

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12673</b>	<b>Date: June 13, 2024</b>
	<b>Change Request 13656</b>

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

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

**EFFECTIVE DATE: July 1, 2024**

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

**IMPLEMENTATION DATE: July 1, 2024**

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

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

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

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

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 12673	Date: June 13, 2024	Change Request: 13656
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**SUBJECT: July 2024 Update of the Ambulatory Surgical Center [ASC] Payment System**

**EFFECTIVE DATE: July 1, 2024**

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**IMPLEMENTATION DATE: July 1, 2024**

## **I. GENERAL INFORMATION**

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

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

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

### **a. New Device HCPCS Code C1606 Effective July 1, 2024**

We note that we preliminarily approved a new device for pass-through status under the OPPS with an effective date of July 1, 2024, specifically, HCPCS code C1606. This code is also payable in the ASC setting. The device application associated with HCPCS code C1606 will be discussed in the CY 2025 OPPS/ASC proposed and final rules. The code, as well as the descriptors and ASC payment indicator are included in table 1 (see Attachment A: Policy Section Tables). The list of CPT codes that must be performed with C1606 is included in the July 2024 ASC code pair file, which is accessible on the CMS website at:

<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc-payment/asc-code-pairs> .

### **b. Expiring OPPS Pass-through Status for Device Category HCPCS Code C1761 Effective July 1, 2024**

As specified in section 1833(t)(6)(B) of the Social Security Act, under the OPPS, categories of devices are eligible for transitional pass-through payments for at least two (2), but not more than three (3) years. This policy is also implemented in the ASC payment system. We note that the device category HCPCS code C1761 will remain active, however, its payment will be included in the primary service beginning July 1, 2024. The payment indicator for HCPCS C1761 will change from ASCPI=J7 to ASCPI=N1 effective July 1, 2024.

ASCs are reminded to not separately bill for packaged codes (ASC PI=N1) since they are not reportable under the ASC payment system.

## **2. Separately Payable HCPCS Codes for Drugs and Biologicals Effective July 1, 2024**

Seventeen new drug and biological HCPCS codes are established effective July 1, 2024 and are separately payable under the ASC payment system. There are also several old HCPCS codes that will be deleted June 30, 2024. These HCPCS codes, as well as the descriptors and ASC PIs, are listed in Table 2 (see Attachment A: Policy Section Tables).

## **3. Medicare Category B Investigational Device Exemption (IDE) Coverage of Elios System to Reduce Intraocular Pressure in Patients with Primary Open-Angle Glaucoma**

On November 30, 2023, CMS granted Medicare coverage, as a Category B IDE study, for the clinical trial associated with Elios Vision's Elios System to reduce intraocular pressure in patients with primary open-angle glaucoma as a standalone surgical procedure. Currently, the code to describe this standalone surgical procedure is CPT code 0621T (Trabeculectomy ab interno by laser). Based on Medicare coverage approval, we are assigning the ASC payment indicator to an ASCPI=J8 retroactive to January 1, 2024.

Information associated with the clinical study is posted on the CMS approved IDE studies webpage at: <https://www.cms.gov/Medicare/Coverage/IDE/Approved-IDE-Studies>.

In addition, Table 3 lists the code, descriptors, and ASC PI for CPT code 0621T (see Attachment A: Policy Section Tables).

### **a. HCPCS J7353 Separately Payable Retroactive to January 1, 2024**

The ASC PI for HCPCS code J7353 is reassigned from ASC PI=N1 to ASCPI=K2 retroactive to January 1, 2024. The code, descriptors, and ASC PIs are listed in Table 4 (see Attachment A: Policy Section Tables).

### **b. Expiring OPPS Pass-through for Certain Drugs and Biologicals Packaged in ASCs Effective July 1, 2024**

HCPCS codes for certain drugs and biologicals in the OPPS will have their pass-through status end on June 30, 2024, at which point they will be packaged. This policy is implemented in ASCs also. These HCPCS codes are currently separately payable in the ASC and will also be packaged (ASC PI=N1) effective July 1, 2024. The effected codes are listed in Table 5 (see Attachment A: Policy Section Tables).

As a reminder ASCs do not bill packaged codes.

