

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13258	Date: June 23, 2025
	Change Request 14091

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

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

IMPLEMENTATION DATE: July 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

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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 July 2025 Outpatient Prospective Payment System (OPPS) update.

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

B. Policy: 1. New Covid-19, Influenza and Respiratory Syncytial Virus Vaccines

On April 1, 2025, the AMA released five new CPT codes associated with Covid-19, Influenza and Syncytial virus vaccines.

On May 9, 2025, the AMA released another new CPT code associated with Influenza virus vaccine.

The codes, specifically, CPT codes: 90382, 90612, 90613, 90631, 90635, and 91323, will be available for use once the vaccines receive approval from the Food and Drug Administration (FDA).

Effective July 1, 2025, these CPT codes will be assigned to status indicator “E1” in the July 2025 I/OCE update.

Table 1, attachment A, lists the long descriptors and status indicator for the codes. These codes, along with their short descriptors, status indicators, and payment rates (where applicable) are also listed in the July 2025 OPPS Addendum B that is posted on the CMS website. For information on the OPPS status indicators, refer to OPPS Addendum D1 of the CY 2025 OPPS/ASC final rule for the latest definitions.

2. Deletion of Covid-19 Monoclonal Antibody Therapy Administration HCPCS Code

One (1) Covid-19 monoclonal antibody therapy administration HCPCS code listed in table 2, attachment A, is being deleted because the FDA revoked its emergency use authorization (EUA), effective December 13, 2024. Therefore, HCPCS code M0248 is being deleted from the July 2025 I/OCE Update effective December 31, 2024.

3. CPT Proprietary Laboratory Analyses (PLA) Coding Changes Effective July 1, 2025

The AMA CPT Editorial Panel established 23 new PLA codes, specifically, CPT codes 0552U through 0574U, effective July 1, 2025.

Table 3, attachment A, lists the long descriptors and status indicators for the codes. The codes have been added to the July 2025 I/OCE with an effective date of July 1, 2025. In addition, the codes, along with their short descriptors and status indicators, are listed in the July 2025 OPSS Addendum B that is posted on the CMS website. For more information on OPSS status indicators, refer to OPSS Addendum D1 of the Calendar Year 2025 OPSS/ASC final rule for the latest definitions.

4. OPSS Device Pass-through

a. Addition of a CPT Code to an Existing Device Code C1602

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, 2025, we are adding CPT code 11012 to be billed with HCPCS code C1602 (Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)), in addition to the CPT codes that we listed in the “April 2024 Update of the Hospital Outpatient Prospective Payment System (OPSS)”, Change Request 13568, Transmittal 12552, dated March 21, 2024.

b. Addition of CPT Codes to an Existing Device Code C1739

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.

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 effective January 1, 2025, we are adding CPT codes 19081, 19083, 19085 to be billed with HCPCS code C1739 (Tissue marker, probe detectable any method (implantable), with delivery system), in addition to the CPT codes that we listed in the “April 2025 Update of the Hospital Outpatient Prospective Payment System (OPSS)”, Change Request 13993, Transmittal 13135, dated March 20, 2025.

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, 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).

5. Retroactive Status Indicator Change for CPT Codes 98980 and 98981

We are changing the status indicator for CPT codes 98980 and 98981 from status indicator “B” (Not paid under OPSS. An alternate code that is recognized by OPSS when submitted on an outpatient Part B bill type (12x and 13x) may be available. May be paid by MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPSS) to status indicator “A” (Not paid under OPSS. Paid by MACs under a fee schedule or payment system other than OPSS) retroactive to January 1, 2025, in the July 2025 I/OCE Update.

Table 5, attachment A lists the official long descriptor and status indicator for CPT codes 98980 and 98981. The short descriptors and status indicators for CPT codes 98980 and 98981 can be found in Addendum B of the July 2025 OPSS Update that is posted on the CMS website.

