



Ambulatory Surgical Center Payment System: April 2025 Update

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Effective Date: April 1, 2025	Related Change Request (CR) Number: CR 14017
Implementation Date: April 7, 2025	Related CR Transmittal Number: R13181CP
Related CR Title: April 2025 Update of the Ambulatory Surgical Center (ASC) Payment System	

Affected Providers

- Ambulatory surgical centers (ASCs)
- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services

Action Needed

Make sure your billing staff knows about these payment system updates effective April 1, 2025:

- New HCPCS code for simulation angiogram for radioembolization of tumors
- Revised payment rates for CPT codes 0446T and 0448T
- Drug, biological, and radiopharmaceutical codes
- Skin substitute products

Background

CR 14017 provides changes to, and billing instructions for, various payment policies implemented in the April 2025 ASC payment system update. This CR also includes HCPCS updates. Refer to the [Medicare Claims Processing Manual, Chapter 14](#), section 40 for more information.

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New HCPCS Code for Simulation Angiogram for Radioembolization of Tumors Effective April 1, 2025

We're establishing HCPCS code C8004 to describe the simulation angiogram service using a pressure-generating catheter (one-way valve, intermittently occluding) for subsequent therapeutic radioembolization of tumors. See [Table 1](#) for the long descriptor, short descriptor, and ASC payment indicator (PI). Refer to the [April 2025 ASC Addendum BB](#) for the short descriptor, ASC PI, and payment rate.

Revised Payment Rates for CPT Codes 0446T & 0448T, Implantable Interstitial Glucose Sensor System for Diabetic Patients Effective April 1, 2025

In this update, we're deleting G0564 and G0565 and revising the ASC payment rates for 0446T and 0448T, which describe the implantable glucose monitoring system, to be consistent with the APC assignments for the G-codes we're deleting. See [Table 2](#) for more information on the deleted codes. Refer to Addendum BB for the revised codes, payment rates, short descriptors, and ASC PIs.

Drugs, Biologicals & Radiopharmaceuticals

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

To conform with Hospital Outpatient Prospective Payment System (OPPS) policy, we're making 5 existing HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals separately payable effective April 1, 2025. We're changing the ASC PI assignment for these codes to ASC PI=K2. See [Table 3](#) for the HCPCS codes.

Newly Qualifying Non-Opioid Treatment for Pain Relief Starting April 1, 2025

Section 4135 of the [Consolidated Appropriations Act, 2023](#) established eligibility criteria for temporary additional payments for certain non-opioid pain relief treatments. We finalized these criteria in the CY 2025 Hospital OPPS and ASC final rule with comment period.

We fully evaluated applicable non-opioid treatments against the statutory eligibility criteria. C9088's transitional pass-through status expired on March 31, 2025. Therefore, we determined this code meets the statutory definition of a non-opioid treatment for pain relief. We'll pay this code according to the finalized policy.

Section 1833(t)(16)(G)(iii) of the [Social Security Act](#) states that the separate payment amount specified in clause (ii) can't exceed the estimated average of 18% of the outpatient department (OPD) fee schedule amount for the OPD service (or group of services) with which the non-opioid pain relief treatment is provided, as determined by the HHS Secretary. See [Table 4](#) for the long descriptor and the finalized payment limitation amount.

Newly Established HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals as of April 1, 2025

We established 11 new separately payable drug, biological, and radiopharmaceutical HCPCS codes effective April 1, 2025. See [Table 5](#) for these codes, the descriptors, and the ASC PIs.

HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals with Payment Indicator Change to Non-Payable Effective April 1, 2025

We're revising 1 drug, biological, and radiopharmaceutical HCPCS code to a non-payable payment indicator effective April 1, 2025. See [Table 6](#) for this code.

HCPCS Codes for Drugs, Biologicals & Radiopharmaceuticals Deleted as of March 31, 2025

We're deleting 8 drug, biological, and radiopharmaceutical HCPCS codes on March 31, 2025. See [Table 7](#) for these codes.

HCPCS Codes for Drug, Biologicals & Radiopharmaceuticals Changing Payment Status Retroactively

We reassigned the ASC PI for HCPCS code J1171 from ASC PI=K2 to ASC PI=N1, retroactive from January 1, 2025 – March 31, 2025. See [Table 8](#) for the code, descriptors, and ASC PI.