### **c. New CPT Category III Codes Effective July 1, 2024**

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 2024 update, CMS is implementing six new separately payable CPT Category III codes in the ASC setting that the AMA released in January 2024 for implementation on July 1, 2024. The codes, along with their descriptors and ASC PIs are identified in table 6 (see Attachment A: Policy Section Tables).

#### **d. HCPCS Codes for Certain Drugs Deleted as of June 30, 2024**

Four additional drug HCPCS codes will be deleted on June 30, 2024. These HCPCS codes are also listed in Table 7 (see Attachment A: Policy Section Tables).

#### **e. HCPCS Codes for Drugs and Biologicals with Payment Indicator Changes to Packaged effective July 1, 2024**

In conformance with OPSS policy, four drug and biological HCPCS codes will be packaged effective July 1, 2024. The ASC PI assignment will be changed effective July 1, 2024 to ASC PI= N1. These HCPCS codes and ASC PIs are listed in Table 8 (see Attachment A: Policy Section Tables).

As a reminder, ASCs do not bill packaged codes.

#### **f. HCPCS J0401 Descriptor Change as of July 1, 2024**

HCPCS J0401 had a descriptor change effective July 1, 2024. The old and new descriptors for HCPCS code J0401 are listed in Table 9 (see Attachment A: Policy Section Tables).

#### **g. HCPCS C9167 Descriptor Change Retroactive to April 1, 2024**

The descriptor for HCPCS C9167 has been changed retroactive to April 1, 2024. The old and new descriptors for HCPCS code C9167 are listed in Table 10 (see Attachment A: Policy Section Tables).

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

For CY 2024, like in the OPSS, payment in the ASC setting for the majority of drugs and biologicals is made at a single rate of ASP + 6 percent (or ASP plus 6 or 8 percent of the reference product for biosimilars). Payments for drugs and biologicals based on ASPs are updated on a quarterly basis as later quarter ASP submissions become available. Updated payment rates effective July 1, 2024, can be found in the July 2024 update of ASC Addendum BB on the CMS website at: [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\\_Addenda\\_Updates.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html)

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

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

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

#### **4. Skin Substitutes**

The payment for skin substitute products that do not qualify for hospital OPSS pass-through status are packaged into the OPSS payment for the associated skin substitute application procedure. This policy is also implemented in the ASC payment system. The skin substitute products are divided into two groups: 1) high cost skin

substitute products and 2) low cost skin substitute products for packaging purposes. High cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by CPT codes 15271-15278. Low cost skin substitute products should only be utilized in combination with the performance of one of the skin application procedures described by HCPCS codes C5271-C5278. All OPSS pass-through skin substitute products (ASC PI=K2) should be billed in combination with one of the skin application procedures described by CPT codes 15271-15278. New skin substitute HCPCS codes are assigned into the low-cost skin substitute group unless CMS has OPSS pricing data that demonstrates that the cost of the product is above either the mean unit cost of \$47 or the per day cost of \$807 for CY 2024.

**a. New Skin Substitute Products as of July 1, 2024**

There are twenty-three new skin substitute HCPCS codes that will be active as of July 1, 2024. These HCPCS codes are listed in Table 11, attachment A.

As a reminder, ASCs do not bill packaged codes.

**b. Skin Substitute Product Codes Deleted Effective June 30, 2024**

Two skin substitute product codes have been deleted as of June 30, 2024. These codes are reported in Table 12, attachment A.

**9. Coverage Determinations**

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

**II. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13656.1	Medicare contractors shall download and install the July 2024 ASC Fee Schedule (FS) from the CMS mainframe.  FILENAME:  MU00.@BF12390.ASC.CY24.FS.JULA.V0603		X							

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>The July 2024 ASCFS is a full update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>									
13656.2	<p>Medicare contractors shall use the cloud fee schedule to process ASC drug claims beginning July 1, 2024.</p> <p>NOTE: As a reminder, Contractors get the July 2024 ASC Drug file pricing, as well as restated files for previous quarters, as applicable, from the cloud. Mainframe ASC Drug files are no longer issued.</p>		X							
13656.2.1	<p>Medicare contractors shall use the cloud fee schedule, as appropriate, to adjust claims brought to their attention that:</p> <p>1) Have dates of service July 1, 2023 – June 30, 2024 and;</p> <p>2) Were originally processed prior to the installation of the revised cloud fee schedule.</p>		X							
13656.3	<p>Medicare contractors shall download and install the July 2024 ASC Payment Indicator (PI) file.</p> <p>FILENAME: MU00.@BF12390.ASC.CY24.PI.JULA.V0607</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							
13656.4	<p>Medicare contractors shall download and install a July 2024 ASC Code Pair file.</p> <p>FILENAME: MU00.@BF12390.ASC.CY24.CP.JULA.V0607</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							



Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	NOTE: Date of retrieval will be provided in a separate email communication from CMS.									
13656.13	<p>Medicare contractors shall download and install a revised March 2024 ASC Fee Schedule (FS) from the CMS mainframe.</p> <p>FILENAME:</p> <p>MU00.@BF12390.ASC.CY24.FS.MARC.V0603</p> <p>The March 2024 ASCFS is a partial update.</p> <p>NOTE: Date of retrieval will be provided in a separate email communication from CMS.</p>		X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13656.14	<p>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.</p>		X			

### IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
1-4,6-7,9-10	Attachment A: Policy Section Table

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

## **V. CONTACTS**

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

## **VI. FUNDING**

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

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

**ATTACHMENTS: 1**

**Attachment A – Policy Section Tables**

**Table 1. -- New Device HCPCS Code C1606 Effective July 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
C1606	Adapter, single-use (i.e. disposable), for attaching ultrasound system to upper gastrointestinal endoscope	Adapter, us to endoscope	J7

**Table 2. – Separately Payable HCPCS Codes for Drugs and Biologicals Effective July 1, 2024**

<b>New HCPCS Code</b>	<b>Old HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
A9506		Graphite crucible for preparation of technetium Tc 99m-labeled carbon aerosol, each	Tc-99m graphite crucible	K2
J0211		Injection, sodium nitrite 3 mg and sodium thiosulfate 125 mg (nithiodote)	Inj, nithiodote, 3mg / 125mg	K2
J0687		Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	Inj cefazolin (wg crit care)	K2
J0872		Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	Daptomycin (xellia) unrefrig	K2
J0911		Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	Inst tauro 1.35mg/hep 100u	K2
J2267	C9168	Injection, mirikizumab-mrkz, 1 mg	Inj, mirikizumab-mrkz, 1 mg	K2
J3247	C9166	Injection, secukinumab, intravenous, 1 mg	Inj secukinumab intrav 1mg	K2
J3263		Injection, toripalimab-tpzi, 1 mg	Inj, toripalimab-tpzi, 1 mg	K2
J3393		Injection, betibeglogene autotemcel, per treatment	Inj, betibeglogene autotemce	K2

J3394		Injection, lovotibeglogene autotemcel, per treatment	Inj, lovotibeglogene autotem	K2
J7171	C9167	Injection, adamts13, recombinant-krhn, 10 iu	Inj, adzynma, 10 iu	K2
J7355		Injection, travoprost, intracameral implant, 1 microgram	Inj travoprost intra impl	K2
J8611		Methotrexate (jylamvo), oral, 2.5 mg	Oral methotrexate (jylamvo)	K2
J8612		Methotrexate (xatmep), oral, 2.5 mg	Oral methotrexate (xatmep)	K2
J9172		Injection, docetaxel (ingenus) not therapeutically equivalent to j9171, 1 mg	Docetaxel (ingenus), 1 mg	K2
J9322		Injection, pemetrexed (bluepoint), not therapeutically equivalent to j9305, 10 mg	Inj pemetrexed (bluepoint)	K2
J9324		Injection, pemetrexed (pemrydi rtu), 10 mg	Inj, pemrydi rtu, 10 mg	K2

**Table 3. — CPT Code 0621T Separately Payable Effective January 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
0621T	Trabeculectomy ab interno by laser	Trabeculectomy interno laser	J8

**Table 4. — HCPCS J7353 Separately Payable Retroactive to January 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
J7353	Anacaulase-bcdb, 8.8% gel, 1 gram	Anacaulase-bcdb 8.8% gel 1 g	K2

**Table 5. – Expiring OPSS Pass-through for Certain Drugs and Biologicals Expiring Effective June 30, 2024**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>April 2024 ASC PI</b>	<b>July 2024 ASC PI</b>
A9593	Gallium ga-68 psma-11 ucsf	K2	N1
A9594	Gallium ga-68 psma-11, ucla	K2	N1

**Table 6. – CPT Category III Codes Effective July 1, 2024**

<b>HCPCS Code</b>	<b>Long Descriptor</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance; prostate volume greater than or equal to 50 mL	Tpla b9 prst8 hyprplsa>=50ml	G2
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed	Njx b1 sub mtrl hw fixj aug	J8
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Esphgsc flx 1st tndsc dilat	J8
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Colsc flx 1st tndsc dilat	J8
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Sgmdsc flx 1st tndsc dilat	J8
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Histotripsy mal renal tissue	G2

**Table 7. — HCPCS Codes for Certain Drugs Deleted as of June 30, 2024**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
J2780	Ranitidine hydrochloride inj	D5
J9371	Inj, vincristine sul lip 1mg	D5
Q4210	Axolotl graf dualgraf sq cm	D5
Q4277	Woundplus e-grat, per sq cm	D5

**Table 8. — HCPCS Codes for Drugs and Biologicals with Payment Indicator Changes to Packaged effective July 1, 2024**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>April 2024 ASC PI</b>	<b>July 2024 ASC PI</b>
J2184	Inj, meropenem (b. braun)	K2	N1
J2251	Inj midazolam (wg crit care)	K2	N1
J2272	Inj, morphine (fresenius)	K2	N1
J2599	Inj vasopressin (am reg) 1 u	K2	N1

**Table 9. — HCPCS J0401 Descriptor Change as of July 1, 2024**

<b>HCPCS Code</b>	<b>April 2024 Long Descriptor</b>	<b>July 2024 Long Descriptor</b>
J0401	Injection, aripiprazole, extended release, 1 mg	Injection, aripiprazole (abilify maintena), 1 mg

**Table 10. — HCPCS C9167 Descriptor Change Retroactive to April 1, 2024**

<b>HCPCS Code</b>	<b>Old April 2024 Descriptor</b>	<b>New April 2024 Descriptor</b>
C9167	Injection, apadamase alfa, 10 units	Injection, adamts13, recombinant-krhn, 10 iu

**Table 11. — New Skin Substitute Products Low Cost Group/High Cost Group Assignment Effective July 1, 2024**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>ASC PI</b>	<b>Low/High Cost Skin Substitute</b>
Q4311	Acesso, per sq cm	N1	Low
Q4312	Acesso ac, per sq cm	N1	Low
Q4313	Dermabind fm, per sq cm	N1	Low
Q4314	Reeva, per sq cm	N1	Low
Q4315	Regenelink amniotic mem allo	N1	Low
Q4316	Amchoplast, per sq cm	N1	Low
Q4317	Vitograft, per sq cm	N1	Low
Q4318	E-graft, per sq cm	N1	Low
Q4319	Sanograft, per sq cm	N1	Low
Q4320	Pellograft, per sq cm	N1	Low
Q4321	Renograft, per sq cm	N1	Low
Q4322	Caregraft, per sq cm	N1	Low
Q4323	Alloply, per sq cm	N1	Low
Q4324	Amniotx, per sq cm	N1	Low
Q4325	Acapatch, per sq cm	N1	Low
Q4326	Woundplus, per sq cm	N1	Low
Q4327	Duoamnion, per sq cm	N1	Low
Q4328	Most, per sq cm	N1	Low
Q4329	Singlay, per sq cm	N1	Low
Q4330	Total, per sq cm	N1	Low
Q4331	Axolotl graft, per sq cm	N1	High
Q4332	Axolotl dualgraft, per sq cm	N1	High
Q4333	Ardeograft, per sq cm	N1	Low

NOTE: ASCs are reminded to not report packaged codes (ASC PI=N1).

**Table 12. — Skin Substitute Product Codes Deleted Effective June 30, 2024**

<b>HCPCS Code</b>	<b>Short Descriptor</b>	<b>ASC PI</b>
Q4210	Axolotl graf dualgraf sq cm	D5
Q4277	Woundplus e-grat, per sq cm	D5