6. Updated Long Descriptor, Status Indicator, and APC Assignment for HCPCS code C8005

On April 1, 2025, CMS established a new HCPCS code, C8005, to describe transbronchial ablation of lung tumors using pulsed electric field (PEF) energy. CMS is updating the long descriptor, status indicator, and APC assignment for HCPCS code C8005. These changes are effective retroactively to April 1, 2025.

Table 6, attachment A, lists the updated official 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 July 2025 update of the OPSS Addendum B.

7. New CPT Category III Codes Effective July 1, 2025

The AMA releases CPT Category III codes twice per year: in January, for implementation beginning the following July, and in July, for implementation beginning the following January.

For the July 2025 update, CMS is implementing 40 new CPT Category III codes that the AMA released in January 2025 for implementation on July 1, 2025. The status indicators and APC assignments for these codes are shown in Table 7, attachment A. CPT codes 0948T through 0987T have been added to the July 2025 I/OCE with an effective date of July 1, 2025. These codes, along with their short descriptors, Status Indicators (SI), and payment rates (where applicable) are also listed in the July 2025 OPSS Addendum B that is posted on the CMS website. For more information on the OPSS SI, refer to OPSS Addendum D1 of the CY 2025 OPSS/ASC final rule for the latest definitions.

8. Drugs, Biologicals, and Radiopharmaceuticals

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

Seven (7) 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 July 1, 2025. These drugs and biologicals will receive drug pass-through status starting July 1, 2025. These HCPCS codes are listed in Table 8, attachment A.

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

There are three (3) existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status start on July 1, 2025. These codes are listed in Table 9, attachment A. Therefore, effective July 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 June 30, 2025

There are nine (9) HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on June 30, 2025. These codes are listed in Table 10, attachment A. Therefore, effective July 1, 2025, the status indicator for these codes is changing from “G” to “K.” For more information on OPPS status indicators, refer to OPPS Addendum D1 of the Calendar Year 2025 OPPS/ASC final rule for the latest definition. These codes, along with their short descriptors and status indicators are also listed in the July 2025 Update of the OPPS Addendum B.

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

Thirty-four (34) new drug, biological, and radiopharmaceutical HCPCS codes will be established on July 1, 2025. These HCPCS codes are listed in Table 11, attachment A.

e. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of June 30, 2025

Eight (8) drug, biological, and radiopharmaceutical HCPCS codes will be deleted on June 30, 2025. These HCPCS codes are listed in Table 12, attachment A.

f. HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Status Indicators as of July 1, 2025

Two (2) drug, biological and radiopharmaceutical HCPCS codes will be changing payment status indicators on July 1, 2025. Therefore, effective July 1, 2025, the status indicators for these codes are changing to status Indicator “K” as listed in table 13, attachment A.

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

Three (3) drug, biological and radiopharmaceutical HCPCS codes will be changing payment status indicators retroactive to April 1, 2025. The HCPCS codes and their revised status indicator are listed in Table 14, attachment A. The status indicator for these HCPCS codes was listed as “E2” in the April 2025 Addendum B. Their revised status indicator is “K.” These changes will be made in July 2025 I/OCE Update effective April 1, 2025.

Two (2) drug, biological and radiopharmaceutical HCPCS codes will be changing payment status indicator retroactive to April 1, 2025. CMS inadvertently has two active HCPCS codes C9173 and Q5148 for the same drug in the April 2025 Update. Effective April 1, 2025, through June 30th, 2025, the status indicator for HCPCS code C9173 will be changed from status indicator “G” to status indicator “E1;” status indicator for HCPCS code Q5148 will be changed from status indicator “E2” to status indicator “G.” HCPCS code C9173 will be deleted in the July 2025 I/OCE effective July 1, 2025. The HCPCS codes and their revised status indicator are listed in Table 15, attachment A.

We are also changing the status indicator for CPT code 90593 from status indicator “E1” to status indicator “M”. The effective date of this change for CPT code 90593 is retroactive to February 14, 2025. The CPT code and its revised status indicator is listed in Table 16, attachment A.

