CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13259	**Date: June 6, 2025**
	Change Request 14101

SUBJECT: July 2025 Update of the Ambulatory Surgical Center [ASC] Payment System

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the July 2025 ASC payment system update.

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

Pub. 100-04	Transmittal: 13259	Date: June 6, 2025	Change Request: 14101

SUBJECT: July 2025 Update of the Ambulatory Surgical Center [ASC] Payment System

EFFECTIVE DATE: July 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 7, 2025

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the July 2025 ASC payment system update.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide changes to and billing instructions for various payment policies implemented in the July 2025 Ambulatory Surgical Center (ASC) payment system update. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS). This Recurring Update Notification applies to Chapter 14, Section 40 of Publication (Pub.) 100-04. A July 2025 Ambulatory Surgical Center Fee Schedule (ASC FS) File, a July 2025 Ambulatory Surgical Center Code Pairs file, and a July 2025 Ambulatory Surgical Center Payment Indicator (PI) File will be issued with this transmittal.

B. Policy: 1. ASC Device Offset from Payment Changes Effective January 1, 2025

Section 1833(t)(6)(B) of the Social Security Act (the Act) requires that, under the hospital Outpatient Prospective Payment System (OPPS), categories of devices be eligible for transitional pass-through payments for at least two, 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. This policy is also implemented in the ASC payment system.

Section 1833(t)(6)(D)(ii) of the Act requires CMS deduct from pass-through payments for devices in the OPPS an amount that shows the device portion of the Ambulatory Payment Classification (APC) payment amount. This deduction is the device offset, or the portions of the APC amount that's associated with the cost of the pass-through device. This device offset policy is also implemented in ASCs. The device offset from payment represents a deduction from pass-through payments from the ASC procedure payment for the applicable pass-through device.

a. New OPPS Device Pass-Through Category Payable in ASCs Effective January 1, 2025

In the "January 2025 Update of the Ambulatory Surgical Center [ASC] Payment System," Change Request 13934, Transmittal 13044, dated January 6, 2025, we noted that HCPCS code C1739 was approved for pass-through status under the OPPS starting January 1, 2025, however, we did not allow payment in ASCs because there was not a covered surgical procedure that could be performed with C1739. We are adding three codes, which are covered surgical procedures under the ASC payment system, that are always to be billed with C1739

effective January 1, 2025. Therefore, we are changing the ASC PI of HCPCS device code C1739 effective January 1, 2025, as shown in Table 1 (see Attachment A: Policy Section Tables). The list of codes that may be performed with HCPCS device code C1739 are listed in Table 2 (see Attachment A: Policy Section Tables) and in the July 2025 ASC code pair file.
If C1739 was performed with CPTs 19081, 19083, 19085 with dates of service from January 1 – June 30, 2025, and resulted in a claims denial, MACs will reprocess the denied claims

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

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 ASC Payment System" Change Request 13577, Transmittal 12559, dated March 28, 2024. See Table 3 (see Attachment A: Policy Section Tables) and the July 2025 ASC code pair file.

2. 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. We are adding 16 new separately payable CPT Category III codes in the ASC setting that the AMA released in January 2025 for implementation on July 1, 2025. The codes, along with their descriptors and ASC PIs, are in Table 4 (see Attachment A: Policy Section Tables).

3. Drugs, Biologicals, and Radiopharmaceuticals

a. Existing HCPCS Codes for Certain Drug, Biological, and Radiopharmaceutical Starting Pass-Through Status as of July 1, 2025

In alignment with OPPS policy, one (1) existing HCPCS code for certain drug, biological, and radiopharmaceutical will be separately payable effective July 1, 2025. The ASC PI assignment for this HCPCS code will be changed effective July 1, 2025, to ASC PI=K2. The HCPCS code along with its ASC PI is listed in Table 5 (see Attachment A: Policy Section Tables).

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

Fourteen (14) new drug, biological, and radiopharmaceutical HCPCS codes are established effective July 1, 2025, and are separately payable under the ASC payment system. These HCPCS codes, as well as the descriptors and ASC PIs, are listed in Table 6 (see Attachment A: Policy Section Tables).

c. HCPCS Code for Drug, Biological, and Radiopharmaceutical Changing Payment Indicator as of July 1, 2025

The ASC PIs for HCPCS codes Q5136 and Q9998 are reassigned from ASC PI=K5 to ASC PI=K2 effective July 1, 2025. These HCPCS codes are listed in Table 7 (see Attachment A: Policy Section Tables)

d. HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Indicators Retroactive to April 1, 2025

The ASC PIs for HCPCS codes J9038, Q5151 and Q5152 are reassigned from ASC PI=K5 to ASC PI=K2 retroactive to April 1, 2025. These HCPCS codes are listed in Table 8 (see Attachment A: Policy Section Tables).

