

<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:12816</b>	<b>Date: August 29, 2024</b>
	<b>Change Request 13784</b>

**SUBJECT: October 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to describe changes to and billing instructions for various payment policies implemented in the October 2024 Outpatient Prospective Payment System (OPPS) update. The October 2024 Integrated Outpatient Code Editor (I/OCE) will reflect the Healthcare Common Procedure Coding System (HCPCS), Ambulatory Payment Classification (APC), HCPCS Modifier, and Revenue Code additions, changes, and deletions identified in this Change Request (CR). This Recurring Update Notification applies to Chapter 4, section 50.8 (Annual Updates to the OPPS Pricer for Calendar Year (CY) 2007 and Later).

**EFFECTIVE DATE: October 1, 2024**

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

**IMPLEMENTATION DATE: October 7, 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

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## **II. GENERAL INFORMATION**

**A. Background:** The purpose of this Change Request (CR) is to describe changes to and billing instructions for various payment policies implemented in the October 2024 Outpatient Prospective Payment System (OPPS) update.

This Recurring Update Notification (RUN) provides instructions on coding changes and policy updates that are effective October 1, 2024, for the Hospital OPPS. The updates include coding and policy changes for new PLA codes, new services, pass-through drug and devices, and other items and services. The October 2024 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming October 2024 I/OCE CR.

### **B. Policy: 1. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective October 1, 2024**

The AMA CPT Editorial Panel established 45 new PLA codes, specifically, CPT codes 0476U through 0520U, effective October 1, 2024.

Table 1, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the October 2024 I/OCE with an effective date of October 1, 2024. In addition, the codes, along with their short descriptors and status indicators, are listed in the October 2024 OPPS Addendum B that is posted on the CMS website. For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2024 OPPS/ASC final rule for the latest definitions.

### **2. Multianalyte Assays with Algorithmic Analyses (MAAA) CPT Coding Change Retroactive to July 1, 2024**

The AMA CPT Editorial Panel established one new MAAA code, specifically, 0020M, effective July 1, 2024. Since it was too late to add this change to the July 2024 I/OCE Update, we are adding it to the October 2024 I/OCE Update retroactive to July 1, 2024. Table 2, attachment A, lists the long descriptor and SI for CPT code 0020M. In addition, the code, along with its short descriptor and status indicator, is listed in the October 2024 OPPS Addendum B that is posted on the CMS website. For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2024 OPPS/ASC final rule for the latest definitions.

### **3. OPSS Device Pass-through**

#### **a. New Device Pass-Through Categories Effective October 1, 2024**

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

We note that we preliminarily approved one new device for pass-through status under the OPSS with an effective date of October 1, 2024, specifically, HCPCS code C8000. We note that HCPCS code C8000 was preliminarily approved as part of the device pass-through quarterly review process. The device application associated with HCPCS code C8000 will be included and discussed in the CY 2026 OPSS/ASC proposed and final rules. Refer to Table 3A attachment A, for the long descriptor, status indicator and APC for this HCPCS code.

Furthermore, we are adding this new device category code and its pass-through expiration date to Table 4, attachment A. Refer to Table 4 for the complete list of device category HCPCS codes and definitions used for present and previous transitional pass-through payment.

#### **b. Clarification for Existing Device Pass-through Categories C1601, C1747 and C1606**

As discussed in section IV.A.2. New Device Pass-Through Applications for CY 2024 of the CY 2024 OPSS/ASC final rule with comment period, we approved HCPCS code C1601 (Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)), as a new device category for pass-through status under the OPSS, with an effective date of January 1, 2024. For the full discussion on the criteria used to evaluate device pass-through applications, refer to the CY 2024 OPSS/ASC final rule with comment period, which was published in the **Federal Register** on November 22, 2023 (88 FR 81729 through 81743). We note that HCPCS code C1601 was established for a bronchoscope that can only be used for a single procedure and cannot be reprocessed. As such, HCPCS code C1601 only describes devices that cannot be reprocessed.

In addition, as discussed in section IV.A.2. New Device Pass-Through Applications for CY 2023 of the CY 2023 OPSS/ASC final rule with comment period, we approved HCPCS code C1747 (Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)), as a new device category for pass-through status under the OPSS, with an effective date of January 1, 2023. For the full discussion on the criteria used to evaluate device pass-through applications, refer to the CY 2023 OPSS/ASC final rule with comment period, which was published in the **Federal Register** on November 23, 2022 (87 FR 71929 through 71934). We note that HCPCS code C1747 was established for a ureteroscope that can only be used for a single procedure and cannot be reprocessed. As such, HCPCS code C1747 only describes devices that cannot be reprocessed.

Finally, we preliminarily approved HCPCS code C1606 (Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope) upon quarterly review under the alternative pathway with an effective of July 1, 2024. The device application associated with HCPCS code C1606 will be included and discussed in the CY 2025 OPSS/ASC proposed and final rules. We note that HCPCS code C1606 was established for an adapter for attaching an ultrasound system to an upper gastrointestinal endoscope that can only be used for a single procedure and cannot be reprocessed. As such, HCPCS code C1606 only describes devices that cannot be reprocessed.