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

Three (3) drug, biological, and radiopharmaceutical HCPCS codes have had a substantial descriptor change as of July 1, 2025. These HCPCS codes are listed in Table 17 attachment A.

i. Payment for HCPCS Codes Q2058 (AUCATZYL®)

We note that HCPCS code, Q2058 may be used to describe the product, AUCATZYL®, which has a total recommended dose of 410×10^6 CD19 chimeric antigen receptor (CAR)-positive viable T cells for split dose administration. The treatment regimen consists of a split dose infusion: the first infusion on day one and, in most cases, a second infusion on day ten (+/-2 days). Depending on the percentage of bone marrow blasts, the first infusion could be either 10×10^6 administered from syringe or 100×10^6 administered from one infusion bag. Then, the second infusion could be either 400×10^6 administered from two infusion bags or 310×10^6 administered from one syringe and one infusion bag. To facilitate billing for each infusion individually and to take into account all possible infusions of the split dose (based on the FDA approved labeling), the description is “10 up to 400 million cd19 car-positive viable t cells” which should be used to bill for each of the two infusions of the treatment regimen.

For each infusion of the split dose regimen, the unit quantity on the claim line is 1 (a total of 2 billing units for the complete regimen of 2 infusions). Should a second infusion not be furnished, the hospital should not submit a claim to Medicare. Since the product is not a “single-dose container” based on the FDA-approved label, the JW/JZ modifier policy does not apply, and the modifiers are not necessary for billing. Specifically, no modifier is necessary for an administered infusion, and it is not appropriate to bill Medicare for a second infusion that was not administered using the JW modifier on the claim submission.

j. 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 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the first quarter of CY 2025. In cases where adjustments to payment rates are necessary, changes to the payment rates will be incorporated in the July 2025 Fiscal Intermediary Standard System (FISS) release. CMS is not publishing the updated payment rates in this Change Request implementing the July 2025 update of the OPPS. However, the updated payment rates effective July 1, 2025, can be found in the July 2025 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>

k. 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.

9. 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 July 1, 2025

There are thirteen (13) new skin substitute HCPCS codes that will be active as of July 1, 2025. These codes are listed in Table 18, attachment A.

b. Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of July 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 July 1, 2025. The code is listed in Table 19, attachment A.

10. 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 OPPTS 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	
14091.1	Medicare contractors shall adjust, as appropriate, claims brought to their attention with any retroactive changes that were received prior to implementation of the July 2025 OPPTS I/OCE.	X		X						
14091.2	Medicare contractors shall apply the following contractor bypass to lines with HCPCS Q5136 and a date of service from 7/1/2025 – 9/30/25: Contractor bypass edits BP1 = 013 APC Flag = 0872 CB SI Flag = K	X		X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CB PI Flag = 2 CB DF = 0 CB LID/RF = 0 CB PF = 0 CB PAF1 = 00 CB PMF = Z CB PAF2 = 00									

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. – Covid-19, Influenza and Respiratory Syncytial Virus Vaccines

CPT Code	Long Descriptor	Status Indicator
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	E1
90612	Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	E1
90613	Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	E1
90631	Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use	E1
90635	Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	E1
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2)(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	E1

Table 2. – Deletion of Covid-19 Monoclonal Antibody Therapy Administration HCPCS Code

HCPCS Code	Long Descriptor
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency

Table 3. – PLA Coding Changes Effective July 1, 2025

CPT Code	Long Descriptor	OPPS SI
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0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophoctoderm biopsy, linkage analysis of disease-causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	A
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophoctoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	A
0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophoctoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	A
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophoctoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	A
0556U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific DNA and RNA by real-time PCR, 12 targets, nasopharyngeal or oropharyngeal swab, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Q4
0557U	Infectious disease (bacterial vaginosis and vaginitis), realtime amplification of DNA markers for Atopobium vaginae, Gardnerella vaginalis, Megasphaera types 1 and 2, bacterial vaginosis associated bacteria-2 and -3 (BVAB-2, BVAB-3), Mobiluncus species, Trichomonas vaginalis, Neisseria gonorrhoeae, Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. glabrata, C. krusei), Herpes simplex viruses 1 and 2,	Q4

	vaginal fluid, reported as detected or not detected for each organism	
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	Q4
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	Q4
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	A
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	A
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	A
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen	Q4
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Q4
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cellfree DNA, plasma, algorithm reported as cancer signal detected or not detected	A
0566U	Oncology (lung), qPCRbased analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	A

