

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11164	Date: December 16, 2021
	Change Request 12553

SUBJECT: January 2022 Update of the Ambulatory Surgical Center [ASC] Payment System

I. SUMMARY OF CHANGES: This recurring update notification provides changes to and billing instructions for various payment policies implemented in the January 2022 ASC payment system update.

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

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

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 11164	Date: December 16, 2021	Change Request: 12553
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EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

I. GENERAL INFORMATION

A. Background: This recurring update notification provides changes to and billing instructions for various payment policies implemented in the January 2022 ASC payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

Included in this transmittal are Calendar Year (CY) 2022 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 2022 Ambulatory Surgical Center Fee Schedule (ASCFS) File, a January 2022 Ambulatory Surgical Center Payment Indicator (ASC PI) File, a January 2022 Ambulatory Surgical Center Drug File, and a January 2022 ASC Code Pair file will be issued in this transmittal.

B. Policy: 1. New Device Pass-Through Categories

Section 1833(t)(6)(B) of the Social Security Act requires that, under the hospital outpatient prospective payment system (OPPS), categories of devices be eligible for transitional pass-through payments for at least two (2), but not more than three (3) years. 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. The OPPS payment policies for device pass-through categories are also implemented in ASCs.

We are establishing two new device pass-through categories effective January 1, 2022, specifically, HCPCS code C1833 (Cardiac monitor sys) and HCPCS code C1832 (Auto cell process). We are also updating the device offset from payment information for the device category described by HCPCS codes C1833 and C1832. Table 1, attachment A, provides a listing of new coding and payment information concerning the new device categories for transitional pass-through payment (see Attachment A: Policy Section Tables).

a. Device Offset from Payment for HCPCS codes C1832 and C1833.

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. The device offset represents a deduction from the ASC procedure payment for the applicable passthrough device.

(1) Device Offset for HCPCS Code C1833

We have determined that offsets are associated with the costs of the device category described by HCPCS code C1833 (Cardiac monitor). The device in the category described by HCPCS code C1833 should always be billed in the ASC setting with one of the following Current Procedural Terminology (CPT) codes:

- CPT code 0525T - Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor), which is assigned to OPPS APC 5223 for CY 2022;
- CPT code 0526T - Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only, which is assigned to OPPS APC 5222 for CY 2022;
- CPT code 0527T - Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only, which is assigned to OPPS APC 5222 for CY 2022;

(2) Device Offset for HCPCS Code C1832

We have determined that offsets are associated with the costs of the device category described by HCPCS code C1832 (Auto cell process). The device in the category described by HCPCS code C1832 should always be billed with one of the following Current Procedural Terminology (CPT) codes:

- CPT code 15110 (Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children), which is assigned to OPPS APC 5054 for Calendar Year (CY) 2022;
- CPT code 15115 (Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children), which is assigned to OPPS APC 5054 for CY 2022; The device in the category described by HCPCS code C1832 may be billed with one of the following Current Procedural Terminology (CPT) codes but must also be accompanied by one of the preceding codes:
- CPT code 15100 (Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)), which is assigned to OPPS APC 5054 for CY 2022;
- CPT code 15120 (Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)), which is assigned to OPPS APC 5055 for CY 2022;

2. Changes to the ASC Covered Procedure List Policy for CY 2022

In the CY 2021 OPPS/ASC final rule, the Centers for Medicare & Medicaid Services (CMS) revised the long-standing safety criteria that were historically used to add covered surgical procedures to the ASC Covered Procedures List (ASC CPL) and adopted a notification process for surgical procedures the public believes can be added to the ASC CPL under the criteria we retained. Using these revised criteria, CMS added 267 surgical procedures to the ASC CPL beginning in CY 2021.

As discussed in the CY 2022 OPPS/ASC final rule, CMS is reinstating the criteria for adding procedures to the ASC CPL that were in place in CY 2020. In the CY 2022 OPPS/ASC proposed rule, CMS requested comment on the 258 procedures proposed for removal from the ASC CPL. Based upon review of the procedure recommendations, CMS kept six procedures on the ASC CPL (listed in Table 2), three that were already on the ASC CPL and three that were proposed for removal, and removed 255 of the 258 procedures proposed for removal (listed in Table 3). The three codes that were proposed for removal and that are being retained are CPT codes 0499T, 54650, and 60512. Additional information can be found in Tables 2 and 3

(see Attachment A: Policy Section Tables).

