

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13135	Date: March 20, 2025
	Change Request 13993

SUBJECT: April 2025 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 April 2025 Outpatient Prospective Payment System (OPPS) update. The April 2025 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: April 1, 2025

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

IMPLEMENTATION DATE: April 7, 2025

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: 13135	Date: March 20, 2025	Change Request: 13993
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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 April 2025 Outpatient Prospective Payment System (OPPS) update.

This Recurring Update Notification (RUN) provides instructions on coding changes and policy updates that are effective April 1, 2025, for the Hospital OPPS. The updates include coding and policy changes for new PLA codes, new services, pass-through drugs and devices, and other items and services. The April 2025 revisions to I/OCE data files, instructions, and specifications are provided in the forthcoming April 2025 I/OCE CR.

B. Policy: 1. a. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective April 1, 2025

The AMA CPT Editorial Panel established 21 new PLA codes, specifically, CPT codes 0531U through 0551U, effective April 1, 2025.

Table 1, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the April 2025 I/OCE with an effective date of April 1, 2025. In addition, the codes, along with their short descriptors and status indicators, are listed in the April 2025 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 2025 OPPS/ASC final rule for the latest definitions.

b. Status Indicator Changes for PLA Code, 0464U, Retroactive to October 3, 2024

We are changing status indicator for PLA code, 0464U from status indicator “E1” to status indicator “A” in the April 2025 I/OCE update, retroactive to October 3, 2024. Table 2, attachment A, lists the long descriptor and status indicator assignment for the code. For information on OPPS status indicators, please refer to OPPS Addendum D1 of the CY 2025 OPPS/ASC final rule for the latest definitions. This code, along with its short descriptor and status indicator is also listed in the April 2025 update of the OPPS Addendum B.

2. Status Indicator Change for CPT Code 83718, Effective April 1, 2025

We are changing status indicator for CPT code 83718 from status indicator “Q4” to status indicator “A” effective April 1, 2025, in the April 2025 I/OCE update. Table 3, attachment A, lists the long descriptor and status indicator assignment for the code. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor and status indicator is also listed in the April 2025 update of the OPSS Addendum B.

3. New HCPCS Code Describing a New Screening DNA/RNA Test for Hepatitis C Virus, Effective June 27, 2024

CMS is creating a new HCPCS code, G0567, to describe a new screening DNA/RNA test for Hepatitis C Virus. Table 4, attachment A, lists the long descriptor and status indicator assignment for HCPCS code G0567. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor and status indicator is also listed in the April 2025 Update of the OPSS Addendum B.

4. Deletion of Certain Covid-19 Monoclonal Antibody Therapy Products and Their Administration HCPCS Codes

Nineteen (19) Covid-19 monoclonal antibody therapy products and their administration HCPCS codes listed in table 5, attachment A, are being deleted because the Food and Drug Administration (FDA) revoked their emergency use authorizations (EUAs), effective on the dates that are listed in table 5. HCPCS codes M0245, M0246, and Q0245 are being deleted from the April 2025 I/OCE Update effective December 31, 2023. HCPCS codes M0220 through Q0247 are being deleted from the April 2025 IOCE effective December 31, 2024.

5. OPSS Device Pass-through

a. Updates for Long Descriptor to an Existing Device Pass-through Category C1739

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.

In “January 2025 Update of the Hospital Outpatient Prospective Payment System (OPSS),” Change Request 13933, Transmittal 13032, dated January 3, 2025, we note that HCPCS code C1739 was preliminarily approved as part of the device pass-through quarterly review process with an effective date of January 1, 2025. The device application associated with HCPCS code C1739 will be included and discussed in the CY 2026 OPSS/ASC proposed and final rules.

We note that the long descriptor for HCPCS code C1739 is being updated to “Tissue marker, probe detectable any method (implantable), with delivery system,” effective January 1, 2025. Refer to Table 6A, attachment A, for the long descriptor, status indicator, APC, and offset amount for HCPCS code C1739.

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 7, attachment A. 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).