0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	A
0568U	Neurology (dementia), beta amyloid (A β 40, A β 42, A β 42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	Q4
0569U	Oncology (solid tumor), nextgeneration sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	A
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxylterminal hydrolase L1 (UCHL1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison	Q4
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	A
0572U	Oncology (prostate), highthroughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	A
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	Q4
0574U	Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS)	Q4

Device category HCPCS code C1602 should always be billed with the following CPT codes:

HCPCS Code	Long Descriptor	SI	APC	CY 2025 Device Offset Amount
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	C	NA	\$0.00
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	J1	5112	\$0.00
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	J1	5113	\$1,072.67
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	J1	5113	\$0.00
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	J1	5114	\$1,345.88
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	J1	5114	\$44.29
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	J1	5114	\$1,485.90
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	J1	5114	\$658.65
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	J1	5113	\$150.23
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	J1	5114	\$570.07
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	J1	5113	\$0.00
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	J1	5114	\$462.20
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	J1	5113	\$179.75
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	J1	5114	\$351.47
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	J1	5113	\$98.31
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	J1	5114	\$458.63
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	J1	5113	\$103.50
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	J1	5113	\$0.00
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	J1	5113	\$90.52
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	C	NA	\$0.00

27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	C	NA	\$0.00
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	C	NA	\$0.00
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	C	NA	\$0.00
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	J1	5113	\$170.99
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	J1	5113	\$246.91
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	J1	5113	\$268.98
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	J1	5113	\$232.31
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	J1	5113	\$197.60
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	J1	5113	\$221.28
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	J1	5113	\$155.09
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	J1	5113	\$57.75
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	J1	5112	\$2.56
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	J1	5113	\$64.24
11012*	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	J1	5073	\$92.44

*We note we are adding CPT code 11012 to be billed with HCPCS code C1602, effective July 1, 2025.

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
19081*	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	J1	5072	\$120.87
19083*	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	J1	5072	\$147.77
19085*	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	J1	5072	\$125.08

*We note we are adding CPT codes 19081, 19083, 19085 to be billed with HCPCS code C1739, effective January 1, 2025.

Table 4. -- 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	07/01/2024	06/30/2027

		right ventricular implantable components), rate-responsive, including all necessary components for implantation		
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

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 5. – Status Indicator Change for CPT Codes 98980 and 98981

CPT Code	Long Descriptor	SI	Effective Date
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	A	01/01/2025
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	A	01/01/2025

Table 6. – Updated Long Descriptor, Status Indicator, and APC Assignment for HCPCS code C8005

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 lung(s) and all mediastinal and/or hilar lymph node stations or structures, and therapeutic intervention(s)	S	1576

Table 7. – New CPT Category III Codes Effective July 1, 2025

CPT code	Long Descriptor	Status Indicator	APC
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	M	N/A
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Q1	5741
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance	J1	5376
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	E1	N/A
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor	E1	N/A
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without	E1	N/A

	mastoidectomy and replacement of sound processor		
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers	E1	N/A
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components	E1	N/A
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	S	1577
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	J1	5112
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	J1	5113
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	Q2	5072
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance	S	1577
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	N	N/A
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and	S	5734

	interpretation by a physician or other qualified health care professional		
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	T	5312
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	J1	5164
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, non-fixed hinge mechanism	J1	5164
0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement, fixed hinge mechanism	J1	5164
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system	T	5312
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array	E1	N/A
0969T	Removal of epicranial neurostimulator system	E1	N/A
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	J1	5091
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	J1	5091
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of	E1	N/A

	images, with automated generation of report		
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	T	5052
0974T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; each additional 100 sq cm (List separately in addition to code for primary procedure)	N	N/A
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm	T	5052
0976T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; each additional 100 sq cm (List separately in addition to code for primary procedure)	N	N/A
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	T	5301
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	E1	N/A
0979T	Submucosal cryolysis therapy; soft palate only	E1	N/A
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	E1	N/A
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed	J1	5194

0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	V	5012
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Q1	5741
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	N	N/A
0985T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	N	N/A
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	N	N/A
0987T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; each additional vessel (List separately in addition to code for primary procedure)	N	N/A

Table 8. — New CY 2025 HCPCS Codes Effective July 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
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg	G	0835
C9175	Injection, treosulfan, 50 mg	G	0837
J9174	Injection, docetaxel (beizray), 1 mg	G	0841
J9220	Injection, indigotindisulfonate sodium, 1 mg	G	0821
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	G	0848
J9382	Injection, zenocutuzumab-zbco, 1 mg	G	0853
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	G	0857

Table 9. — Existing HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals Starting Pass-Through Status as of July 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	July 2025 SI	July 2025 APC
J9038	Injection, axatilimab-csfr, 0.1 mg	E2	G	0839
J9249	Injection, melphalan (apotex), 1 mg	E2	G	0842
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	E2	G	0846

Table 10. — HCPCS Codes for Certain Drugs, Biologicals, and Radiopharmaceuticals with Pass-Through Status Ending Effective June 30, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	July 2025 SI	July 2025 APC
A9596	Gallium ga-68 gozetotide, diagnostic, (illuccix), 1 millicurie	G	9443	K
J1302	Injection, sutimlimab-jome, 10 mg	G	9444	K
J1306	Injection, inclisiran, 1 mg	G	9004	K
J2356	Injection, tezepelumab-ekko, 1 mg	G	9008	K
J2777	Injection, faricimab-svoa, 0.1 mg	G	9496	K
J9274	Injection, tebentafusp-tebn, 1 microgram	G	9446	K
J9332	Injection, efgartigimod alfa-fcab, 2mg	G	9010	K
Q2056	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including	G	9498	K

CY 2025 HCPCS Code	CY 2025 Long Descriptor	January 2025 SI	July 2025 SI	July 2025 APC
	leukapheresis and dose preparation procedures, per infusion			
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	G	9447	K

Table 11. — Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of July 1, 2025

New HCPCS Code	Old HCPCS Code	Long Descriptor	SI	APC
90382		Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	E1	
90612		Influenza virus vaccine, trivalent, and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 31.7 mcg/0.32 mL dosage, for intramuscular use	E1	
90613		Influenza virus vaccine, quadrivalent, and severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 40 mcg/0.4 mL dosage, for intramuscular use	E1	
90631		Influenza virus vaccine (IIV), H5, pandemic formulation, split virus, adjuvanted, for intramuscular use	E1	
90635		Influenza virus vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	E1	
91323		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2)(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	E1	
C9174		Injection, datopotamab deruxtecan-dlnk, 1 mg	G	0835
C9175		Injection, treosulfan, 50 mg	G	0837
J0165		Injection, epinephrine, not otherwise specified, 0.1 mg	N	
J0166		Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	N	
J0167		Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	N	
J0168		Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	N	
J0169		Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	N	
J0616		Injection, metoprolol tartrate, 1 mg	N	
J0618		Injection, calcium chloride, 2 mg	N	
J1163		Injection, diltiazem hydrochloride, 0.5 mg	N	
J1326	C9303	Injection, zolbetuximab-clzb, 2 mg	G	0747