3. Drugs and Biologicals

a. Newly Established HCPCS Codes for Drugs and Biologicals as of January 1, 2022

Eleven (11) new drug and biological HCPCS codes will be established on January 1, 2022. These HCPCS codes as well as the descriptors and ASC PIs are listed in Table 4, attachment A.

b. HCPCS Codes for Drugs and Biologicals Deleted as of January 1, 2022

Three (3) drug and biological HCPCS codes will be deleted on January 1, 2022. These HCPCS codes are listed in Table 5, attachment A.

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

For CY 2022, 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 2022, 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, 2022, can be found in the January 2022 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

d. 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.

4. 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 code 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 code 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 \$48 or per day cost of \$949 for CY 2022.

a. New Skin Substitute Products as of January 1, 2022

There is one (1) new skin substitute HCPCS code that will be active as of January 1, 2022. The code is packaged and is assigned to the low-cost skin substitute group. This packaged code is listed in Table 6, (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. Skin Substitute Assignments to High Cost and Low Costs Groups for CY 2022

Table 7, attachment A, 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).

5. Correction to the Long Descriptor for HCPCS J1443 effective October 1, 2021.

In transmittal 11004, change request 12451, the October 2021 Update of the Ambulatory Surgical Center [ASC] Payment System, CMS reported a revision to the long descriptor for J1443 effective October 1, 2021. However, the long descriptor for this HCPCS did not change for October 1, 2021 and continues to also be unchanged for January 1, 2022. The long descriptor for HCPCS J1443 is: "Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron". For the latest HCPCS code descriptors for all Level II HCPCS codes, refer to the CMS HCPCS Quarterly Update website:

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>. The correct long descriptor and HCPCS code is also displayed in table 8 (see Attachment A: Policy Section Tables).

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	
12553.1	Contractors shall download the January 2022 ASC Fee Schedule (FS) from the CMS mainframe. FILENAME: MU00.@BF12390.ASC.CY22.FS.JANA.V1203		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	
	NOTE: The January 2022 ASCFS is a full update. NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
12553.2	Medicare contractors shall download and install the January 2022 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY22.DRUG.JANA.V1217 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC	
12553.3	Medicare contractors shall download and install the January 2022 ASC Payment Indicator (PI) file. FILENAME: MU00.@BF12390.ASC.CY22.PI.JANA.V1208 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC	
12553.4	Medicare contractors shall download and install the January 2022 ASC Code Pair file. FILENAME: MU00.@BF12390.ASC.CY22.CP.JANA.V1208 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC	
12553.5	Contractors and Common Working File (CWF) shall add Type of Service (TOS) F, as appropriate, for HCPCS included in attachment A, tables 1, 2, and 4 effective for services January 1, 2022 and later payable in the ASC setting.		X					X		
12553.6	Contractors and CWF, shall end date the CY 2021 HCPCS/CPT codes in table 5, and as appropriate, in		X					X		

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	
	table 3 in their systems, effective December 31, 2021.									
12553.7	CWF, as appropriate, shall remove the TOS F records for the CY 2021 HCPCS/CPT codes in tables 3 and 5, effective December 31, 2021.								X	
12553.8	If released by CMS, Medicare contractors shall download and install the revised October 2021 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY21.DRUG.OCTB.V1217 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
12553.8.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service October 1, 2021 - December 31, 2021 and; 2) Were originally processed prior to the installation of the revised October 2021 ASC DRUG File.		X							
12553.9	If released by CMS, Medicare contractors shall download and install the revised July 2021 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY21.DRUG.JULC.V1217 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
12553.9.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service July 1, 2021 - October 31, 2021 and;		X							

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	
	2) Were originally processed prior to the installation of the revised July 2021 ASC DRUG File.								
12553.10	If released by CMS, Medicare contractors shall download and install the revised April 2021 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY21.DRUG.APRD.V1217 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC
12553.10.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service April 1, 2021 - June 30, 2021 and; 2) Were originally processed prior to the installation of the revised April 2021 ASC DRUG File.		X						
12553.11	If released by CMS, Medicare contractors shall download and install the revised January 2021 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY21.DRUG.JANE.V1217 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X						VDC
12553.11.1	Medicare contractors shall adjust as appropriate claims brought to their attention that:		X						