#### **c. Updates for Device Offset Amounts to an Existing Device Code C1605**

Section 1833(t)(6)(D)(ii) of the Act requires that we deduct from pass-through payments for devices an amount that reflects the device portion of the 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.

We note that effective July 1, 2024, we are pairing CPT codes 0795T and 0801T to be billed with HCPCS code C1605, as listed in the “July 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)”, Change Request 13632, Transmittal 12665, dated May 31, 2024.

We note that the device offset amounts for the CPT codes that are paired with HCPCS code C1605 are being updated to \$5,755.26, retroactively effective July 1, 2024.

#### **d. Expiring Pass-through Status for Device Category HCPCS Code C1831 Effective October 1, 2024**

As specified in section 1833(t)(6)(B) of the Social Security Act, under the OPSS, categories of devices are eligible for transitional pass-through payments for at least two, but not more than three years. For the October 2024 update, the pass-through status period for one device category, specifically, HCPCS code C1831, will expire on September 30, 2024. We note this device category HCPCS code will remain active; however, its payment will be included in the primary service. Refer to Table 3B, attachment A and Table 4 for the long descriptor associated with HCPCS code C1831.

As a reminder, for OPSS billing, because charges related to packaged services are used for outlier and future rate setting, hospitals are advised to report the device category HCPCS codes on the claim whenever they are provided in the HOPD setting. As we state in Chapter 4 of the Medicare Claims Processing Manual, specifically, section 10.4, it is extremely important that hospitals report all HCPCS codes consistent with their descriptors, CPT and/or CMS instructions, and correct coding principles, as well as all charges for all services they furnish, whether payment for the services is made separately or is packaged.

For the entire list of current and historical device category codes created since August 1, 2000, which is the implementation date of the hospital OPSS, refer to Table 4. We note this list can also be found in Chapter 4 of the Medicare Claims Processing Manual (Pub.100-04), specifically, Section 60.4.2 (Complete List of Device Pass-through Category Codes).

#### **4. Status Indicator Changes for CPT Codes 0604T, 0605T, and 0606T**

For the July 1, 2020 update, the AMA’s CPT Editorial Panel established CPT codes 0604T, 0605T, and 0606T, to describe patient-initiated remote retinal optical coherence tomography (OCT) scans. Based on our review, the device associated with these codes has not received full FDA approval. In addition, based on our analysis of OPSS claims, we have not received any claims for CPT 0604T, 0605T, and 06056T since the codes were effective on July 1, 2020.

Because the device associated with the codes has not received full FDA approval, and we have no claims data, we are revising the status indicator for CPT codes 0604T, 0605T, and 0606T to “E1” (not covered/not payable) effective October 1, 2024. Table 5, attachment A, list the long descriptors and OPSS SIs for the codes. In addition, these codes, along with their short descriptors and status indicators are also listed in the October 2024 OPSS Addendum B that is posted on the CMS website. For the complete list of OPSS status indicators and associated definitions, refer to OPSS Addendum D1 of the CY 2024 Outpatient Prospective Payment System (OPSS)/Ambulatory Surgical Center (ASC) final rule.

#### **5. Status Indicator Change for CPT Code 0737T (Xenograft implantation into the articular surface) Retroactive to July 1, 2024**

For the July 1, 2022 update, the CPT Editorial Panel established CPT code 0737T to describe xenograft implantation for use in cartilage and osteochondral defects in joints. Since July 1, 2022, CPT code 0737T has been assigned to status indicator “E1” (Not paid by Medicare when submitted on outpatient claims (any outpatient bill type)) to indicate that the code was not payable under the OPSS . The device associated with

this code (Agili-CTM) is now available, and the procedure is separately payable under OPSS. Specifically, CPT code 0737T is assigned to status indicator “J1” (Hospital Part B Services Paid Through a Comprehensive APC; Paid under OPSS) and APC 5115 (Level 5 Musculoskeletal Procedures) effective July 1, 2024. This CPT code has been added to the October 2024 I/OCE update effective July 1, 2024.

Table 6, attachment A, lists the official long descriptor, status indicator, and APC assignment for CPT code 0737T. This code, along with its short descriptor, status indicator, and payment rate is also listed in the October 2024 OPSS Addendum B that is posted on the CMS website. For information on the OPSS status indicators, refer to OPSS Addendum D1 of the CY 2024 Outpatient Prospective Payment System (OPSS)/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

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

### **a. New CY 2024 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective October 1, 2024**

Four (4) new HCPCS codes have been created for reporting drugs and biologicals in the hospital outpatient setting, where there have not previously been specific codes available. These drugs and biologicals will receive drug pass-through status starting October 1, 2024. These HCPCS codes are listed in Table 7, attachment A.

### **b. Existing HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status as of October 1, 2024**

There are six (6) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status start on October 1, 2024. These HCPCS codes are listed in Table 8, attachment A. Therefore, effective October 1, 2024, the status indicator for these codes is changing to status indicator = “G.”