HCPCS Code for Drugs, Biologicals & Radiopharmaceuticals with Descriptor Changes as of April 1, 2025

See [Table 9](#) for a substantial descriptor change for 1 drug, biological, and radiopharmaceutical HCPCS code.

Drugs & Biologicals with Payments Based on Average Sales Price

In CY 2025, we pay most non-pass-through drugs, biologicals, and therapeutic radiopharmaceuticals at a single rate of average sales price (ASP) +6% (or ASP +6 or 8% of the reference product for biosimilars). We make a single payment of ASP +6% for pass-through drugs, biologicals, and radiopharmaceuticals to cover both the acquisition cost and pharmacy overhead costs of these items (or ASP +6 or 8% of the reference product for biosimilars).

We update payments for drugs and biologicals based on ASPs quarterly as later-quarter ASP submissions become available. Refer to the April 2025 ASC Addendum BB for updated payment rates effective April 1, 2025.

Drugs, Biologicals & Radiopharmaceuticals with Restated Payment Rates

We correct payment rates for some drugs, biologicals, and radiopharmaceuticals retroactively. These corrections typically occur quarterly. You'll find the list of drugs, biologicals, and radiopharmaceuticals with [corrected payment rates](#) on the first day of the quarter.

You may resubmit claims affected by adjustments to a prior quarter's payment files.

Skin Substitutes

We package payment for skin substitute products that don't qualify for pass-through status into the payment for the associated skin substitute application procedure. We divide skin substitute products into 2 groups for payment packaging purposes:

- High-cost skin substitute products
- Low-cost skin substitute products

We assign new skin substitute HCPCS codes into the low-cost skin substitute group unless we have pricing data demonstrating the product cost is above either the mean unit cost of \$50 or the per-day cost of \$833 for CY 2025.

New Packaged Skin Substitute Products Effective April 1, 2025

Fourteen new skin substitute HCPCS codes are active as of April 1, 2025. See [Table 10](#) for these codes.

Skin Substitute Product Codes Deleted Effective March 31, 2025

We deleted 1 skin substitute product code as of March 31, 2025. See [Table 11](#) for this code.

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

We're reassigning 1 skin substitute HCPCS code from the low-cost skin substitute group to the high-cost skin substitute group as of April 1, 2025. See [Table 12](#) for this code.

Revisions to the CY 2025 ASC Wage Index Effective January 1, 2025

In the CY 2025 Hospital OPPS and ASC final rule, we finalized our proposal to use the new core-based statistical area (CBSA) delineations for the ASC payment system. In our January 2025 ASC payment system update, we used the new CBSA delineations and provided a comprehensive list of all county-to-CBSA delineations for CY 2025 in [Attachment B](#) of [CR 13934](#).

However, we reassigned certain counties into a new CBSA delineation. These counties could receive an ASC wage index significantly less than the ASC wage index they would have received from their previously assigned CBSA. For CY 2025, we finalized our policy to limit ASC wage index declines to no more than 5% in a CY.

In 31 cases, counties and county equivalents received more than 5% decline in their ASC wage index. Reassigning the county or county equivalent to a new CBSA for CY 2025 caused this decline.

To limit the ASC wage decline to no more than 5% for these 31 counties and county equivalents effective January 1, 2025, we're reassigning these counties and county equivalents to a transition CBSA that will provide the CY 2025 ASC wage index we finalized in the CY 2025 Hospital OPPS and ASC final rule with comment period, which limits the ASC wage index decline to no more than 5%.

See [Attachment B](#) for the list of 31 county and county equivalents as well as their Federal Information Processing Standard codes, state, CY 2024 CBSA codes and descriptions, and CY 2025 transition CBSA codes and descriptions.

We’re revising the January 2025 ASC fee schedule file to reflect the new payment rates for CBSA transition counties and county equivalents.

Coverage Determinations

Remember, assigning a HCPCS code and payment rate to a drug, device, procedure, or service under the ASC payment system doesn’t imply Medicare coverage. It only indicates how we pay for the product, procedure, or service if covered. MACs decide whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, MACs decide that it’s reasonable and necessary to treat the patient’s condition and whether it’s excluded from payment.

More Information

We issued CR 14017 to your MAC as the official instruction for this change. For more information, find your [MAC’s website](#).

Document History

Date of Change	Description
April 25, 2025	Initial article released.

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