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| <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 12559</b>                     | <b>Date: March 28, 2024</b>                               |
|  | <b>Change Request 13577</b>                               |

**SUBJECT: April 2024 Update of the Ambulatory Surgical Center [ASC] Payment System**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2024 ASC payment system update.

**EFFECTIVE DATE: April 1, 2024**

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

**IMPLEMENTATION DATE: April 1, 2024**

*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: 12559 | Date: March 28, 2024 | Change Request: 13577 |
|-------------|--------------------|----------------------|-----------------------|

**SUBJECT: April 2024 Update of the Ambulatory Surgical Center [ASC] Payment System**

**EFFECTIVE DATE: April 1, 2024**

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

**IMPLEMENTATION DATE: April 1, 2024**

## **I. GENERAL INFORMATION**

**A. Background:** The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the April 2024 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This Recurring Update Notification (RUN) applies to Chapter 14, Section 40 of Publication (Pub.) 100-04. An April 2024 Ambulatory Surgical Center Fee Schedule (ASC FS) File, a revised January 2024 ASCFS, an April 2024 Ambulatory Surgical Center Payment Indicator (PI) File, an April 2024 ASC Code Pair file, an April 2024 Ambulatory Surgical Center Drug File, and a revised March 2024 ASCFS will be issued with this transmittal.

## **B. Policy: 1. ASC Device Offset from Payment Changes Effective January 1, 2024**

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices in the hospital Outpatient Prospective Payment System (OPPS) an amount that reflects the device portion of the Ambulatory Payment Classifications (APC) payment amount. This deduction is known as the device offset, or the portion(s) of the APC amount that is associated with the cost of the pass-through device. The device offset from payment represents a deduction from pass-through payments for the applicable pass-through device. This policy is implemented in the ASC payment system.

### **a. Addition of Current Procedural Terminology (CPT) Code Pairs to Existing Device HCPCS Code C1602 Effective January 1, 2024**

HCPCS C1602 was added as a new device code in the “January 2024 Update of the Ambulatory Surgical Center (ASC) Payment System”, Change Request 13481, Transmittal 12439, dated January 2, 2024. In that transmittal, we stated that HCPCS C1602 should always be billed with certain paired codes that were included in table 1, attachment A. The following additional CPT codes are included with this transmittal effective January 1, 2024 in the list of codes that must be performed with HCPCS C1602. The full list of CPT codes that must be performed with C1602 are included in the April 2024 ASC code pair file. ASCs who performed HCPCS C1602 with CPT code 25145, 26236, 28124 with dates of service from January 1, 2024 through March 31, 2024, may have had claims that were processed incorrectly, as these CPT codes were not included on the January 2024 ASC code pair file. Effected claims will be reprocessed by their Medicare Administrative Contractor (MAC) (see Attachment A: Policy Section Tables).

### **b. Correction to Device Offset Amounts for Existing Device HCPCS Code C1600**

Effective January 1, 2024, CPT codes 36902, 36903, 36905, and 36906 were included to be billed with HCPCS Code C1600 with device offset amounts, as listed in table 2 of the “January 2024 Update of the Ambulatory Surgical Center (ASC) Payment System”, Change Request 13481, Transmittal 12439, dated January 2, 2024.

We note that the device offset amount for each of the CPT codes that are paired with C1600 are being updated to \$0.00 retroactively, effective January 1, 2024. ASCs who performed and had claims processed with an offset for HCPCS C1600 with CPT codes 36902, 36903, 36905, and 36906 for dates of service from

January 1, 2024 through March 31, 2024 will have the effected claims reprocessed by their MAC (see Attachment A: Policy Section Tables).

## **2. New Procedure HCPCS Codes C9796 and C9797 Effective January 1, 2024**

CMS is establishing a new HCPCS code, C9796, to describe the repair of an enterocutaneous fistula in the small intestine or colon with a plug (porcine small intestine submucosa). Table 3 lists the official descriptors, and ASC PI for HCPCS code C9796. This code is payable retroactively to January 1, 2024 in the ASC Payment System. (see Attachment A: Policy Section Tables).

CMS also established a new HCPCS code, C9797, to describe a vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding). Table 1 lists the official descriptors, and ASC PI for HCPCS code C9797. This code is payable retroactively to January 1, 2024 in the ASC Payment System. (see Attachment A: Policy Section Tables).

These codes, along with the short descriptors, and ASC PIs, are also listed in the quarterly April 2024 ASC addenda that is accessible on the CMS website at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda>

## **3. iDose TR (travoprost intracameral implant) for the Treatment of Glaucoma Effective April 1, 2024**

With their July 1, 2021 update, the CPT Editorial Panel established CPT codes 0660T and 0661T to describe the service associated with the implantation, removal, and reimplantation of the iDose TR, which is a prostaglandin analog used for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT). On December 13, 2023, the iDose TR received the Food and Drug Administration (FDA) New Drug Application approval. Since July 1, 2021, CPT codes 0660T and 0661T have not been payable in the OPSS or ASC payment system because the drug associated with these codes had not received FDA approval. Based on the recent FDA approval, these codes are now separately payable in the ASC payment system. Specifically, CPT codes 0660T and 0661T have been assigned to ASC PI= G2 effective April 1, 2024.

Table 4 lists the descriptors and ASC PI for CPT codes 0660T and 0661T. The codes are also listed in the quarterly April 2024 ASC addenda that is posted on the CMS website (see Attachment A: Policy Section Tables).

## **4. ASC Payment Weight Correction for HCPCS Code C9790 (Histotripsy (i.e., non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance) Retroactive to January 1, 2024**

As described in the CY2024 OPSS/ASC Correction Notice, CMS-1786-CN, the OPSS APC Assignment for HCPCS code C9790 (Histotripsy (i.e., non-thermal ablation via acoustic energy delivery of malignant renal tissue, including image guidance) was changed from APC 1575 (New Technology - Level 38 (\$10,001-\$15,000) to APC 1576 (New Technology - Level 39 (\$15,001-\$20,000) retroactive to January 1, 2024. This in turn impacted the ASC weight and payment rate assignments. We corrected the ASC payment weight of 127.0479 and the payment rate of \$6,798.84 with the payment weight of 177.8649 and the payment rate of \$9,527.91, respectively, for HCPCS code C9790. ASCs who performed and had claims processed with HCPCS code C9790 with dates of service from January 1, 2024 through March 31, 2024 will have the effected claims reprocessed by their MAC.

## **5. Drugs and Biologicals**

### **a. Newly Established HCPCS Codes for Drugs and Biologicals effective April 1, 2024**

Twenty-one new drug and biological HCPCS codes will be established effective April 1, 2024. These codes are included in the “New HCPCS Code” column. These HCPCS codes as well as the descriptors and ASC PIs are listed in Table 5. The HCPCS codes identified in the “Old HCPCS Code” column are deleted effective March 31, 2024 (see Attachment A: Policy Section Tables).

#### **b. HCPCS Codes for Drugs and Biologicals Deleted as of March 31, 2024**

Two separately payable drug and biological HCPCS codes will be deleted on March 31, 2024. These HCPCS codes are listed in Table 6 (see Attachment A: Policy Section Tables).

#### **c. HCPCS Codes for Separately Payable Drugs and Biologicals with Descriptor Changes as of April 1, 2024**

Four drug and biological HCPCS codes have a descriptor change as of April 1, 2024. These HCPCS codes are listed in Table 7 (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 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 OPSS 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 April 1, 2023, can be found in the April 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.

### **6. Skin Substitutes**

The payment for skin substitute products that do not qualify for pass-through status will be packaged into the payment for the associated skin substitute application procedure. For payment packaging purposes, the skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has 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 \$807 for CY 2024.

**a. New Packaged Skin Substitute Products Effective April 1, 2024**

We are calling to ASC attention the addition of six new skin substitute HCPCS codes that will be active as of April 1, 2024. These codes are listed in Table 8 (see Attachment A: Policy Section Tables).

**b. Skin Substitute Product Deleted Effective March 31, 2024**

One skin substitute product, HCPCS Q4244 (Procenta, per 200 mg) is deleted as of March 31, 2024.