### **c. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending on September 30, 2024**

There are six (6) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on September 30, 2024. These HCPCS codes are listed in Table 9, attachment A. Therefore, effective October 1, 2024, the status indicator for these codes is changing from “G” to “K.” For more information on OPSS status indicators, refer to OPSS Addendum D1 of the CY 2024 OPSS/ASC final rule for the latest definition. These codes, along with their short descriptors and status indicators are also listed in the October 1, 2024 Update of the OPSS Addendum B.

### **d. Newly Established HCPCS Codes for Drug, Biological, and Radiopharmaceutical as of July 2, 2024**

One (1) new drug, biological, and radiopharmaceutical HCPCS code has been established on July 2, 2024. This HCPCS code is listed in Table 10, attachment A.

### **e. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of October 1, 2024**

Thirty-four (34) new drug, biological, and radiopharmaceutical HCPCS codes will be established on October 1, 2024. These HCPCS codes are listed in Table 11, attachment A.

### **f. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of September 30, 2024**

Five (5) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on September 30, 2024. These HCPCS codes are listed in Table 12, attachment A.

## **g. HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Status**

Two (2) drug, biological, radiopharmaceutical, vaccine HCPCS codes are changing payment status and are listed in Table 13, attachment A. Please note that it was too late to change the status indicator for the HCPCS code J9074 from status indicator “E2” to status indicator “K”, APC 0785, in the July 2024 I/OCE Update, due to the operational timelines; and therefore, we are including this change in the October 2024 I/OCE Update retroactive to July 1, 2024.

We are also changing the status indicator for CPT code 90683 from status indicator “E1” to status indicator “M”. The effective date of this change for CPT code 90683 is retroactive to May 31, 2024.

## **h. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of October 1, 2024**

Six (6) drug, biological, and radiopharmaceutical HCPCS codes have had a substantial descriptor change as of October 1, 2024. These HCPCS codes are listed in Table 14, attachment A. Please note that the descriptor changes for Q5016, Q5017, Q5018 are effective September 15, 2024

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

For CY 2024, payment for the majority of nonpass-through drugs, biologicals, and therapeutic radiopharmaceuticals is made at a single rate of ASP + 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars.) In CY 2024, a single payment of ASP plus 6 percent for pass-through drugs, biologicals, and radiopharmaceuticals is made to provide payment for both the acquisition cost and pharmacy overhead costs of these pass-through items (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs will be updated on a quarterly basis as later quarter ASP submissions become available. Effective October 1, 2024, payment rates for many drugs and biologicals have changed from the values published in the CY 2024 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the second quarter of CY 2024. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the October 2024 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the October 2024 update of the OPPS. However, the updated payment rates effective October 1, 2024, can be found in the October 2024 update of the OPPS Addendum A and Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

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

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

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

## **7. 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 Skin Substitute Products as of October 1, 2024**

There are twelve (12) new skin substitute HCPCS codes that will be active as of October 1, 2024. These HCPCS codes are listed in Table 15, attachment A.

**b. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of October 1, 2024**

There is four (4) skin substitute HCPCS code that will be reassigned from the low cost skin substitute group to the high cost skin substitute group as of October 1, 2024. The codes are listed in Table 16, attachment A.

**8. Blood Products**

**a. New Blood Product Effective October 1, 2024.**

There is one (1) new blood product HCPCS code effective October 1, 2024. It will be assigned to SI=R (Blood and Blood products. Separate APC payment under OPSS), and APC 9541. Because it was too late to add HCPCS code P9027 to the October 2024 I/OCE due to operational timelines, it will be added to the January 2025 I/OCE. The code is listed in Table 17, attachment A.

**9. Coverage Determinations**

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

**III. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility								
		A/B MAC			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	
13784.1	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the October 2024 OPSS I/OCE.	X		X						
13784.2	A/B MACs (A) shall suspend institutional outpatient claims with HCPCS code P9027 that have a Line-Item Date of Service (LIDOS) on or after 10/01/2024 so that they can apply the IOCE bypass as needed until the issue is corrected in the January 2025 IOCE quarterly release. Apply the IOCE bypass MAP103N screen to claim lines with HCPCS code P9027 until each code is updated in the IOCE:	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			
	BP1 BP2 BP3 BP4 APC FLAG 1* 2 3 4 5 6 7 8 006 09541 R 1 1 0 00 Z 00											

**IV. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13784.3	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		X		

**V. SUPPORTING INFORMATION**

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

**VI. CONTACTS**

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

**VII. FUNDING**

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

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

**ATTACHMENTS: 1**

## Attachment A – Tables for the Policy Section

**Table 1. – PLA Coding Changes Effective October 1, 2024**

CPT Code	Long Descriptor	OPPS SI
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	A
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	A
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	A
0479U	Tau, phosphorylated, pTau217	Q4
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	Q4
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	A
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fmslike tyrosine kinase 1 (sFlt-1) and placental growth factor (PIGF), serum, ratio reported for sFlt1/PIGF, with risk of progression	Q4

	for preeclampsia with severe features within 2 weeks	
0483U	Infectious disease ( <i>Neisseria gonorrhoeae</i> ), sensitivity, ciprofloxacin resistance ( <i>gyrA</i> S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	Q4
0484U	Infectious disease ( <i>Mycoplasma genitalium</i> ), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	Q4
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	A
0486U	Oncology (pan-solid tumor), nextgeneration sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	A
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidycorrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	A
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cellfree DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	E1
0489U	Obstetrics (single-gene noninvasive prenatal test), cellfree DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	E1