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	
	1) Have dates of service January 1, 2021 - March 31, 2021 and; 2) Were originally processed prior to the installation of the revised January 2021 ASC DRUG File.									
12553.12	Contractors shall make January 2022 ASCFS fee data for their ASC payment localities available on their web sites.		X							
12553.13	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 MAC			D M E M A C	C E D I	C E D I	C E D I	C E D I
		A	B	H H H					
12553.14	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:
1,3,4,5	Attachment A: POLICY SECTION TABLES

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

V. CONTACTS

Pre-Implementation Contact(s): Chuck Braver, 410-786-6719 or chuck.braver@cms.hhs.gov (ASC Payment Policy) , Yvette Cousar, 410-786-2160 or 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 Codes Effective January 1, 2022

HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
C1832	Autograft suspension, including cell processing and application	Auto cell process sys	J7
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Cardiac monitor sys	J7

Table 2 - Surgical Procedures Finalized For Retention On The List Of ASC Covered Surgical Procedures For CY 2022

HCPCS Code	Long Descriptor	ASC PI
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	G2
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., fowler-stephens)	G2
27412	Autologous chondrocyte implantation, knee	J8
60512	Parathyroid autotransplantation (list separately in addition to code for primary procedure)	N1*
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	A2
28005	Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot	A2

NOTE: ASC PI=N1 is a packaged procedure and is not separately billed by ASCs

Table 3 - 255 Surgical Procedures Finalized For Removal From The List Of ASC Covered Surgical Procedures For CY 2022

HCPCS Code	Long Descriptor	ASC PI
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	X5
20100	Exploration of penetrating wound (separate procedure); neck	X5
20101	Exploration of penetrating wound (separate procedure); chest	X5
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	X5
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	X5
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (e.g., locally aggressive or destructive lesion[s])	X5
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	X5
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	X5
21193	Reconstruction of mandibular rami, horizontal, vertical, c, or l osteotomy; without bone graft	X5
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	X5
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)	X5
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	X5

HCCPS Code	Long Descriptor	ASC PI
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	X5
21346	Open treatment of nasomaxillary complex fracture (Iefort ii type); with wiring and/or local fixation	X5
21385	Open treatment of orbital floor blowout fracture; transantral approach (caldwell-luc type operation)	X5
21386	Open treatment of orbital floor blowout fracture; periorbital approach	X5
21387	Open treatment of orbital floor blowout fracture; combined approach	X5
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	X5
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	X5
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	X5
21601	Excision of chest wall tumor including rib(s)	X5
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracoscopy	X5
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy	X5
22100	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	X5
22101	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	X5
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	X5
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	X5

HCPCS Code	Long Descriptor	ASC PI
24150	Radical resection of tumor, shaft or distal humerus	X5
24935	Stump elongation, upper extremity	X5
25170	Radical resection of tumor, radius or ulna	X5
25909	Amputation, forearm, through radius and ulna; re-amputation	X5
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	X5
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (e.g., gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	X5
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (e.g., gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	X5
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (heyman type procedure)	X5
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	X5
27477	Arrest, epiphyseal, any method (e.g., epiphysiodesis); tibia and fibula, proximal	X5
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (e.g., genu varus or valgus)	X5
27722	Repair of nonunion or malunion, tibia; with sliding graft	X5
28360	Reconstruction, cleft foot	X5
28805	Amputation, foot; transmetatarsal	X5
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	X5
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	X5
31292	Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	X5

HCPSC Code	Long Descriptor	ASC PI
31293	Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	X5
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	X5
31584	Laryngoplasty; with open reduction and fixation of (e.g., plating) fracture, includes tracheostomy, if performed	X5
31587	Laryngoplasty, cricoid split, without graft placement	X5
31600	Tracheostomy, planned (separate procedure);	X5
31601	Tracheostomy, planned (separate procedure); younger than 2 years	X5
31610	Tracheostomy, fenestration procedure with skin flaps	X5
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	X5
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	X5
31785	Excision of tracheal tumor or carcinoma; cervical	X5
32551	Tube thoracostomy, includes connection to drainage system (e.g., water seal), when performed, open (separate procedure)	X5
32560	Instillation, via chest tube/catheter, agent for pleurodesis (e.g., talc for recurrent or persistent pneumothorax)	X5
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (e.g., fibrinolytic agent for break-up of multiloculated effusion); initial day	X5
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (e.g., fibrinolytic agent for break-up of multiloculated effusion); subsequent day	X5
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	X5
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	X5