6. New HCPCS Code Describing Software that Reports the Volume of Cardiac Chambers and Left Ventricular Wall Mass, Effective April 1, 2025

CMS is establishing a new HCPCS code, G0183, to describe a software that utilizes data from previously obtained CT scans to report the volume of cardiac chambers and left ventricular wall mass. Table 8 attachment A lists the long descriptor, status indicator, and APC assignment for HCPCS code G0183. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the April 2025 update of the OPSS Addendum B.

7. APC Assignment Change for HCPCS C8001 Describing the 3D Anatomical Segmentation Imaging Software Service

In the January 2025 update, we established C8001 to describe the 3D anatomical segmentation imaging intended as software for preoperative surgical planning and as software for the intraoperative display of multi-dimensional digital images. For the April 2025 update, we are revising the APC assignment from APC 5521 (Level 1 Imaging without Contrast) to APC 5721 (Level 1 Diagnostic Tests and Related Services).

Table 9, attachment A, lists the long descriptor, status indicator, and APC assignment for HCPCS code C8001 effective April 1, 2025. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the April 2025 Update of Addendum B.

8. New HCPCS code for Simulation Angiogram for Radioembolization of Tumors, Effective April 1, 2025

CMS is establishing a new HCPCS code, C8004, to describe the simulation angiogram service using a pressure-generating catheter (e.g., one-way valve, intermittently occluding) for subsequent therapeutic radioembolization of tumors. Table 10, attachment A, lists the long descriptor, status indicator, and APC assignment for HCPCS code C8004. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the April 2025 Update of the OPSS Addendum B.

9. New HCPCS Code Describing Transbronchial Ablation of Lung Tumors Using Pulsed Electric Field (PEF) Energy, Effective April 1, 2025

CMS is establishing a new HCPCS code, C8005, to describe transbronchial ablation of lung tumors using pulsed electric field (PEF) energy. Table 11, attachment A, lists the long descriptor, status indicator, and APC assignment for HCPCS code C8005. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the April 2025 update of the OPSS Addendum B.

10. New HCPCS Code Describing 3D Image Generation Used in Surgical Planning and Navigation for Placement of Implants and Devices

CMS is establishing a new HCPCS code, G0566 to describe the 3D image generation used in surgical planning and navigation for the placement of implants and devices in the spine and pelvis. Table 12, attachment A, lists the long descriptor, status indicator, and APC assignment for HCPCS code G0566. For information on OPSS status indicators, please refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the April 2025 update of the OPSS Addendum B.

11. APC and Status Indicator Assignments for CPT Codes 0446T and 0448T, Implantable Interstitial Glucose Sensor System for Diabetic Patients, Effective April 1, 2025

For the CY 2025 OPPTS/ASC final rule, CMS created two G codes (G0564 and G0565) to specifically describe the 365-day implantable glucose monitoring system. CPT codes 0446T and 0448T were utilized to describe previous versions of the system (the 90-day and 180-day sensors) even though the descriptors did not contain the length of the sensor (i.e., 90-day or 180-day). For the April 2025 update, CMS is deleting G0564 and G0565 and revising the APC assignments for 0446T and 0448T that describe the implantable glucose monitoring system to be consistent with the APC assignments for the G-codes we are deleting.

Table 13, attachment A, lists the long descriptors and OPPTS SI and APC assignments for CPT codes 0446T and 0448T. The codes, along with their short descriptors, status indicators, and payment rates are also listed in the April 2025 OPPTS Addendum B that is posted on the CMS website. For information on the OPPTS status indicators, refer to OPPTS Addendum D1 of the CY 2025 Outpatient Prospective Payment System (OPPTS)/Ambulatory Surgical Center (ASC) final rule for the latest definitions.

12. Revision of the Long and Short Descriptors for HCPCS Code C9793, Effective April 1, 2025

CMS is revising the short and long descriptors for HCPCS code, C9793, which describes 3D predictive model generation for pre-planning of a cardiac procedure using data from cardiac computed tomographic angiography to include data from magnetic resonance imaging. Table 14, attachment A, lists the revised long descriptor, revised short descriptor, status indicator, and APC assignment for HCPCS code C9793. For information on OPPTS status indicators, please refer to OPPTS Addendum D1 of the CY 2025 OPPTS/ASC final rule for the latest definitions. This code, along with its short descriptor, status indicator, and payment rate, is also listed in the April 2025 Update of the OPPTS Addendum B.

13. OPPTS Payment for Non-Opioid Treatment for Pain Relief Devices

To facilitate payment, effective January 1, 2025, device HCPCS codes provided for non-opioid post-surgical pain relief which are identified with SI=H1, are subject to additional processing. When a non-opioid pain relief device HCPCS code with status indicator = H1 is appropriately reported, the IOCE provides the first device with Payer Value Code QV and the Value Code amount representing the payment limitation. Additionally, PAF 26 is output for the applicable line(s) to identify the payment limitation for that first non-opioid pain relief device.

In the event a second unique non-opioid pain relief device HCPCS with SI=H1 is required, the IOCE provides the second device with Payer Value Code QP and the Value Code amount representing the payment limitation. Additionally, PAF 27 is output for the applicable line(s) to identify the payment limitation for the second unique non-opioid pain relief device.

The new and revised indicators and payment adjustment flags are listed below.

New Logic: Non-Opioid Surgical Pain Relief Logic Implementation

- New Payment Adjustment Flag (PAF) 26 (Payment limitation for first H1 device) to account for first H1 devices subject to payment limitation.
- New Payment Adjustment Flag (PAF) 27 (Payment limitation for second H1 device) to account for the second H1 devices subject to payment limitation.
- New Value Code QP (Second Non-opioid surgical pain relief device payment limitation) to be output by the IOCE with a value code amount representing the payment limitation

Logic Modification: Non-Opioid Surgical Pain Relief Device Logic

- Modification of value code QV (First Non-opioid surgical pain relief device payment limitation) to account for the first H1 device

14. Drugs, Biologicals, and Radiopharmaceuticals

a. New CY 2025 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status Effective April 1, 2025

Eight (8) 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 starting on April 1, 2025. These drugs and biologicals will receive drug pass-through status starting April 1, 2025. These HCPCS codes are listed in Table 15, attachment A.

b. Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of April 1, 2025

There are four (4) existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status start on April 1, 2025. These codes are listed in Table 16, attachment A. Therefore, effective April 1, 2025, 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 March 31, 2025

There are eight (8) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on March 31, 2025. These codes are listed in Table 17, attachment A. Therefore, effective April 1, 2025, the status indicator for these codes is changing from “G” to either “K” or “K1”. For more information on OPSS status indicators, refer to OPSS Addendum D1 of the Calendar Year 2025 OPSS/ASC final rule for the latest definition. These codes, along with their short descriptors and status indicators are also listed in the April 2025 Update of the OPSS Addendum B.

d. Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2025

Thirty-one (31) new drug, biological, and radiopharmaceutical HCPCS codes will be established on April 1, 2025. These HCPCS codes are listed in Table 18, attachment A.

e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of March 31, 2025

Twelve (12) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on March 31, 2025. These HCPCS codes are listed in Table 19, attachment A.

f. HCPCS Code for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status on April 1, 2025

One (1) drug, biological, and radiopharmaceutical HCPCS code will be changing payment status on April 1, 2025. This HCPCS code is listed in Table 20, attachment A.

g. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactively

One (1) drug, biological and radiopharmaceutical HCPCS codes will be changing payment status indicator retroactive to July 1, 2024, through September 30, 2024. This HCPCS code is listed in Table 21, attachment A. We note that the status indicator for HCPCS code J9074 was previously changed to “K” from “E2” via Transmittal 12816 issued on August 29, 2024. Subsequently, we are restoring status indicator for HCPCS code J9074 to “E2” for dates of services effective July 1, 2024, through September 30, 2024, in the April 2025 I/OCE Update.

One (1) drug, biological and radiopharmaceutical HCPCS code will be changing payment status indicator retroactive to January 1, 2025. This HCPCS code and its correct status indicator are listed in Table 22,

attachment A. The status indicator for HCPCS code J1171 was incorrectly listed as “K” in the January 2025 Addendum B. The correct status indicator is “N”. Therefore, we will make this change in the April 2025 I/OCE Update and the April 2025 OPSS Addendum B.

h. HCPCS Code for Drugs, Biologicals, and Radiopharmaceuticals with Descriptor Changes as of April 1, 2025

One (1) drug, biological, and radiopharmaceutical HCPCS code has had a substantial descriptor change as of April 1, 2025. This HCPCS code is listed in Table 23, attachment A.

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

For CY 2025, 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 2025, 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 January 1, 2025, payment rates for many drugs and biologicals have changed from the values published in the CY 2025 OPSS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the fourth quarter of CY 2024. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the April 2025 Fiscal Intermediary Shared System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the April 2025 update of the OPSS. However, the updated payment rates effective April 1, 2025, can be found in the April 2025 update of the OPSS Addendum A and Addendum B on the CMS website at <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

j. Drugs, Biologicals, and Radiopharmaceuticals with Restated Payment Rates

Some drugs, biologicals, and radiopharmaceuticals will have payment rates that are corrected retroactively. These retroactive corrections typically occur on a quarterly basis. The list of drugs, biologicals, and radiopharmaceuticals 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.

15. 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 \$50 or the per day cost of \$833 for CY 2025.

a. New Skin Substitute Products as of April 1, 2025

There are fourteen (14) new skin substitute HCPCS codes that will be active as of April 1, 2025. These codes are listed in Table 24, attachment A.

b. Skin Substitute Product Codes Deleted Effective March 31, 2025

One (1) skin substitute product code has been deleted as of March 31, 2024. This code is reported in Table 25, attachment A.

c. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of April 1, 2025

There is one (1) skin substitute HCPCS code that will be reassigned from the low cost skin substitute group to the high cost skin substitute group as of April 1, 2025. The code is listed in Table 26, attachment A.

16. 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			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13993.1	Medicare contractors shall adjust, as appropriate, claims brought to their attention that were processed prior to April 2025 OPSS I/OCE for any retroactive changes.	X		X						
13993.2	Medicare contractors shall reprocess claims with two HCPCS codes with status indicator “H1” on the same claim and that were processed January 1, 2025, through March 31, 2025 within 60 days of the installation of the April 2025 OPSS update to ensure appropriate payment for non-opioid pain relief devices. The list of codes with SI=H1 can be found in the April 2025 update of the OPSS Addendum B.	X		X						
13993.3	Medicare contractors shall reprocess all claims with devices assigned to status indicator “H1”, and that were processed January 1, 2025 through January 27, 2025 within 60 days of the installation of the April 2025	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	OPPS update to ensure appropriate payment for non-opioid pain relief devices. The list of codes with SI=H1 can be found in the April 2025 update of the OPPS Addendum B.									
13993.4	Medicare contractors shall populate PARM PRMNOPPL with the information found in table 30 of the January 2025 OPPS Update CR, for drugs which Non-Opioid Treatment for Pain Relief Payment Limits apply. <ul style="list-style-type: none"> • HCPCS C9088 • Start Date (20250401) • End Date (20251231) PYMT Limit: \$2,267.26 Comments (This CR #)	X		X						

IV. PROVIDER EDUCATION

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.

Impacted Contractors: A/B MAC Part A, A/B MAC Part HHH

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:
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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 April 1, 2025

CPT Code	Long Descriptor	OPPS SI
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma	Q4
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	A
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	A
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	A
0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	Q4
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	A
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, nextgeneration sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative	A
0538U	Oncology (solid tumor), nextgeneration targeted sequencing analysis, formalin-fixed paraffinembedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	A

0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	A
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	A
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score	Q4
0542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status	Q4
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	A
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	A
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Q4
0546U	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Q4

0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	Q4
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	Q4
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	A
0550U	Oncology (prostate), enzyme-linked immunosorbent assays (ELISA) for total prostate-specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	Q4
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	Q4

Table 2. – Status Indicator Changes for PLA Code, 0464U Effective October 3, 2024

CY 2025 HCPCS Code	Long Descriptor	January 2025 SI	April 2025 SI
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	E1	A

Table 3. – Status Indicator Change for CPT Code 83718, Effective April 1, 2025

CY 2025 HCPCS Code	Long Descriptor	January 2025 SI	April 2025 SI
83718	Lipoprotein, direct measurement; high density cholesterol (hdl cholesterol)	Q4	A

Table 4. — New HCPCS Code Describing a New Screening DNA/RNA Test for Hepatitis C Virus, Effective June 27, 2024

HCPCS Code	Long Descriptor	SI
G0567	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, screening, amplified probe technique	A

Table 5. — Deletion of Certain Covid-19 Monoclonal Antibody Therapy Products and Their Administration HCPCS Codes

HCPCS Code	EUA Revocation Dates
M0245	12/14/2023
M0246	12/14/2023
Q0245	12/14/2023
M0220	12/13/2024
M0221	12/13/2024
M0222	12/13/2024
M0223	12/13/2024
M0240	12/13/2024
M0241	12/13/2024
M0243	12/13/2024
M0244	12/13/2024
M0247	12/13/2024
Q0220	12/13/2024
Q0221	12/13/2024
Q0222	12/13/2024
Q0240	12/13/2024
Q0243	12/13/2024
Q0244	12/13/2024
Q0247	12/13/2024

Table 6A. -- Device Pass-Through Category HCPCS Code C1739

HCPCS Code	Long Descriptor	SI	APC
C1739	Tissue marker, probe detectable any method (implantable), with delivery system	H	2055

Device category HCPCS code C1739 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2025 Device Offset Amount
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Q1	5072	\$826.48
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Q1	5071	\$371.85
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Q1	5071	\$379.02
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Q1	5071	\$240.56
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	T	5071	\$322.81

Table 7. -- List of Device Category HCPCS Codes and Definitions Used for Present and Previous Pass-Through Payment ***

	HCPCS Codes	Category Long Descriptor	Date First Populated	Pass-Through Expiration Date***
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
5.	C1832	Autograft suspension, including cell processing and application, and all system components	01/01/2022	12/31/2024
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/peritonea l, 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
91.	C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	01/01/2022	12/31/2024
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
127.	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	01/01/2023	12/31/2025
128.	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller	01/01/2023	12/31/2025
129.	C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	01/01/2023	12/31/2025
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
135.	C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	01/01/2024	12/31/2026
136.	C1601	Endoscope, single-use (i.e. disposable), pulmonary, imaging/illumination device (insertable)	01/01/2024	12/31/2026
137.	C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	01/01/2024	12/31/2026
138.	C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	01/01/2024	12/31/2026
139.	C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	01/01/2024	12/31/2026
140.	C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	07/01/2024	06/30/2027
141.	C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	07/01/2024	06/30/2027
142.	C8000	Support device, extravascular, for arteriovenous fistula (implantable)	10/01/2024	09/30/2027
143.	C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	01/01/2025	12/31/2027
144.	C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	01/01/2025	12/31/2027
145.	C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	01/01/2025	12/31/2027
146.	C1738	Powered, single-use (i.e. disposable) endoscopic ultrasound-guided biopsy device	01/01/2025	12/31/2027
147.	C1739	Tissue marker, probe detectable any method (implantable), with delivery system	01/01/2025	12/31/2027

148.	C9610	Catheter, transluminal drug delivery with or without angioplasty, coronary, non-laser (insertable)	01/01/2025	12/31/2027
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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 OPPI) on claims when such devices are used in conjunction with procedures billed and paid under the OPPI.

Table 8. – New HCPCS Code Describing Software that Reports the Volume of Cardiac Chambers and Left Ventricular Wall Mass, Effective April 1, 2025

HCPCS Code	Short Descriptor	Long Descriptor	SI	APC
G0183	Software meas of cardiac vol	Quantitative software measurements of cardiac volume, cardiac chambers volumes and left ventricular wall mass derived from CT scan(s) data of the chest/heart (with or without contrast)	S	5521

Table 9. – APC Assignment Change for HCPCS Code C8001

HCPCS Code	Long Descriptor	SI	APC
C8001	3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy	S	5721

Table 10. – New HCPCS code for Simulation Angiogram for Radioembolization of Tumors, Effective April 1, 2025

HCPCS Code	Long Descriptor	SI	APC
C8004	Simulation angiogram 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 angiogram, for subsequent therapeutic radioembolization of tumors	J1	5193

Table 11. – New HCPCS Code Describing Transbronchial Ablation of Lung Tumors Using Pulsed Electric Field (PEF) Energy, Effective April 1, 2025

HCPCS Code	Short Descriptor	Long Descriptor	SI	APC
C8005	PEF bronch ablt 3D nav ebus	Bronchoscopy, rigid or flexible, non-thermal transbronchial ablation of lesion(s) by pulsed electric field (PEF) energy, including fluoroscopic and/or ultrasound guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) of all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	T	1562

Table 12. – APC and Status Indicator Assignment for HCPCS Code G0566, 3D Image Generation, Effective April 1, 2025

HCPCS Code	Long Descriptor	SI	APC
G0566	3D radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy	S	5721

Table 13. – APC and Status Indicator Assignments for CPT Codes 0446T and 0448T, Implantable Interstitial Glucose Sensor System for Diabetic Patients, Effective April 1, 2025

CPT Code	Long Descriptor	SI	APC
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	T	1561
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	T	1561

Table 14. –Revision of the Long and Short Descriptors for HCPCS Code C9793, Effective April 1, 2025

HCPCS Code	Long Descriptor	Short Descriptor	SI	APC	CY 2025 APC Group Title
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography and/or magnetic resonance imaging with report	Pre 3d mdl w/ccta and/or mri	S	5724	Level 4 Diagnostic Tests and Related Services

Table 15. – New CY 2025 HCPCS Codes Effective April 1, 2025, for Certain Drugs, Biologicals, and Radiopharmaceuticals Receiving Pass-Through Status

CY 2025 HCPCS Code	CY 2025 Long Descriptor	CY 2025 SI	CY 2025 APC
A9611	Flurpiridaz f 18, diagnostic, 1 millicurie	G	2065
C9301	Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	2061
C9302	Injection, zanidatamab-hrii, 2 mg	G	2062
C9303	Injection, zolbetuximab-clzb, 1mg	G	2063
C9304	Injection, marstacimab-hncq, subcutaneous, 0.5 mg	G	2064
J9054	Injection, bortezomib (boruzu), 0.1 mg	G	2066
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	G	2067
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	G	2068

Table 16. – Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of April 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	April 2025 SI	April 2025 APC
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	N	G	2075
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	N	G	1253
J9072	Injection, cyclophosphamide (avyxa), 5 mg	E2	G	0719
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	E2	G	2076

Table 17. – HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective March 31, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	April 2025 SI	April 2025 APC
C9088	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	G	K1	9440
J0248	Injection, remdesivir, 1 mg	G	K	9200
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	G	K	9439
J2998	Injection, plasminogen, human-tvmh, 1 mg	G	K	9206
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	G	K	9358
J9273	Injection, tisotumab vedotin-tftv, 1 mg	G	K	9204
J9304	Injection, pemetrexed (PEMFEXY), 10 mg	G	K	9442

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	April 2025 SI	April 2025 APC
J9331	Injection, sirolimus protein-bound particles, 1 mg	G	K	9241

Table 18. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of April 1, 2025

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
A9611		Flurpiridaz f 18, diagnostic, 1 millicurie	G	2065
C9300		Injection, indigotindisulfonate sodium, 1 mg	E2	NA
C9301		Obecabtagene autoleucel, up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	G	2061
C9302		Injection, zanidatamab-hrii, 2 mg	G	2062
C9303		Injection, zolbetuximab-clzb, 1mg	G	2063
C9304		Injection, marstacimab-hncq, subcutaneous, 0.5 mg	G	2064
J0281	S0017	Injection, aminocaproic acid, 1 gram	N	NA
J1072		Injection, testosterone cypionate (azmiro), 1 mg	K	2069
J1271		Injection, doxycycline hyclate, 1 mg	N	NA
J1299	J1300	Injection, eculizumab, 2 mg	K	2070
J1308	S0028	Injection, famotidine, 0.25 mg	N	NA
J1808		Injection, folic acid, 0.1 mg	N	NA
J1938	J1940	Injection, furosemide, 1 mg	N	NA
J2351		Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	K	2071
J2428		Injection, paliperidone palmitate extended release (erzofri), 1 mg	K	2072
J2804		Injection, rifampin, 1 mg	N	NA
J2865	S0039	Injection, sulfamethoxazole 5 mg and trimethoprim 1 mg	N	NA
J7521		Tacrolimus, granules, oral suspension, 0.1 mg	N	NA
J9024		Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	K	2073
J9038		Injection, axatilimab-csfr, 0.1 mg	E2	NA
J9054		Injection, bortezomib (boruzu), 0.1 mg	G	2066
J9161		Injection, denileukin diftitox-cxdl, 1 mcg	E2	NA
Q2057		Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	G	2067
Q5147		Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	G	2068
Q5148		Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	G	0811
Q5149		Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg	E2	NA

Q5150		Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg	E2	NA
Q5151		Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	E2	NA
Q5152	Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	E2	NA
Q9999		Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg	E2	NA
S4024		Air polymer-type a intrauterine foam, per study dose	E1	NA

Table 19. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of March 31, 2025

CY 2025 HCPCS Code	Long Descriptor	CY 2025 SI	APC
J1094	Injection, dexamethasone acetate, 1 mg	D	N/A
J1300	Injection, eculizumab, 10 mg	D	N/A
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	D	N/A
J1890	Injection, cephalothin sodium, up to 1 gram	D	N/A
J1940	Injection, furosemide, up to 20 mg	D	N/A
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	D	N/A
J9247	Injection, melphalan flufenamide, 1mg	D	N/A
Q5139	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	D	N/A
S0017	Injection, aminocaproic acid, 5 grams	D	N/A
S0028	Injection, famotidine, 20 mg	D	N/A
S0032	Injection, nafcillin sodium, 2 grams	D	N/A
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	D	N/A

Table 20. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Status on April 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	April 2025 SI
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	G	E1

Table 21. – HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactive to July 1, 2024, Through September 30, 2024

CY 2024 HCPCS Code	CY 2024 Long Descriptor	July 2024 SI	July 2024 APC
J9074	Injection, cyclophosphamide (sandoz), 5 mg	E2	N/A

Table 22. – HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactive to January 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	January 2025 APC
J1171	Injection, hydromorphone, 0.1 mg	N	N/A

Table 23. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of April 1, 2025

CY 2025 HCPCS Code	January 2025 Long Descriptor	April 2025 Long Descriptor
J9073	Injection, cyclophosphamide (ingenus), 5 mg	Injection, cyclophosphamide (dr. reddy's), 5 mg

Table 24. – New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective April 1, 2025

CY 2025 HCPCS Code	Long Descriptor	CY 2025 SI	Low/High Cost Skin Substitute
Q4354	Paligen dual-layer membrane, per square centimeter	N	Low
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	N	Low
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	N	Low
Q4357	Xwrap plus, per square centimeter	N	Low
Q4358	Xwrap dual, per square centimeter	N	Low
Q4359	Choriptyl, per square centimeter	N	Low
Q4360	Amchoplast fd, per square centimeter	N	Low
Q4361	Epixpress, per square centimeter	N	Low
Q4362	Cygnus disk, per square centimeter	N	Low
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	N	Low
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	N	Low
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	N	Low

Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	N	Low
Q4367	Amniocore sl, per square centimeter	N	Low

Table 25. – Skin Substitute Product Codes Deleted Effective March 31, 2025

CY 2025 HCPCS Code	Long Descriptor	January CY 2025 SI	April CY 2025 SI
Q4231	Corplex p, per cc	N	D

Table 26. – Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of April 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	CY 2025 SI	Old Low/High Cost Skin Substitute Group	April 2025 Low/High Cost Skin Substitute Group
Q4271	Complete ft, per square centimeter	N	Low	High