0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	Q4
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	Q4
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood	Q4
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	A
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	A
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	Q4
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	A
0497U	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 6 genes (FOXN1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-	A

	embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	
0498U	Oncology (colorectal), nextgeneration sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	A
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffinembedded (FFPE) tissue, nextgeneration sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	A
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.1189_118-2del, S56F, S621C)	A
0501U	Oncology (colorectal), blood, quantitative measurement of cellfree DNA (cfDNA)	E1
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	Q4
0503U	Neurology (Alzheimer disease), beta amyloid (A $\beta$ 40, A $\beta$ 42, A $\beta$ 42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	Q4
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, realtime PCR, reported as positive or negative for each organism	Q4
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	Q4
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	A

0507U	Oncology (ovarian), DNA, wholegenome sequencing with 5hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	A
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 singlenucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cellfree DNA with risk for active rejection	A
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	A
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA wholetranscriptome data, reported as probability of predicted molecular subtype	Q4
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Q4
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffinembedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	Q4
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalinixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	Q4
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter ( $\mu\text{g}/\text{mL}$ )	Q4
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in	Q4

	patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (µg/mL)	
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	A
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	Q4
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	Q4
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	Q4
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LCMS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	Q4

**Table 2. – MAAA CPT Coding Change Retroactive to July 1, 2024**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>OPPS SI</b>
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	A

**Table 3A. -- Device Pass-Through Category HCPCS Code**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	H	2049

Device category HCPCS code C8000 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2024 Device Offset Amount
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	J1	5184	\$0.00
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	J1	5184	\$0.00
36820	Arteriovenous anastomosis, open; by forearm vein transposition	J1	5184	\$0.00
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	J1	5183	\$0.00
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft(separate procedure)	J1	5184	\$0.00
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	J1	5184	\$0.00

Device category HCPCS code C1605 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	Device Offset Amount
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	J1	5224	\$5,755.26
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	J1	5224	\$5,755.26

**Table 3B. -- Expiring Pass-through Status for Device Category HCPCS Code C1831 Effective October 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Device Pass-through Status Expiration Date</b>
C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	09/30/2024

**Table 4. -- List of Device Category HCPCS Codes and Definitions Used for Present and Previous Pass-Through Payment \*\*\***

	<b>HCPCS Codes</b>	<b>Category Long Descriptor</b>	<b>Date First Populated</b>	<b>Pass-Through Expiration Date***</b>
1.	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	08/01/2000	12/31/2002
2.	C1765	Adhesion barrier	10/01/00 – 3/31/2001;07/01/2001	12/31/2003
3.	C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	08/01/2000	12/31/2002
4.	L8690	Auditory osseointegrated device, includes all internal and external components	01/01/2007	12/31/2008
<b>5.</b>	<b>C1832</b>	<b>Autograft suspension, including cell processing and application, and all system components</b>	<b>01/01/2022</b>	<b>12/31/2024</b>
6.	C1715	Brachytherapy needle	08/01/2000	12/31/2002
7.	C1716	Brachytherapy source, non-stranded, Gold-198, per source	10/01/2000	12/31/2002
8.	C1717	Brachytherapy source, non-stranded, high dose rate Iridium-192, per source	01/01/2001	12/31/2002
9.	C1718	Brachytherapy source, Iodine 125, per source	08/01/2000	12/31/2002
10.	C1719	Brachytherapy source, non-stranded, non-high dose rate Iridium-192, per source	10/01/2000	12/31/2002
11.	C1720	Brachytherapy source, Palladium 103, per source	08/01/2000	12/31/2002
12.	C2616	Brachytherapy source, non-stranded, Yttrium-90, per source	01/01/2001	12/31/2002
13.	C2632	Brachytherapy solution, iodine – 125, per mCi	01/01/2003	12/31/2004
14.	C1721	Cardioverter-defibrillator, dual chamber (implantable)	08/01/2000	12/31/2002
15.	C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	08/01/2000	12/31/2002
16.	C1722	Cardioverter-defibrillator, single chamber (implantable)	08/01/2000	12/31/2002
17.	C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	07/01/2002	12/31/2004