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 9 (see Attachment A: Policy Section Tables).

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

Three (3) drug, biological, and radiopharmaceutical HCPCS codes will undergo substantial descriptor changes as of July 1, 2025. These HCPCS codes are listed in Table 10 (see Attachment A: Policy Section Tables).

g. 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. Updated payment rates effective July 1, 2025, can be found in the July 2025 ASC Addendum BB on the CMS website at: https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda

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

4. Skin Substitutes

The payment for skin substitute products that do not qualify for 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 11, (see Attachment A: Policy Section Tables).

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 12 (see Attachment A: Policy Section Tables).

5. Coverage Determinations

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

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	
14101.1	Medicare contractors shall use the cloud service or multi-carrier system (MCS) to process and July 2025 ASC Fee Schedule (FS) claims, based on CMS direction. Note: As a reminder, contractors get the July 2025 ASC FS payment rates, as applicable, from the cloud. Mainframe ASC FS files are no longer issued. Date of retrieval will be provided in a separate email communication from CMS.		X							
14101.2	Medicare contractors shall use the cloud service to process ASC drug claims. NOTE: As a reminder, contractors get the July 2025 ASC Drug pricing, as well as restated quarterly ASC drug pricing, as applicable, from the cloud. Mainframe ASC Drug files are no longer issued. Date of retrieval will be provided in a separate email communication from CMS.		X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14101.3	Medicare contractors shall ensure that the updated cloud service payment rate is applied to affected claims.		X							
14101.4	Medicare contractors shall download and install the July 2025 ASC Payment Indicator (PI) file. FILENAME: MU00.@BF12390.ASC.CY25.PI.JULA.V0606 NOTE: Date of retrieval will be provided in a separate email communication from CMS.		X							
14101.5	Medicare contractors shall download and install the July 2025 ASC Code Pair file. FILENAME: MU00.@BF12390.ASC.CY25.CP.JULA.V0606 NOTE: Date of retrieval will be provided in a separate email communication from CMS		X							
14101.6	Medicare contractors shall add Type of Service (TOS) F for HCPCS code included in Table 1, in Attachment A, effective for services January 1, 2025.		X						X	CVM
14101.7	Medicare contractors shall add Type of Service (TOS) F for HCPCS codes included in Table 8, in Attachment A, effective for services April 1, 2025.		X						X	CVM
14101.8	Medicare contractors shall add Type of Service (TOS) F for HCPCS codes included in Tables 4, 5, 6, and 7 in Attachment A, effective for services July 1, 2025.		X						X	CVM
14101.9	Medicare contractors shall make July 2025 ASCFS fee data for their ASC payment localities available on their web sites.		X							
14101.10	Medicare contractors shall search for and reprocess claims with dates of service from January 1, 2025, through June 30, 2025, as appropriate, that included code pairs in table 2 attachment A and were originally processed prior to the implementation of the July 2025 ASC Code Pair file. Affected claims shall be reprocessed no later than 30 days from		X							BCRC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	implementation of this transmittal.									
14101.11	Medicare contractors shall use the cloud fee schedule, as appropriate, to adjust claims brought to their attention that were processed with incorrect fees.		X							
14101.12	The contractors shall notify CMS of successful receipt via e-mail to price_file_receipt@cms.hhs.gov, stating the name of the file received (e.g., CLAB, Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, carrier numbers, quarter, and if Part A, Part B, or both		X							

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 B

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

VI. CONTACTS

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

VII. FUNDING

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

ATTACHMENTS: 1

Attachment A: Policy Section Tables

Table 1. – Payment Indicator Change to Existing Device HCPCS Code C1739 Effective January 1, 2025

HCPCS Code	Long Descriptor	Short Descriptor	Old ASC PI	January 2025 ASC PI
C1739	Tissue marker, probe detectable any method (implantable), with delivery system	Tissue marker, detectable	N1	J7

Table 2. - Addition of CPT Code Pairs to Existing Device HCPCS Code C1739 Effective January 1, 2025

CPT Code	Long Descriptor	HCPCS Device Code
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	C1739
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	C1739
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	C1739

Table 3. - Addition of CPT Code Pair to Existing Device HCPCS Code C1602 Effective July 1, 2025