HCCPS Code	Long Descriptor	ASC PI
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	X5
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral	X5
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral	X5
32609	Thoracoscopy; with biopsy(ies) of pleura	X5
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	X5
33272	Removal of subcutaneous implantable defibrillator electrode	X5
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	X5
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	X5
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	X5
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	X5
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	X5
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	X5
34501	Valvuloplasty, femoral vein	X5
34510	Venous valve transposition, any vein donor	X5
34520	Cross-over vein graft to venous system	X5
34530	Saphenopopliteal vein anastomosis	X5

HCPSC Code	Long Descriptor	ASC PI
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	X5
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	X5
35180	Repair, congenital arteriovenous fistula; head and neck	X5
35184	Repair, congenital arteriovenous fistula; extremities	X5
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	X5
35201	Repair blood vessel, direct; neck	X5
35206	Repair blood vessel, direct; upper extremity	X5
35226	Repair blood vessel, direct; lower extremity	X5
35231	Repair blood vessel with vein graft; neck	X5
35236	Repair blood vessel with vein graft; upper extremity	X5
35256	Repair blood vessel with vein graft; lower extremity	X5
35261	Repair blood vessel with graft other than vein; neck	X5
35266	Repair blood vessel with graft other than vein; upper extremity	X5
35286	Repair blood vessel with graft other than vein; lower extremity	X5
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	X5
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	X5
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	X5

HCCPS Code	Long Descriptor	ASC PI
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	X5
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (e.g., dacron, eptfe, bovine pericardium)	X5
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	X5
35903	Excision of infected graft; extremity	X5
36460	Transfusion, intrauterine, fetal	X5
36838	Distal revascularization and interval ligation (dril), upper extremity hemodialysis access (steal syndrome)	X5
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)	X5
37191	Insertion 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	X5
37192	Repositioning 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	X5
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	X5
37195	Thrombolysis, cerebral, by intravenous infusion	X5

HCPSC Code	Long Descriptor	ASC PI
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	X5
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	X5
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	X5
37565	Ligation, internal jugular vein	X5
37600	Ligation; external carotid artery	X5
37605	Ligation; internal or common carotid artery	X5
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with selverstone or crutchfield clamp	X5
37615	Ligation, major artery (e.g., post-traumatic, rupture); neck	X5
37619	Ligation of inferior vena cava	X5
38120	Laparoscopy, surgical, splenectomy	X5
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	X5
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	X5
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	X5

HCCPS Code	Long Descriptor	ASC PI
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	X5
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	X5
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	X5
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	X5
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	X5
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	X5
38240	Hematopoietic progenitor cell (hpc); allogeneic transplantation per donor	X5
38531	Biopsy or excision of lymph node(s); open, inguino-femoral node(s)	X5
38720	Cervical lymphadenectomy (complete)	X5
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (e.g., lymphoma), when performed	X5
39402	Mediastinoscopy; with lymph node biopsy(ies) (e.g., lung cancer staging)	X5
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	X5
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (e.g., tongue, buccal)	X5
43020	Esophagotomy, cervical approach, with removal of foreign body	X5
43280	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., nissen, toupet procedures)	X5

HCCPS Code	Long Descriptor	ASC PI
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	X5
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	X5
43420	Closure of esophagostomy or fistula; cervical approach	X5
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (e.g., celestin or mousseaux-barbin)	X5
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	X5
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	X5
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	X5
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	X5
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (e.g., gastric band and subcutaneous port components)	X5
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	X5
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	X5
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	X5
43830	Gastrostomy, open; without construction of gastric tube (e.g., stamm procedure) (separate procedure)	X5
43831	Gastrostomy, open; neonatal, for feeding	X5
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	X5

HCPCS Code	Long Descriptor	ASC PI
44186	Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding)	X5
44950	Appendectomy;	X5
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (list separately in addition to code for primary procedure)	X5
44970	Laparoscopy, surgical, appendectomy	X5
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	X5
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	X5
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	X5
49185	Sclerotherapy of a fluid collection (e.g., lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (e.g., ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	X5
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	X5
49405	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g., kidney, liver, spleen, lung/mediastinum), percutaneous	X5
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	X5
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	X5
50020	Drainage of perirenal or renal abscess, open	X5
50541	Laparoscopy, surgical; ablation of renal cysts	X5