18.	C1726	Catheter, balloon dilatation, non-vascular	08/01/2000	12/31/2002
19.	C1727	Catheter, balloon tissue dissector, non-vascular (insertable)	08/01/2000	12/31/2002
20.	C1728	Catheter, brachytherapy seed administration	01/01/2001	12/31/2002
21.	C1729	Catheter, drainage	10/01/2000	12/31/2002
22.	C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	08/01/2000	12/31/2002
23.	C1731	Catheter, electrophysiology, diagnostic, other than 3d mapping (20 or more electrodes)	08/01/2000	12/31/2002
24.	C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	08/01/2000	12/31/2002
25.	C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	08/01/2000	12/31/2002
26.	C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	10/01/2000	12/31/2002
27.	C1886	Catheter, extravascular tissue ablation, any modality (insertable)	01/01/2012	12/31/2013
28.	C1887	Catheter, guiding (may include infusion/perfusion capability)	08/01/2000	12/31/2002
29.	C1750	Catheter, hemodialysis/peritoneal, long-term	08/01/2000	12/31/2002
30.	C1752	Catheter, hemodialysis/peritoneal, short-term	08/01/2000	12/31/2002
31.	C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	08/01/2000	12/31/2002
32.	C1759	Catheter, intracardiac echocardiography	08/01/2000	12/31/2002
33.	C1754	Catheter, intradiscal	10/01/2000	12/31/2002
34.	C1755	Catheter, intraspinal	08/01/2000	12/31/2002
35.	C1753	Catheter, intravascular ultrasound	08/01/2000	12/31/2002
36.	C2628	Catheter, occlusion	10/01/2000	12/31/2002
37.	C1756	Catheter, pacing, transesophageal	10/01/2000	12/31/2002
38.	C2627	Catheter, suprapubic/cystoscopic	10/01/2000	12/31/2002
39.	C1757	Catheter, thrombectomy/embolectomy	08/01/2000	12/31/2002
40.	C2623	Catheter, transluminal angioplasty, drug-coated, non- laser	04/01/2015	12/31/2017
41.	C1885	Catheter, transluminal angioplasty, laser	10/01/2000	12/31/2002
42.	C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	08/01/2000	12/31/2002
43.	C1714	Catheter, transluminal atherectomy, directional	08/01/2000	12/31/2002
44.	C1724	Catheter, transluminal atherectomy, rotational	08/01/2000	12/31/2002
45.	C1761	Catheter, transluminal intravascular lithotripsy, coronary	07/01/2021	06/30/2024
46.	C1760	Closure device, vascular (implantable/insertable)	08/01/2000	12/31/2002
47.	L8614	Cochlear implant system	08/01/2000	12/31/2002
48.	C1762	Connective tissue, human (includes fascia lata)	08/01/2000	12/31/2002
49.	C1763	Connective tissue, non-human (includes synthetic)	10/01/2000	12/31/2002
50.	C1881	Dialysis access system (implantable)	08/01/2000	12/31/2002
51.	C1884	Embolization protective system	01/01/2003	12/31/2004

52.	C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	10/01/2010	12/31/2012
53.	C1748	Endoscope, single-use (i.e. disposable), Upper GI, imaging/illumination device (insertable)	07/01/2020	06/30/2023
54.	C1764	Event recorder, cardiac (implantable)	08/01/2000	12/31/2002
55.	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	01/01/2016	12/31/2017
56.	C1767*	Generator, neurostimulator (implantable), non- rechargeable	08/01/2000	12/31/2002
57.	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	01/01/2006	12/31/2007
58.	C1825	Generator, neurostimulator (implantable), non- rechargeable with carotid sinus baroreceptor stimulation lead(s)	01/01/2021	12/31/2023
59.	C1823	Generator, neurostimulator (implantable), nonrechargeable , with transvenous sensing and stimulation leads	01/01/2019	12/31/2022
60.	C1768	Graft, vascular	01/01/2001	12/31/2002
61.	C1769	Guide wire	08/01/2000	12/31/2002
62.	C1052	Hemostatic agent, gastrointestinal, topical	01/01/2021	12/31/2023
63.	C1770	Imaging coil, magnetic resonance (insertable)	01/01/2001	12/31/2002
64.	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	01/01/2015	12/31/2016
65.	C1891	Infusion pump, non-programmable, permanent (implantable)	08/01/2000	12/31/2002
66.	C2626	Infusion pump, non-programmable, temporary (implantable)	01/01/2001	12/31/2002
67.	C1772	Infusion pump, programmable (implantable)	10/01/2000	12/31/2002
68.	C1818	Integrated keratoprosthesis	07/01/2003	12/31/2005
69.	C1821	Interspinous process distraction device (implantable)	01/01/2007	12/31/2008
70.	C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	01/01/2021	12/31/2023
71.	C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	10/01/2000	12/31/2002
72.	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	01/01/2001	12/31/2002
73.	C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	01/01/2001	12/31/2002
74.	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	08/01/2000	12/31/2002
75.	C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	01/01/2001	12/31/2002
76.	C1776	Joint device (implantable)	10/01/2000	12/31/2002