**7. 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        |   |         | DM<br>E<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 |       |
| 13577.1 | Contractors shall download the April 2024 ASC Fee Schedule (FS) from the CMS mainframe.<br><br>FILENAME:<br><br>MU00.@BF12390.ASC.CY24.FS.APR<br>A.V0304<br><br>NOTE: The April 2024 ASCFS is a partial update.<br><br>NOTE: Date of retrieval will be provided in a separate email communication from CMS. |                | X |         |                    |                              |         |         | VDC     |       |
| 13577.2 | Medicare contractors shall download and install the April 2024 ASC Payment Indicator (PI) file.   |                | X |         |                    |                              |         |         | VDC     |       |

| Number    | Requirement  | Responsibility |   |         |                    |                              |         |         |          |       |
|-----------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|----------|-------|
|           |  | A/B MAC        |   |         | DM<br>E<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  |       |
|           | <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY24.PI.APR<br/>A.V0308</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>  |                |   |         |                    |                              |         |         |          |       |
| 13577.3   | <p>Medicare contractors shall download and install an April 2024 ASC Code Pair file.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY24.CP.AP<br/>RA.V0308</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>   |                | X |         |                    |                              |         |         | VDC      |       |
| 13577.3.1 | <p>Medicare contractors shall search for and reprocess claims with dates of service from January 1, 2024 through March 31, 2024, as appropriate, that included code pairs in table 1-2 attachment A, and were originally processed prior to the implementation of the April 2024 ASC Code Pair file. Effected claims shall be reprocessed no later than 30 days of implementation of this transmittal.</p> |                | X |         |                    |                              |         |         | BCR<br>C |       |
| 13577.4   | <p>Contractors shall download the revised January 2024 ASC Fee Schedule (FS) from the CMS mainframe.</p>   |                | X |         |                    |                              |         |         | VDC      |       |

| Number        | Requirement  | Responsibility |   |         |                    |                              |         |         |          |       |
|---------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|----------|-------|
|               |  | A/B MAC        |   |         | DM<br>E<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  |       |
|               | <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY24.FS.JAN<br/>B.V0304</p> <p>NOTE: The January 2024 ASCFS is a full update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>  |                |   |         |                    |                              |         |         |          |       |
| 13577.5       | <p>Contractors shall download the revised March 2024 ASC Fee Schedule (FS) from the CMS mainframe.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY24.FS.MA<br/>RB.V0309</p> <p>NOTE: The March 2024 ASCFS is a full update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p> |                | X |         |                    |                              |         |         | VDC      |       |
| 13577.6       | <p>Medicare contractors shall search for and reprocess paid claims for HCPCS C9790, with dates of service from January 1, 2024 through March 8, 2024, that were processed prior to the implementation of the revised January 2024 ASCFS, no later than 30 days of implementation of this transmittal.</p>                |                | X |         |                    |                              |         |         | BCR<br>C |       |
| 13577.6.<br>1 | <p>Medicare contractors shall also search for and reprocess paid claims for</p>  |                | X |         |                    |                              |         |         | BCR<br>C |       |

| Number    | Requirement   | Responsibility |   |         |                    |                              |         |         |         |       |
|-----------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
|           |   | A/B MAC        |   |         | DM<br>E<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 |       |
|           | HCPCS C9790, with dates of service from March 9, 2024 through March 31, 2024, that were processed prior to the implementation of the revised March 2024 ASCFS, no later than 30 days of implementation of this transmittal. |                |   |         |                    |                              |         |         |         |       |
| 13577.7   | Contractors and Common Working File (CWF), as appropriate, shall add Type of Service (TOS) F, for HCPCS included in tables 4-5, attachment A, effective for dates of service April 1, 2024 and later in the ASC setting.    |                | X |         |                    |                              |         |         | X       |       |
| 13577.7.1 | Contractors and Common Working File (CWF), as appropriate, shall add Type of Service (TOS) F, for HCPCS included in table 3, attachment A, effective for dates of service January 1, 2024 and later in the ASC setting.     |                | X |         |                    |                              |         |         | X       |       |
| 13577.8   | Contractors and CWF, as appropriate, shall end date HCPCS codes included in tables 5-6, attachment A in their systems, effective March 31, 2024.  |                | X |         |                    |                              |         |         | X       |       |
| 13577.9   | CWF, as appropriate, shall remove the TOS F records for the HCPCS included in tables 5-6, attachment A, effective March 31, 2024.   |                |   |         |                    |                              |         |         | X       |       |
| 13577.10  | Contractors and CWF shall be aware of the descriptor changes in table 7, attachment A, and for HCPCS J2782 in table 5, and make updates associated with this change, as appropriate.  |                | X |         |                    |                              |         |         | X       |       |
| 13577.11  | Medicare contractors shall download and install the April 2024 ASC DRUG file.<br><br>NOTE: FILENAME;<br>MU00.@BF12390.ASC.CY24.DRUG.  |                | X |         |                    |                              |         |         | VDC     |       |