HCCPS Code	Long Descriptor	ASC PI
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	X5
50543	Laparoscopy, surgical; partial nephrectomy	X5
50544	Laparoscopy, surgical; pyeloplasty	X5
50945	Laparoscopy, surgical; ureterolithotomy	X5
51060	Transvesical ureterolithotomy	X5
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., stamey, raz, modified pereyra)	X5
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	X5
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	X5
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (e.g., postsurgical obstruction, scarring)	X5
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	X5
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	X5
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	X5
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	X5
54535	Orchiectomy, radical, for tumor; with abdominal exploration	X5
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	X5

HCCPS Code	Long Descriptor	ASC PI
55970	Intersex surgery; male to female	X5
55980	Intersex surgery; female to male	X5
57106	Vaginectomy, partial removal of vaginal wall;	X5
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	X5
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	X5
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	X5
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	X5
57292	Construction of artificial vagina; with graft	X5
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	X5
57335	Vaginoplasty for intersex state	X5
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	X5
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	X5
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	X5
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	X5
58290	Vaginal hysterectomy, for uterus greater than 250 g;	X5
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	X5
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	X5

HCPCS Code	Long Descriptor	ASC PI
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	X5
58770	Salpingostomy (salpingoneostomy)	X5
58920	Wedge resection or bisection of ovary, unilateral or bilateral	X5
58925	Ovarian cystectomy, unilateral or bilateral	X5
59030	Fetal scalp blood sampling	X5
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	X5
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	X5
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	X5
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	X5
60271	Thyroidectomy, including substernal thyroid; cervical approach	X5
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	X5
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	X5
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	X5
61626	Transcatheter permanent occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	X5

HCPCS Code	Long Descriptor	ASC PI
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	X5
62000	Elevation of depressed skull fracture; simple, extradural	X5
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	X5
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; sacral	X5
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (gill type procedure)	X5
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical	X5
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic	X5
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar	X5
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	X5
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	X5

HCCPS Code	Long Descriptor	ASC PI
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure)	X5
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure)	X5
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)	X5
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (e.g., herniated intervertebral disc), thoracic; single segment	X5
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (e.g., herniated intervertebral disc), thoracic; each additional segment (list separately in addition to code for primary procedure)	X5
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	X5
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)	X5
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	X5
64804	Sympathectomy, cervicothoracic	X5
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	X5
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	X5

HCPCS Code	Long Descriptor	ASC PI
69955	Total facial nerve decompression and/or repair (may include graft)	X5
69960	Decompression internal auditory canal	X5
69970	Removal of tumor, temporal bone	X5
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	X5
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	X5
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	X5
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	X5
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	X5
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	X5

HCPCS Code	Long Descriptor	ASC PI
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	X5
C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	X5
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (i.e., tems), including muscularis propria (i.e., full thickness)	X5
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	X5
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	X5
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (egj), with implantation of pulse generator, includes programming	X5
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	D5
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	D5

HCPCS Code	Long Descriptor	ASC PI
0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	D5
0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	D5
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	D5
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion	X5
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	X5
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	X5
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	X5
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	X5
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	X5
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	X5

Table 4. – Newly Established HCPCS Codes for Drugs and Biologicals of January 1, 2022

New HCPCS Code	Long Descriptor	Short Descriptor	SI
A9595	Piflufolastat f-18, diagnostic, 1 millicurie	Piflu f-18, dia 1 millicurie	K2
C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	Inj avalglucosid alfa-ngpt	K2
C9086	Injection, anifrolumab-fnia, 1 mg	Inj, anifrolumab-fnia	K2
C9087	Injection, cyclophosphamide, (auromedics), 10 mg	Inj cyclophosphamd auromedic	K2
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	Instill, bupivac and meloxic	K2
C9089	Bupivacaine, collagen-matrix implant, 1 mg	Bupivacaine implant, 1 mg	K2
J0172	Injection, aducanumab-avwa, 2 mg	Inj, aducanumab-avwa, 2 mg	K2
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Inj pegfilgrast ex bio 0.5mg	K2
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Inj, aspara, rylaze, 0.1 mg	K2
J9061	Injection, amivantamab-vmjw, 2 mg	Inj, amivantamab-vmjw	K2
J9272	Injection, dostarlimab-gxly, 10 mg	Inj, dostarlimab-gxly, 10 mg	K2