77.	C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	08/01/2000	12/31/2002
78.	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	08/01/2000	12/31/2002
79.	C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	08/01/2000	12/31/2002
80.	C1900	Lead, left ventricular coronary venous system	07/01/2002	12/31/2004
81.	C1778	Lead, neurostimulator (implantable)	08/01/2000	12/31/2002
82.	C1897	Lead, neurostimulator test kit (implantable)	08/01/2000	12/31/2002
83.	C1898	Lead, pacemaker, other than transvenous VDD single pass	08/01/2000	12/31/2002
84.	C1779	Lead, pacemaker, transvenous VDD single pass	08/01/2000	12/31/2002
85.	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	01/01/2001	12/31/2002
86.	C1780	Lens, intraocular (new technology)	08/01/2000	12/31/2002
87.	C1840	Lens, intraocular (telescopic)	10/01/2011	12/31/2013
88.	C2613	Lung biopsy plug with delivery system	07/01/2015	12/31/2017
89.	C1878	Material for vocal cord medialization, synthetic (implantable)	10/01/2000	12/31/2002
90.	C1781	Mesh (implantable)	08/01/2000	12/31/2002
<b>91.</b>	<b>C1833</b>	<b>Monitor, cardiac, including intracardiac lead and all system components (implantable)</b>	<b>01/01/2022</b>	<b>12/31/2024</b>
92.	C1782	Morcellator	08/01/2000	12/31/2002
93.	C1784	Ocular device, intraoperative, detached retina	01/01/2001	12/31/2002
94.	C1783	Ocular implant, aqueous drainage assist device	07/01/2002	12/31/2004
95.	C2619	Pacemaker, dual chamber, non rate-responsive (implantable)	08/01/2000	12/31/2002
96.	C1785	Pacemaker, dual chamber, rate-responsive (implantable)	08/01/2000	12/31/2002
97.	C2621	Pacemaker, other than single or dual chamber (implantable)	01/01/2001	12/31/2002
98.	C2620	Pacemaker, single chamber, non rate-responsive (implantable)	08/01/2000	12/31/2002
99.	C1786	Pacemaker, single chamber, rate-responsive (implantable)	08/01/2000	12/31/2002
100.	C1787	Patient programmer, neurostimulator	08/01/2000	12/31/2002
101.	C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	10/01/2021	09/30/2024
102.	C1788	Port, indwelling (implantable)	08/01/2000	12/31/2002
103.	C1830	Powered bone marrow biopsy needle	10/01/2011	12/31/2013
104.	C2618	Probe, cryoablation	04/01/2001	12/31/2003
105.	C2614	Probe, percutaneous lumbar discectomy	01/01/2003	12/31/2004
106.	C1789	Prosthesis, breast (implantable)	10/01/2000	12/31/2002
107.	C1813	Prosthesis, penile, inflatable	08/01/2000	12/31/2002
108.	C2622	Prosthesis, penile, non-inflatable	10/01/2001	12/31/2002
109.	C1815	Prosthesis, urinary sphincter (implantable)	10/01/2000	12/31/2002

110.	C1816	Receiver and/or transmitter, neurostimulator (implantable)	08/01/2000	12/31/2002
111.	C1771	Repair device, urinary, incontinence, with sling graft	10/01/2000	12/31/2002
112.	C2631	Repair device, urinary, incontinence, without sling graft	08/01/2000	12/31/2002
113.	C1841	Retinal prosthesis, includes all internal and external components	10/01/2013	12/31/2015
114.	C1814	Retinal tamponade device, silicone oil	04/01/2003	12/31/2005
115.	C1773	Retrieval device, insertable	01/01/2001	12/31/2002
116.	C2615	Sealant, pulmonary, liquid (implantable)	01/01/2001	12/31/2002
117.	C1817	Septal defect implant system, intracardiac	08/01/2000	12/31/2002
118.	C1874	Stent, coated/covered, with delivery system	08/01/2000	12/31/2002
119.	C1875	Stent, coated/covered, without delivery system	08/01/2000	12/31/2002
120.	C1876	Stent, non-coated/non-covered, with delivery system	08/01/2000	12/31/2002
121.	C1877	Stent, non-coated/non-covered, without delivery system	08/01/2000	12/31/2002
122.	C2625	Stent, non-coronary, temporary, with delivery system	10/01/2000	12/31/2002
123.	C2617	Stent, non-coronary, temporary, without delivery system	10/01/2000	12/31/2002
124.	C1819	Tissue localization excision device	01/01/2004	12/31/2005
125.	C1879	Tissue marker (implantable)	08/01/2000	12/31/2002
126.	C1880	Vena cava filter	01/01/2001	12/31/2002
<b>127.</b>	<b>C1826</b>	<b>Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system</b>	<b>01/01/2023</b>	<b>12/31/2025</b>
<b>128.</b>	<b>C1827</b>	<b>Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller</b>	<b>01/01/2023</b>	<b>12/31/2025</b>
<b>129.</b>	<b>C1747</b>	<b>Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)</b>	<b>01/01/2023</b>	<b>12/31/2025</b>
130.	C1824^	Generator, cardiac contractility modulation (implantable)	01/01/2020	12/31/2023
131.	C1982^	Catheter, pressure-generating, one-way valve, intermittently occlusive	01/01/2020	12/31/2023
132.	C1839^	Iris prosthesis	01/01/2020	12/31/2023
133.	C1734^	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to-bone (implantable)	01/01/2020	12/31/2023
134.	C2596^	Probe, image-guided, robotic, waterjet ablation	01/01/2020	12/31/2023
<b>135.</b>	<b>C1600</b>	<b>Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>136.</b>	<b>C1601</b>	<b>Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>137.</b>	<b>C1602</b>	<b>Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>138.</b>	<b>C1603</b>	<b>Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)</b>	<b>01/01/2024</b>	<b>12/31/2026</b>
<b>139.</b>	<b>C1604</b>	<b>Graft, transmural transvenous arterial bypass (implantable), with all delivery system components</b>	<b>01/01/2024</b>	<b>12/31/2026</b>

<b>140.</b>	<b>C1605</b>	<b>Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation</b>	<b>07/01/2024</b>	<b>06/30/2027</b>
<b>141.</b>	<b>C1606</b>	<b>Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope</b>	<b>07/01/2024</b>	<b>06/30/2027</b>
<b>142.</b>	<b>C8000</b>	<b>Support device, extravascular, for arteriovenous fistula (implantable)</b>	<b>10/01/2024</b>	<b>09/30/2027</b>

**BOLD** codes are still actively receiving pass-through payment.

**\* Effective 1/1/06 C1767 descriptor was changed for succeeding claims. See CR 4250, Jan. 3, 2006 for details.**

**^ Sec. 4141. Extension of Pass-Through Status Under the Medicare Program for Certain Devices Impacted by COVID-19 of the Consolidated Appropriations Act, 2023 has extended pass-through status for a 1-year period beginning on January 1, 2023.**

**\*\*\* Although the pass-through payment status for device category codes has expired, these codes are still active and hospitals are still required to report the device category C-codes (except the brachytherapy source codes, which are separately paid under the OPPS) on claims when such devices are used in conjunction with procedures billed and paid under the OPPS**

**Table 5.— July 2024 and October 2024 OPPS APC and SI for CPT Codes 0604T, 0605T, and 0606T**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>July 2024 OPPS SI</b>	<b>July 2024 OPPS APC</b>	<b>Oct 2024 OPPS SI</b>	<b>Oct 2024 OPPS APC</b>
0604T	Optical coherence tomography (oct) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	V	5012	E1	N/A
0605T	Optical coherence tomography (oct) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	Q1	5741	E1	N/A
0606T	Optical coherence tomography (oct) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; review, interpretation and report by the prescribing physician or other	M		E1	N/A

	qualified health care professional of remote surveillance center data analyses, each 30 days				
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**Table 6. — OPPS Status Indicator and APC Assignment for CPT Code 0737T Effective July 1, 2024**

<b>CPT Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>	<b>CY 2024 OPPS APC Group Title</b>
0737T	Xenograft implantation into the articular surface	J1	5115	Level 5 Musculoskeletal Procedures

**Table 7. — New CY 2024 HCPCS Codes Effective October 1, 2024, for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective October 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>CY 2024 SI</b>	<b>CY 2024 APC</b>
C9169	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	G	0767
C9170	Injection, tarlatamab-dlle, 1 mg	G	0768
C9171	Injection, pegulicianine, 1 mg	G	0772
C9172	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	G	0773

**Table 8. — Existing CY 2024 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of October 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>July 2024 SI</b>	<b>October 2024 SI</b>	<b>October 2024 APC</b>
J1203	Injection, cipaglifosidase alfa-atga, 5 mg	K	G	0737
J1434	Injection, fosaprepitant (focinvez), 1 mg	K	G	0761
J9172	Injection, docetaxel (docivyx), 1 mg	E2	G	0757
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	K	G	0782
J9345	Injection, retifanlimab-dlwr, 1 mg	K	G	9280
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	E2	G	0786

**Table 9. – HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective September 30, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2024 Long Descriptor</b>	<b>July 2024 SI</b>	<b>October 2024 SI</b>	<b>October 2024 APC</b>
J1823	Injection, inebilizumab-cdon, 1 mg	G	K	9394
J2406	Injection, oritavancin (kimyrsa), 10 mg	G	K	9427
J9061	Injection, amivantamab-vmjw, 2 mg	G	K	9432
J9272	Injection, dostarlimab-gxly, 10 mg	G	K	9431
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	G	K	9205
Q2055	Idecabtagene vicleucel, up to 510 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	K	9422

**Table 10. – Newly Established HCPCS Code for Drug, Biological, and Radiopharmaceutical as of July 2, 2024**

<b>New HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>
J0175	Injection, donanemab-azbt, 2 mg	K	0765

**Table 11. – Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of October 1, 2024**

<b>New HCPCS Code</b>	<b>Old HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>
90684*		Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	L	N/A
90624		Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	E1	N/A
90695		Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	E1	N/A
A9610	C9150	Xenon xe-129 hyperpolarized gas, diagnostic, per study dose	N	N/A