| Number         | Requirement   | Responsibility |   |         |                    |                              |         |         |         |       |
|----------------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
|                |   | A/B MAC        |   |         | DM<br>E<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 |       |
|                | <p>APRA.V0315</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>   |                |   |         |                    |                              |         |         |         |       |
| 13577.12       | <p>If released by CMS, Medicare contractors shall download and install the revised January 2024 ASC DRUG file.</p> <p>NOTE: FILENAME;<br/>MU00.@BF12390.ASC.CY24.DRUG.<br/>JANB.V0315</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p> |                | X |         |                    |                              |         |         | VDC     |       |
| 13577.12<br>.1 | <p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service January 1, 2024 - March 31, 2024 and;</p> <p>2) Were originally processed prior to the installation of the revised January 2024 ASC DRUG File.</p>        |                | X |         |                    |                              |         |         |         |       |
| 13577.13       | <p>If released by CMS, Medicare contractors shall download and install the revised October 2023 ASC DRUG file.</p> <p>NOTE: FILENAME;<br/>MU00.@BF12390.ASC.CY23.DRUG.<br/>OCTC.V0315</p> <p>NOTE: Date of retrieval will be</p>  |                | X |         |                    |                              |         |         | VDC     |       |

| Number         | Requirement  | Responsibility |   |         |                    |                              |         |         |         |       |
|----------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
|                |  | A/B MAC        |   |         | DM<br>E<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 |       |
|                | provided in a separate email communication from CMS.   |                |   |         |                    |                              |         |         |         |       |
| 13577.13<br>.1 | <p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service October 1, 2023 - December 31, 2023 and;</p> <p>2) Were originally processed prior to the installation of the revised October 2023 ASC DRUG File.</p>  |                | X |         |                    |                              |         |         |         |       |
| 13577.14       | <p>If released by CMS, Medicare contractors shall download and install the revised July 2023 ASC DRUG file.</p> <p>NOTE: FILENAME;<br/>MU00.@BF12390.ASC.CY23.DRUG.<br/>JULD.V0315</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p> |                | X |         |                    |                              |         |         | VDC     |       |
| 13577.14<br>.1 | <p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service July 1, 2023 - October 31, 2023 and;</p> <p>2) Were originally processed prior to the installation of the revised July 2023 ASC DRUG File.</p>         |                | X |         |                    |                              |         |         |         |       |
| 13577.15       | If released by CMS, Medicare contractors shall download and install the revised April 2023 ASC DRUG  |                | X |         |                    |                              |         |         | VDC     |       |

| Number         | Requirement   | Responsibility |   |         |                    |                              |         |         |         |       |
|----------------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
|                |   | A/B MAC        |   |         | DM<br>E<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 |       |
|                | <p>file.</p> <p>NOTE: FILENAME;<br/>MU00.@BF12390.ASC.CY23.DRUG.<br/>APRE.V0315</p> <p>NOTE: Date of retrieval will be<br/>provided in a separate email<br/>communication from CMS.</p>   |                |   |         |                    |                              |         |         |         |       |
| 13577.15<br>.1 | <p>Medicare contractors shall adjust as appropriate claims brought to their attention that:</p> <p>1) Have dates of service April 1, 2023 - June 30, 2023 and;</p> <p>2) Were originally processed prior to the installation of the revised April 2023 ASC DRUG File.</p> |                | X |         |                    |                              |         |         |         |       |
| 13577.16       | <p>Contractors shall make April 2024 ASCFS fee data for their ASC payment localities available on their web sites.</p>  |                | X |         |                    |                              |         |         |         |       |
| 13577.17       | <p>Contractors shall make the revised January 2024 ASCFS fee data for their ASC payment localities available on their web sites.</p>  |                | X |         |                    |                              |         |         |         |       |
| 13577.18       | <p>Contractors shall make the revised March 2024 ASCFS fee data for their ASC payment localities available on their web sites.</p> <p>NOTE: Instructions to load the March 2024 ASCFS fees were issued in</p>   |                | X |         |                    |                              |         |         |         |       |

| Number   | Requirement   | Responsibility |   |         |            |                              |         |         |         |       |
|----------|---|----------------|---|---------|------------|------------------------------|---------|---------|---------|-------|
|          |   | A/B MAC        |   |         | DME<br>MAC | Shared-System<br>Maintainers |         |         |         | Other |
|          |   | A              | B | HH<br>H |            | FIS<br>S                     | MC<br>S | VM<br>S | CW<br>F |       |
|          | separate technical direction.   |                |   |         |            |                              |         |         |         |       |
| 13577.19 | 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     |       |

**III. PROVIDER EDUCATION TABLE**

| Number   | Requirement  | Responsibility |   |     |            |      |
|----------|--|----------------|---|-----|------------|------|
|          |  | A/B<br>MAC     |   |     | DME<br>MAC | CEDI |
|          |  | A              | B | HHH |            |      |
| 13577.20 | 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. |                | 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: |
|--------------------------|--|
| 1,3.1-11                 | Attachment A: Policy Section Tables              |

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

## **V. CONTACTS**

**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 – Policy Section Tables**

**Table 1. - Addition of CPT Code Pairs to Existing Device HCPCS Code C1602 Effective January 1, 2024**

| <b>Additional HCPCS Code</b> | <b>Short Descriptor</b>     | <b>HCPCS Device Code</b> |
|------------------------------|-----------------------------|--------------------------|
| 25145                        | Remove forearm bone lesion  | C1602                    |
| 26236                        | Partial removal finger bone | C1602                    |
| 28124                        | Partial removal of toe      | C1602                    |

**Table 2.- Correction to Device Offset Amounts for Existing Device HCPCS Code C1600**

| <b>Procedure HCPCS Code</b> | <b>Short Descriptor</b>     | <b>HCPCS Device Code</b> |
|-----------------------------|-----------------------------|--------------------------|
| 36902                       | Intro cath dialysis circuit | C1600                    |
| 36903                       | Intro cath dialysis circuit | C1600                    |
| 36905                       | Thrmcb/nfs dialysis circuit | C1600                    |
| 36906                       | Thrmcb/nfs dialysis circuit | C1600                    |

**Table 3. — New Procedure HCPCS Codes C9796 and C9797 Effective January 1, 2024**

| <b>HCPCS Code</b> | <b>Long Descriptor</b>  | <b>Short Descriptor</b> | <b>ASC PI</b> |
|-------------------|---|-------------------------|---------------|
| C9796             | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small | Rpr intst excl anrect   | J8            |

|       |  |                         |    |
|-------|--|-------------------------|----|
|       | intestine submucosa [SIS])   | fist                    |    |
| C9797 | Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | Vasc emb/occ w/prs cath | J8 |

**Table 4. — iDose TR (travoprost intracameral implant) for the Treatment of Glaucoma Effective April 1, 2024**

| HCPCS Code | Long Descriptor  | Short Descriptor             | ASC PI |
|------------|--|------------------------------|--------|
| 0660T      | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach | Implt ant sgm io nbio rx sys | G2     |
| 0661T      | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant     | Rmvl&rimpltj ant sgm implt   | G2     |

**Table 5. – Newly Established HCPCS Codes for Drugs and Biologicals effective April 1, 2024**

| New HCPCS Code | Old HCPCS Code | Long Descriptor                           | Short Descriptor           | ASC PI |
|----------------|----------------|---|----------------------------|--------|
| C9166          |                | Injection, secukinumab, intravenous, 1 mg | Injection, secukinumab     | K2     |
| C9167          |                | Injection, apadamtase alfa, 10 units      | Injection, apadamtase alfa | K2     |

|        |       |   |                              |    |
|--------|-------|---|------------------------------|----|
| C9168  |       | Injection, mirikizumab-mrkz, 1 mg   | Injection, mirikizumab-mrkz  | K2 |
| J0177  | C9161 | Injection, aflibercept hd, 1 mg   | Inj, aflibercept hd, 1 mg    | K2 |
| J0577  |       | Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy          | Inj, brixadi, 7 days or less | K2 |
| J0578  |       | Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy | Inj brixadi, more than 7 day | K2 |
| J0589  | C9160 | Injection, daxibotulinumtoxina-lanm, 1 unit   | Inj daxibotulinumtoxina-lanm | K2 |
| J0651  |       | Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to J0650, 10 mcg      | Inj, levothyroxine, freskabi | K2 |
| J0652  |       | Injection, levothyroxine sodium (hikma) not therapeutically equivalent to J0650, 10 mcg               | Inj, levothyroxine, hikma    | K2 |
| J1203  |       | Injection, cipaglucoisidase alfa-atga, 5 mg   | Inj, cipaglucoisidase, 5 mg  | K2 |
| J1323  | C9165 | Injection, elranatamab-bcmm, 1 mg   | Inj, elranatamab-bcmm, 1 mg  | K2 |
| J2277  |       | Injection, motixafortide, 0.25 mg   | Inj, motixafortide, 0.25 mg  | K2 |
| J2782* | C9162 | Injection, avacincaptad pegol, 0.1 mg   | Inj avacincaptad pegol 0.1mg | K2 |
| J2801  |       | Injection, risperidone (rykindo), 0.5 mg  | Inj, rykindo, 0.5 mg         | K2 |
| J3055  | C9163 | Injection, talquetamab-tgvs, 0.25 mg  | Inj talquetamab-tgvs 0.25 mg | K2 |
| J3424  |       | Injection, hydroxocobalamin,  | Inj hydroxocobalamin iv 25mg | K2 |

|       |       |  |                              |    |
|-------|-------|--|------------------------------|----|
|       |       | intravenous, 10 grams  |                              |    |
| J7165 | C9159 | Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity | Inj, human-lans, per i.u     | K2 |
| J7354 | C9164 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)     | Cantharidin top, applicator  | K2 |
| J9073 |       | Injection, cyclophosphamide (ingenus), 5 mg  | Inj cyclophosphamd (ingenus) | K2 |
| J9075 |       | Injection, cyclophosphamide, not otherwise specified, 5 mg                             | Inj, cyclophosphamide, nos   | K2 |
| J9248 |       | Injection, melphalan (hepzato), 1 mg   | Inj melphalan (hepzato) 1 mg | K2 |

NOTE: the short descriptor for HCPCS J2782 has been revised from the short descriptor for HCPCS C9162.

**Table 6. – HCPCS Codes for Drugs and Biologicals Deleted as of March 31, 2024**

| HCPCS Code |   | Long Descriptor | ASC PI |
|------------|---|-----------------|--------|
| J0576      | Injection, buprenorphine extended-release (brixadi), 1 mg | D5              |        |
| J9070      | Cyclophosphamide, 100 mg                                  | D5              |        |

**Table 7. – HCPCS Codes for Separately Payable Drugs and Biologicals with Descriptor Changes as of April 1, 2024**

| CY 2024 HCPCS Code | January 2024 Long Descriptor          | April 2024 Long Descriptor                   |
|--------------------|---------------------------------------|--|
| J0208              | Injection, sodium thiosulfate, 100 mg | Injection, sodium thiosulfate (pedmark), 100 |

| CY 2024<br>HCPCS<br>Code | January 2024 Long Descriptor                               | April 2024 Long Descriptor   |
|--------------------------|--|--|
|                          |  | mg   |
| J0612                    | Injection, calcium gluconate (fresenius kabi), per 10 mg   | Injection, calcium gluconate, not otherwise specified, 10 mg                                   |
| J0613                    | Injection, calcium gluconate (wg critical care), per 10 mg | Injection, calcium gluconate (wg critical care) not therapeutically equivalent to J0612, 10 mg |
| J3380                    | Injection, vedolizumab, 1 mg                               | Injection, vedolizumab, intravenous, 1 mg  |

**Table 8. – New Packaged Skin Substitute Products Effective April 1, 2024**

| HCPCS Code | Short Descriptor             | ASC PI | Low/High Cost Skin Substitute |
|------------|------------------------------|--------|-------------------------------|
| Q4305      | Amer am ac tri-lay per sq cm | N1     | Low                           |
| Q4306      | Americ amnion ac per sq cm   | N1     | Low                           |
| Q4307      | American amnion, per sq cm   | N1     | Low                           |
| Q4308      | Sanopellis, per sq cm        | N1     | Low                           |
| Q4309      | Via matrix, per sq cm        | N1     | Low                           |
| Q4310      | Procenta, per 100 mg         | N1     | Low                           |

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