J2312		Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	N	
J2313		Injection, naloxone hydrochloride (zimhi), 0.01 mg	N	
J3373		Injection, vancomycin hydrochloride, 10 mg	N	
J3374		Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to j3373, 10 mg	N	
J3375		Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	N	
J3391		Injection, atidarsagene autotemcel, per treatment	K	0845
J7172	C9304	Injection, marstacimab-hncq, 0.5 mg	G	2064
J7356		Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	N	
J9174		Injection, docetaxel (beizray), 1 mg	G	0841
J9220	C9300	Injection, indigotindisulfonate sodium, 1 mg	G	0821
J9275		Injection, cosibelimab-ipdl, 2 mg	E2	
J9276	C9302	Injection, zanidatamab-hrii, 2 mg	G	2062
J9289		Injection, nivolumab, 2 mg and hyaluronidase-nvhy	G	0848
J9341		Injection, thiotepa (tepylute), 1 mg	E2	
J9342		Injection, thiotepa, not otherwise specified, 1 mg	K	0847
J9382		Injection, zenocutuzumab-zbco, 1 mg	G	0853
Q2058	C9301	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	G	0831
Q5098		Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	E2	
Q5099		Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	K	0855
Q5100		Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	G	0857
Q5153		Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	E2	

Table 12. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of June 30, 2025

CY 2025 HCPCS Code	Long Descriptor	CY 2025 SI	APC
J0171	Injection, adrenalin, epinephrine, 0.1 mg	D	N/A
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg	D	N/A
J2310	Injection, naloxone hydrochloride, per 1 mg	D	N/A
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg	D	N/A
J3370	Injection, vancomycin hcl, 500 mg	D	N/A
J3371	Injection, vancomycin hcl (mylan), not therapeutically equivalent to j3370, 500 mg	D	N/A
J3372	Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3370, 500 mg	D	N/A
J9340	Injection, thiotepa, 15 mg	D	N/A

Table 13. — Existing HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Indicators as of July 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	April 2025 SI	July 2025 SI	July 2025 APC
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	E2	K	0872
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	E2	K	0859

Table 14. — HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactive to April 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	April 2025 SI	April 2025 APC
J9038	Injection, axatilimab-csfr, 0.1 mg	K	0839
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	K	0852
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	K	0846

Table 15. — HCPCS Codes for Drug, Biological, and Radiopharmaceutical Changing Payment Status Retroactive to April 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	April 2025 SI	April 2025 APC
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	E1	N/A
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram	G	0811

Table 16. — CPT Code for Drug, Biological, Radiopharmaceutical, or Vaccine Changing Payment Status

CY 2025 HCPCS Code	CY 2025 Long Descriptor	February 14, 2025 SI	February 14, 2025 APC
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	M	N/A

Table 17. — HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals with Substantial Descriptor Changes as of July 1, 2025

CY 2025 HCPCS Code	April 2025 Long Descriptor	July 2025 Long Descriptor
J1954	Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg	Injection, leuprolide acetate for depot suspension (lutrata depot), 7.5 mg
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	Injection, pemetrexed dipotassium, 10 mg
Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg

Table 18. — New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective July 1, 2025

CY 2025 HCPCS Code	Long Descriptor	CY 2025 SI	Low/High Cost Skin Substitute
Q4368	Amchothick, per square centimeter	N	Low
Q4369	Amnioplast 3, per square centimeter	N	Low
Q4370	Aeroguard, per square centimeter	N	Low
Q4371	Neoguard, per square centimeter	N	Low
Q4372	Amchoplast excel, per square centimeter	N	Low
Q4373	Membrane wrap lite, per square centimeter	N	Low
Q4375	Duograft ac, per square centimeter	N	Low
Q4376	Duograft aa, per square centimeter	N	Low
Q4377	Trigraft ft, per square centimeter	N	Low
Q4378	Renew ft matrix, per square centimeter	N	Low
Q4379	Amniodefend ft matrix, per square centimeter	N	Low
Q4380	Advograft one, per square centimeter	N	Low
Q4382	Advograft dual, per square centimeter	N	Low

Table 19. — Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of July 1, 2025

CY 2025 HCPCS Code	CY 2025 Long Descriptor	CY 2025 SI	April Low/High Cost Skin Substitute Group	July 2025 Low/High Cost Skin Substitute Group
Q4309	Via matrix, per square centimeter	N	Low	High