C9169		Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	G	0767
C9170		Injection, tarlatamab-dlle, 1 mg	G	0768
C9171		Injection, pegulicianine, 1 mg	G	0772
C9172		Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	G	0773
J0138		Injection, acetaminophen 10 mg and ibuprofen 3 mg	N	N/A
J1171		Injection, hydromorphone, 0.1 mg	N	N/A
J1749		Injection, iloprost, 0.1 mcg	E2	N/A
J2002		Injection, lidocaine hcl in 5% dextrose, 1 mg	N	N/A
J2003		Injection, lidocaine hydrochloride, 1 mg	N	N/A
J2004		Injection, lidocaine hcl with epinephrine, 1 mg	N	N/A
J2252		Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg	N	N/A
J2253		Injection, midazolam (seizalam), 1 mg	N	N/A
J2601		Injection, vasopressin (baxter), 1 unit	K	0778
J8522		Capecitabine, oral, 50 mg	N	N/A
J8541		Dexamethasone (hemady), oral, 0.25 mg	N	N/A
J9329		Injection, tislelizumab-jsgr, 1mg	E2	N/A
Q4334		Amnioplast 1, per square centimeter	N	N/A
Q4335		Amnioplast 2, per square centimeter	N	N/A
Q4336		Artacent c, per square centimeter	N	N/A
Q4337		Artacent trident, per square centimeter	N	N/A
Q4338		Artacent velos, per square centimeter	N	N/A
Q4339		Artacent vericlen, per square centimeter	N	N/A
Q4340		Simpligraft, per square centimeter	N	N/A
Q4341		Simplimax, per square centimeter	N	N/A
Q4342		Theramend, per square centimeter	N	N/A
Q4343		Dermacyte ac matrix amniotic membrane allograft, per square centimeter	N	N/A
Q4344		Tri-membrane wrap, per square centimeter	N	N/A
Q4345		Matrix hd allograft dermis, per square centimeter	N	N/A
Q5135		Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	G	0784
Q5136		Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	E2	N/A

\*Effective date retroactive to June 27, 2024.

**Table 12. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of September 30, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Long Descriptor</b>	<b>CY 2024 SI</b>	<b>APC</b>
J1170	Injection, hydromorphone, up to 4 mg	D	N/A
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg	D	N/A
J8520	Capecitabine, oral, 150 mg	D	N/A
J8521	Capecitabine, oral, 500 mg	D	N/A
J9258	Injection, paclitaxel protein-bound particles (teva), not therapeutically equivalent to j9264, 1 mg	D	N/A

**Table 13. – HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status**

<b>CY 2024 HCPCS Code</b>	<b>Long Descriptor</b>	<b>July 2024 SI</b>	<b>July 2024 APC</b>	<b>October 2024 SI</b>	<b>October 2024 APC</b>	<b>Effective Date of SI Change</b>
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	E1	N/A	M	N/A	05/31/24
J9074	Injection, cyclophosphamide (sandoz), 5 mg	E2	N/A	K	0785	07/01/24

**Table 14. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of October 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>July 2024 Long Descriptor</b>	<b>October 2024 Long Descriptor</b>
A2024	Resolve matrix, per square centimeter	Resolve matrix or xenopatch, per square centimeter
J2251	Injection, midazolam hydrochloride (wg critical care), not therapeutically equivalent to j2250, per 1 mg	Injection, midazolam in 0.9% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg
J9172	Injection, docetaxel (ingenus), not therapeutically equivalent to j9171, 1 mg	Injection, docetaxel (docivyx), 1 mg
Q0516*	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 30-days	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 30-days

<b>CY 2024 HCPCS Code</b>	<b>July 2024 Long Descriptor</b>	<b>October 2024 Long Descriptor</b>
Q0517*	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 60-days	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 60-days
Q0518*	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription drug, per 90-days	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription oral drug, per 90-days

\* Represent changes effective September 15, 2024.

**Table 15. – New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective October 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>Long Descriptor</b>	<b>CY 2024 SI</b>	<b>Low/High Cost Skin Substitute</b>
Q4334	Amnioplast 1, per square centimeter	N	Low
Q4335	Amnioplast 2, per square centimeter	N	Low
Q4336	Artacent c, per square centimeter	N	Low
Q4337	Artacent trident, per square centimeter	N	Low
Q4338	Artacent velos, per square centimeter	N	Low
Q4339	Artacent vericlen, per square centimeter	N	Low
Q4340	Simpligraft, per square centimeter	N	Low
Q4341	Simplimax, per square centimeter	N	Low
Q4342	Theramend, per square centimeter	N	Low
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	N	Low
Q4344	Tri-membrane wrap, per square centimeter	N	Low
Q4345	Matrix hd allograft dermis, per square centimeter	N	Low

**Table 16. – Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of October 1, 2024**

<b>CY 2024 HCPCS Code</b>	<b>CY 2022 Short Descriptor</b>	<b>CY 2024 SI</b>	<b>Old Low/High Cost Skin Substitute Group</b>	<b>October 2024 Low/High Cost Skin Substitute Group</b>
Q4285	Nudyn dl or dl mesh pr sq cm	N	Low	High
Q4286	Nudyn sl or slw, per sq cm	N	Low	High
Q4319	Sanograft, per sq cm	N	Low	High
Q4320	Pellograft, per sq cm	N	Low	High

**Table 17. – New Blood Product Effective October 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>SI</b>	<b>APC</b>
P9027	Red blood cells, leukocytes reduced, oxygen/ carbon dioxide reduced, each unit	R	9541