CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12559	**Date: March 28, 2024**
	Change Request 13577

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

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

EFFECTIVE DATE: April 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 1, 2024

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

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

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: 12559	Date: March 28, 2024	Change Request: 13577

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

EFFECTIVE DATE: April 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 1, 2024

I. GENERAL INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Drugs and Biologicals

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

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

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

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

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

Four drug and biological HCPCS codes have a descriptor change as of April 1, 2024. These HCPCS codes are listed in Table 7 (see Attachment A: Policy Section Tables).

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

For CY 2023, payment for nonpass-through drugs and biologicals continues to be made at a single rate of ASP + 6 percent, which provides payment for both the acquisition cost and pharmacy overhead costs associated with the drug or biological. In addition, in CY 2023, a single payment of ASP + 6 percent continues to be made for the 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 April 1, 2023, can be found in the April 2023 update of ASC Addendum BB on the CMS website at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html

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

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

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

6. Skin Substitutes

The payment for skin substitute products that do not qualify for pass-through status will be packaged into the payment for the associated skin substitute application procedure. For payment packaging purposes, the skin substitute products are divided into two groups: 1) high cost skin substitute products and 2) low cost skin substitute products. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has pricing data that demonstrates that the cost of the product is above either the mean unit cost of $47 or the per day cost of $807 for CY 2024.

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

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

b. Skin Substitute Product Deleted Effective March 31, 2024

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

7. Coverage Determinations

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

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13577.1	Contractors shall download the April 2024 ASC Fee Schedule (FS) from the CMS mainframe. FILENAME: MU00.@BF12390.ASC.CY24.FS.APRA.V0304 NOTE: The April 2024 ASCFS is a partial update. NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
13577.2	Medicare contractors shall download and install the April 2024 ASC Payment Indicator (PI) file.		X							VDC

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	FILENAME: MU00.@BF12390.ASC.CY24.FS.JANB.V0304 NOTE: The January 2024 ASCFS is a full update. NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
13577.5	Contractors shall download the revised March 2024 ASC Fee Schedule (FS) from the CMS mainframe. FILENAME: MU00.@BF12390.ASC.CY24.FS.MARB.V0309 NOTE: The March 2024 ASCFS is a full update. NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
13577.6	Medicare contractors shall search for and reprocess paid claims for HCPCS C9790, with dates of service from January 1, 2024 through March 8, 2024, that were processed prior to the implementation of the revised January 2024 ASCFS, no later than 30 days of implementation of this transmittal.		X							BCRC
13577.6.1	Medicare contractors shall also search for and reprocess paid claims for		X							BCRC

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	APRA.V0315 NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
13577.12	If released by CMS, Medicare contractors shall download and install the revised January 2024 ASC DRUG file. NOTE: FILENAME; MU00.@BF12390.ASC.CY24.DRUG.JANB.V0315 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
13577.12.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service January 1, 2024 - March 31, 2024 and; 2) Were originally processed prior to the installation of the revised January 2024 ASC DRUG File.		X							
13577.13	If released by CMS, Medicare contractors shall download and install the revised October 2023 ASC DRUG file. NOTE: FILENAME; MU00.@BF12390.ASC.CY23.DRUG.OCTC.V0315 NOTE: Date of retrieval will be		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	provided in a separate email communication from CMS.									
13577.13.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service October 1, 2023 - December 31, 2023 and; 2) Were originally processed prior to the installation of the revised October 2023 ASC DRUG File.		X							
13577.14	If released by CMS, Medicare contractors shall download and install the revised July 2023 ASC DRUG file. NOTE: FILENAME; MU00.@BF12390.ASC.CY23.DRUG.JULD.V0315 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							VDC
13577.14.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service July 1, 2023 - October 31, 2023 and; 2) Were originally processed prior to the installation of the revised July 2023 ASC DRUG File.		X							
13577.15	If released by CMS, Medicare contractors shall download and install the revised April 2023 ASC DRUG		X							VDC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	file. NOTE: FILENAME; MU00.@BF12390.ASC.CY23.DRUG.APRE.V0315 NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
13577.15.1	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service April 1, 2023 - June 30, 2023 and; 2) Were originally processed prior to the installation of the revised April 2023 ASC DRUG File.		X							
13577.16	Contractors shall make April 2024 ASCFS fee data for their ASC payment localities available on their web sites.		X							
13577.17	Contractors shall make the revised January 2024 ASCFS fee data for their ASC payment localities available on their web sites.		X							
13577.18	Contractors shall make the revised March 2024 ASCFS fee data for their ASC payment localities available on their web sites. NOTE: Instructions to load the March 2024 ASCFS fees were issued in		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	separate technical direction.									
13577.19	Contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received, (e.g., CLAB, ASP, etc.) and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both).		X							VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13577.20	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.		X			

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1,3.1-11	Attachment A: Policy Section Tables

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

V. CONTACTS

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

VI. FUNDING

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

ATTACHMENTS: 1

Attachment A – Policy Section Tables

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

Additional HCPCS Code	Short Descriptor	HCPCS Device Code
25145	Remove forearm bone lesion	C1602
26236	Partial removal finger bone	C1602
28124	Partial removal of toe	C1602

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

Procedure HCPCS Code	Short Descriptor	HCPCS Device Code
36902	Intro cath dialysis circuit	C1600
36903	Intro cath dialysis circuit	C1600
36905	Thrmbc/nfs dialysis circuit	C1600
36906	Thrmbc/nfs dialysis circuit	C1600

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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