Table 5. – HCPCS Codes for Drugs and Biologicals Deleted as of January 1, 2022

HCPCS Code	Long Descriptor	ASC PI
C9082	Injection, dostarlimab-gxly, 100 mg	D5
C9083	Injection, amivantamab-vmjw, 10 mg	D5
J2505	Injection, pegfilgrastim, 6 mg	D5

Table 6. – New Skin Substitute Product Low Cost Group/High Cost Group Assignment Effective January 1, 2022

HCPCS Code	Short Descriptor	ASC PI	Low/High Cost Skin Substitute
Q4199	Cygnus matrix, per sq cm	N1	Low

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 7. – Skin Substitute Assignments to High Cost and Low Cost Groups for CY 2022

HCPCS Code	Short Descriptor	ASC PI	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
C1849	Skin substitute, synthetic	N1	High	High
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

HCP Code	Short Descriptor	ASC PI	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
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, awm, porous sq cm	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	Low
Q4135	Mediskin	N1	Low	Low
Q4136	Ezderm	N1	Low	Low
Q4137	Amnioexcel biodexcel, 1 sq cm	N1	High	High

HPCPS Code	Short Descriptor	ASC PI	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
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 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	Demapure 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, kerasorb sq cm	N1	Low	Low

HCP Code	Short Descriptor	ASC PI	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4166	Cytal, per square centimeter	N1	Low	Low
Q4167	Truskin, per sq centimeter	N1	Low	High
Q4169	Artacent wound, per sq cm	N1	High	High
Q4170	Cygnus, per sq cm	N1	Low	Low
Q4173	Palingen or palingen xplus	N1	High	High
Q4175	Miroderm	N1	High	High
Q4176	Neopatch or therion, 1 sq cm	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	Low	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	Low	High
Q4190	Artacent ac 1 sq cm	N1	Low	High
Q4191	Restorigin 1 sq cm	N1	Low	Low
Q4193	Coll-e-derm 1 sq cm	N1	Low	High
Q4194	Novachor 1 sq cm	N1	High	High

HCPCS Code	Short Descriptor	ASC PI	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4195	Puraply 1 sq cm	N1	High	High
Q4196	Puraply am 1 sq cm	N1	High	High
Q4197	Puraply xt 1 sq cm	N1	High	High
Q4198	Genesis amnio membrane 1 sqcm	N1	Low	High
Q4199	Cygnus matrix, per sq cm	N1	N/A	Low
Q4200	Skin te 1 sq cm	N1	Low	High
Q4201	Matrion 1 sq cm	N1	Low	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	Low	High
Q4210	AxotlI graf dualgraf sq cm	N1	Low	Low
Q4211	Amnion bio or axobio sq cm	N1	Low	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	Low
Q4218	Surgicord per sq cm	N1	Low	Low
Q4219	Surgigraft dual per sq cm	N1	Low	High
Q4220	Bellacell hd, surederm sq cm	N1	Low	Low
Q4221	Amniowrap2 per sq cm	N1	Low	Low

HCPCS Code	Short Descriptor	ASC PI	CY 2021 High/Low Cost Assignment	Final CY 2022 High/Low Cost Assignment
Q4222	Progenamatrix, per sq cm	N1	Low	High
Q4226	Myown harv prep proc sq cm	N1	High	High
Q4227	Amniocore per sq cm	N1	Low	High
Q4229	Cogenex amnio memb per sq cm	N1	Low	Low
Q4232	Corplex, per sq cm	N1	Low	High
Q4234	Xcellerate, per sq cm	N1	High	High
Q4235	Amniorepair or altiplly sq cm	N1	Low	Low
Q4237	Cryo-cord, per sq cm	N1	Low	High
Q4238	Derm-maxx, per sq cm	N1	Low	High
Q4239	Amnio-maxx or lite per sq cm	N1	Low	High
Q4247	Amniotext patch, per sq cm	N1	Low	Low
Q4248	Dermacyte amn mem allo sq cm	N1	Low	Low
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	Low
Q4255	Reguard, topical use per sq	N1	Low	Low

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 8. Correction to the Long Descriptor for HCPCS J1443 effective October 1, 2021

HCPCS Code	Correct Long Descriptor effective October 1, 2021
J1443	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron