

Billing and Coding Information for NOPAIN Act Qualifying Drugs and Devices

<b>Brand Name</b>	<b>HCPCS Code</b>	<b>Billing Unit Information and Payment Limitations</b>	<b>Further Details</b>
EXPAREL	J0666	1 mg (reimbursed per 1 mg) Payment Limitation: \$2,443.20	<a href="#">Billing Guide</a>
ZYNRELEF	J0668	1 mg / 0.03 mg (reimbursed per 1 mg) Payment Limitation: \$2,411.70	<a href="#">Billing Guide</a>
Dextenza	J1096	0.1 mg (4 units per insert) Payment Limitation: \$419.57	<a href="#">Billing Guide</a>
OMIDRIA	J1097	1 mL (reimbursed per 1 mg) Payment Limitation: \$414.05	<a href="#">Billing Guide</a>
Caldolor	J1741	100 mg (reimbursed per 100 mg) Payment Limit: \$3.18 per unit	<a href="#">CMS OPPS Update</a>
Ketorolac Tromethamine Injection	J1885	15 mg (reimbursed per 15 mg) Payment Limitation: \$1,259.42	<a href="#">OPPS Table</a>
ON-Q Elastomeric Infusion Pum	C9804	Payment Limitation: \$2,009.72	<a href="#">Product Catalog</a>
ambIT Isposable Electronic Infusion Pump	C9806	Payment Limitation: \$2,009.72	<a href="#">Product Catalog</a>
SPRINT PNS SYSTEM	C9807	Payment Limitation: \$2,525.62	<a href="#">ASC Billing Guide</a> <a href="#">HOPD Billing Guide</a>
Nerve Cryoablation Pro	C9808	Payment Limitation: \$1,050.68	<a href="#">Billing Guide</a>
Iovera System	C9809	Payment Limitation: \$261.38	<a href="#">Billing Guide</a>
IceMan	C9810	Payment Limitation: \$2,146.80	<a href="#">Billing Guide</a>
Sapphire Infusion Pump	C9811	Payment Limitation: \$1,997.16	<a href="#">CMS Table</a>
Ultrasound-visible nerve block needles (SonoPlex, SonoBlock, SonoTap)	C9812	Payment Limitation: \$1,997.16	<a href="#">Billing Guide</a>
Perforated continuous infusion catheter set (InfiltraLong)	C9813	Payment Limitation: \$1,997.16	<a href="#">Billing Guide</a>
Continuous anesthesia echogenic conduction catheter sets (SonoLong)	C9814	Payment Limitation: \$1,997.16	<a href="#">Billing Guide</a>

CADD-Solis Ambulatory Infusion Pump	C9815	Payment Limitation: \$1,997.16	<a href="#">CMS Table</a>
ambIT Pump rotary peristaltic infusion pump (Reusable)	C9816	Payment Limitation: \$2,008.72	<a href="#">Product Catalog</a>
Game Ready GRPro 2.1 System	C9817	Payment Limitation: \$1,997.16	<a href="#">Product Catalog</a>
Journavx	C9818	1 mg (reimbursed per 1 mg)	<a href="#">CMS OPPS Update</a>

**Disclaimer:** The links above are intended to provide additional reimbursement clarity per guidance directly from the manufacturers of these products. If you have any further questions or challenges about reimbursement for any of these products, Voices recommends that you reach out directly to the manufacturer.