq cm	N1	High	High
Q4199	Cygnus matrix, per sq cm	N1	High	High*
Q4200	Skin te 1 sq cm	N1	High	High
Q4201	Matrion 1 sq cm	N1	High	High
Q4203	Derma-gide, 1 sq cm	N1	High	High
Q4204	Xwrap 1 sq cm	N1	Low	Low
Q4205	Membrane graft or wrap sq cm	N1	High	High
Q4208	Novafix per sq cm	N1	High	High*
Q4209	Surgraft per sq cm	N1	High	High*
Q4210	Axolotl graf dualgraf sq cm	N1	Low	High
Q4211	Amnion bio or axobio sq cm	N1	High	High
Q4214	Cellesta cord per sq cm	N1	Low	Low
Q4216	Artacent cord per sq cm	N1	Low	Low
Q4217	Woundfix biowound plus xplus	N1	Low	High
Q4218	Surgicord per sq cm	N1	Low	Low
Q4219	Surgigraft dual per sq cm	N1	High	High*
Q4220	Bellacell HD, Surederm sq cm	N1	Low	Low
Q4221	Amniowrap2 per sq cm	N1	Low	Low
Q4222	Progenamatrix, per sq cm	N1	High	High*
Q4224	Hhf10-p per sq cm	N1	Low	Low
Q4225	Amniobind, per sq cm	N1	Low	Low
Q4226	Myown harv prep proc sq cm	N1	High	High
Q4227	Amniocore per sq cm	N1	High	High
Q4229	Cogenex amnio memb per sq cm	N1	High	High*
Q4232	Corplex, per sq cm	N1	High	High
Q4234	Xcellerate, per sq cm	N1	High	High
Q4235	Amniorepair or altiplly sq cm	N1	Low	High
Q4236	Carepatch per sq cm	N1	N/A	Low**
Q4237	cryo-cord, per sq cm	N1	High	High
Q4238	Derm-maxx, per sq cm	N1	High	High
Q4239	Amnio-maxx or lite per sq cm	N1	High	High
Q4247	Amniotext patch, per sq cm	N1	Low	Low
Q4248	Dermacyte Amn mem allo sq cm	N1	Low	High
Q4249	Amniplly, per sq cm	N1	Low	High
Q4250	AmnioAMP-MP per sq cm	N1	Low	Low
Q4254	Novafix dl per sq cm	N1	Low	High
Q4255	Reguard, topical use per sq	N1	Low	Low
Q4256	Mlg complet, per sq cm	N1	Low	Low
Q4257	Relese, per sq cm	N1	Low	Low
Q4258	Enverse, per sq cm	N1	High	High



<b>CY 2023 HCPCS Code</b>	<b>CY 2023 Short Descriptor</b>	<b>CY 2023 ASC PI</b>	<b>CY 2022 High/Low Cost Assignment</b>	<b>CY 2023 High/Low Cost Assignment</b>
Q4259	Celera per sq cm	N1	Low	Low
Q4260	Signature apatch, per sq cm	N1	Low	Low
Q4261	Tag, per square centimeter	N1	Low	Low
Q4262	Cryo-cord, per sq cm	N1	N/A	Low**
Q4263	Derm-maxx, per sq cm	N1	N/A	Low**
Q4264	Amnio-maxx or lite per sq cm	N1	N/A	Low**

\* These products do not exceed either the MUC or PDC threshold for CY 2023, but are assigned to the high cost group because they were assigned to the high cost group in CY 2022.

\*\*New skin substitute products as of January 1, 2023.

NOTE: ASCs should not separately bill for packaged skin substitutes (ASC PI=N1) since packaged codes are not reportable under the ASC payment system.

**Table 11. – HCPCS Codes with ASC PI Changes from Non-Payable to Payable in CY2023**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>CY2023 ASC PI</b>
C9248	Injection, clevidipine butyrate, 1 mg	Inj, clevidipine butyrate	K2
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	Aripiprazole injection	K2
J0470	Injection, dimercaprol, per 100 mg	Dimecaprol injection	K2
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Inj levoleucovorin nos 0.5mg	K2
J0800	Injection, corticotropin, up to 40 units	Corticotropin injection	K2
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Difelikefalin, esrd on dialy	K2
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Epoetin beta esrd use	K2
J1364	Injection, erythromycin lactobionate, per 500 mg	Erythro lactobionate /500 mg	K2
J1740	Injection, ibandronate sodium, 1 mg	Ibandronate sodium injection	K2
J1743	Injection, idursulfase, 1 mg	Idursulfase injection	K2
J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units	Penicillin g procaine inj	K2
J2515	Injection, pentobarbital sodium, per 50 mg	Pentobarbital sodium inj	K2

<b>HCP Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>CY2023 ASC PI</b>
J2941	Injection, somatropin, 1 mg	Somatropin injection	K2
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Inj., fibryga, 1 mg	K2
J9185	Injection, fludarabine phosphate, 50 mg	Fludarabine phosphate inj	K2
J9218	Leuprolide acetate, per 1 mg	Leuprolide acetate injecton	K2
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Us compl joint r-t w/img	Z3
90476	Adenovirus vaccine, type 4, live, for oral use	Adenovirus vaccine type 4	K2