CPT Code	Long Descriptor	HCPCS Device Code
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	C1602

Table 4. – New CPT Category III Codes Effective July 1, 2025

CPT Code	Long Descriptor	ASC PI
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance	J8
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	J8

0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	G2
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	G2
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	G2
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	J8
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	J8
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	G2
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	G2
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	G2
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	J8
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	J8
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	J8
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	G2
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	G2
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	J8

Table 5. – Existing HCPCS Code for Certain Drug, Biological, and Radiopharmaceutical Starting Pass-Through Status as of July 1, 2025

HCPCS Code	Long Descriptor	ASC PI
J9249	Injection, melphalan (apotex), 1 mg	K2

Table 6. – Newly Established HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals as of July 1, 2025

New HCPCS Code	Old HCPCS Code	Long Descriptor	ASC PI
C9174		Injection, datopotamab deruxtecan-dlnk, 1 mg	K2
C9175		Injection, treosulfan, 50 mg	K2
J1326	C9303	Injection, zolbetuximab-clzb, 2 mg	K2
J3391		Injection, atidarsagene autotemcel, per treatment	K2
J7172	C9304	Injection, marstacimab-hncq, 0.5 mg	K2
J9174		Injection, docetaxel (beizray), 1 mg	K2
J9220	C9300	Injection, indigotindisulfonate sodium, 1 mg	K2
J9276	C9302	Injection, zanidatamab-hrii, 2 mg	K2
J9289		Injection, nivolumab, 2 mg and hyaluronidase-nvhy	K2
J9342		Injection, thiotepa, not otherwise specified, 1 mg	K2
J9382		Injection, zenocutuzumab-zbco, 1 mg	K2
Q2058	C9301	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	K2
Q5099		Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	K2
Q5100		Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	K2

Table 7. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Indicator as of July 1, 2025

HCPCS Code	Long Descriptor	April 2025 PI	ASC PI
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	K5	K2
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	K5	K2

Table 8. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Changing Payment Indicators Retroactive to April 1, 2025

HCPCS Code	Long Descriptor	April 2025 Old PI	April 2025 New PI
J9038	Injection, axatilimab-csfr, 0.1 mg	K5	K2
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	K5	K2
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	K5	K2

Table 9. – HCPCS Codes for Drugs, Biologicals, and Radiopharmaceuticals Deleted as of June 30, 2025

HCPCS Code	Long Descriptor	ASC PI
J0171	Injection, adrenalin, epinephrine, 0.1 mg	D5
J0173	Injection, epinephrine (belcher), not therapeutically equivalent to j0171, 0.1 mg	D5
J2310	Injection, naloxone hydrochloride, per 1 mg	D5
J2311	Injection, naloxone hydrochloride (zimhi), 1 mg	D5
J3370	Injection, vancomycin hcl, 500 mg	D5
J3371	Injection, vancomycin hcl (mylan), not therapeutically equivalent to j3370, 500 mg	D5
J3372	Injection, vancomycin hcl (xellia), not therapeutically equivalent to j3370, 500 mg	D5
J9340	Injection, thiotepa, 15 mg	D5

Table 10. – 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 (lutrate 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 11. ─ New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective July 1, 2025

HCPCS Code	Long Descriptor	ASC PI	Low/High Cost Skin Substitute
Q4368	Amchothick, per square centimeter	N1	Low
Q4369	Amnioplast 3, per square centimeter	N1	Low
Q4370	Aeroguard, per square centimeter	N1	Low
Q4371	Neoguard, per square centimeter	N1	Low
Q4372	Amchoplast excel, per square centimeter	N1	Low
Q4373	Membrane wrap lite, per square centimeter	N1	Low
Q4375	Duograft ac, per square centimeter	N1	Low
Q4376	Duograft aa, per square centimeter	N1	Low
Q4377	Trigraft ft, per square centimeter	N1	Low
Q4378	Renew ft matrix, per square centimeter	N1	Low
Q4379	Amniodefend ft matrix, per square centimeter	N1	Low
Q4380	Advograft one, per square centimeter	N1	Low
Q4382	Advograft dual, per square centimeter	N1	Low

Table 12. ─ Skin Substitute Products Reassigned to the High Cost Skin Substitute Group as of July 1, 2025

HCPCS Code	Long Descriptor	ASC PI	April 2025 Low/High Cost Skin Substitute	July 2025 Low/High Cost Skin Substitute
Q4309	Via matrix, per square centimeter	N1	Low	High