

# NO PAIN Act

## Frequently Asked Questions (FAQs)



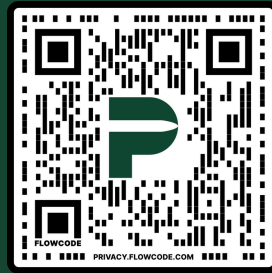
**Expanding Access to  
Non-Opioid Pain Management**

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## **Frequently Asked Questions/FAQs: NOPAIN Act**

### **Q. What is a NOPAIN Act and what is it intended to do?**

The Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act provides for temporary separate payment for certain nonopioid drugs and medical devices used for pain relief in the hospital outpatient department and Ambulatory Surgical Center settings from January 1, 2025 through December 31, 2027. Eligible drugs, biological products, and medical devices must meet specific FDA and clinical evidence criteria demonstrating their ability to reduce or avoid opioid use.

### **Q. What problem is the NOPAIN Act trying to solve?**

Historically, many non-opioid pain management products—including drugs and certain device-enabled therapies—were packaged into procedural payments (e.g., APCs), creating a financial disincentive for hospitals to use them. The No Pain Act removes this barrier by requiring separate payment, improving access and adoption.

### **Q. What devices qualify and why?**

To qualify for separate payment as a non-opioid treatment for pain relief, medical devices must be used to deliver a therapy that reduces postoperative pain or provides post-surgical or regional analgesia. In addition, a qualifying device must be FDA approved, cleared, or exempt from FDA premarket notification requirements, and it must demonstrate, through clinical evidence, the ability to replace, reduce, or avoid intraoperative or postoperative opioid use, or to reduce the quantity of opioids prescribed.

#### **Disclaimer**

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### **Q. Is there payment associated with qualifying devices?**

The payment amount for qualifying devices is dependent on facility-specific reimbursement and acquisition costs. Medicare determines the supplemental payment amount for PAJUNK qualifying devices on a case-by-case basis for each hospital; it is not a set payment amount. The payment to outpatient hospitals is calculated based on:

- A hospital's charges for the PAJUNK qualifying devices, which includes a hospital's charge adjustment or markup to account for its operating/capital costs,
- A hospital's cost-to-charge ratio (CCR) for Medical Devices. Medicare applies this CCR to the charges a hospital submits to determine the cost of the PAJUNK qualifying device to the hospital, and
- The device related portion of the relevant APC payment, also referred to as the device offset. For FY2026, the device offset is zero.

### **Q. How long does the payment last?**

Without further congressional action, the payment will expire December 31, 2027.

### **Q. Does the payment apply to non-Medicare FFS patients?**

No, it does not directly, but indirectly, it may influence commercial payer policies.

### **Q. Where can a hospital find the relevant hospital outpatient operating cost-to-charge-ratio used in the payment calculation?**

The provider specific CCRs are part of the Outpatient impact files found on CMS's website at FY 2026 Impact File (final rule). Please note that CCRs are published annually. Additionally, you may contact your MAC to find out your hospital's CCR.

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## Q. Are there specific codes that must be reported?

Yes, CMS created new HCPCS Level II codes to identify the **specific PAJUNK qualifying devices**:

- **C9812** - Echogenic nerve block needles (e.g., **SonoPlex®**, **SonoBlock**, **SonoTAP®**), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)
- **C9813** - Perforated continuous infusion catheter set (e.g., **InfiltraLong**), including all components, nonopioid medical device (must be a qualifying Medicare non-opioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)
- **C9814** - Continuous anesthesia echogenic conduction catheter set (e.g., **SonoLong**, **E-Cath®**), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023). HCPCS code C9814 applies to SonoLong starting January 1, 2026, and to both SonoLong and E-Cath beginning February 1, 2026.

These codes allow for billing and payment for the qualifying PAJUNK medical devices when medically appropriate and billed with an associated surgical procedure code.

## Q. Can the PAJUNK qualifying medical devices only be reported with those CPT codes used to determine the payment limitation?

No, separate payment for the qualifying PAJUNK medical devices is not limited to the CPT codes and related surgical procedures referenced in the OPPS Final Rule Table:

**Finalized Payment Limitations for Qualifying Products.** This table references the top 5 procedures that the PAJUNK qualifying medical devices would most likely be reported with. Reference the table on page 1141 of OPPS Final Rule 2026.

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**Q. Can other device manufacturers utilize these HCPCS codes?**

No - As stated in the FY2026 OPPS Final Rule, *the device being billed by the HCPCS code must be a device reviewed and approved by CMS through notice and comment rule-making and listed by product name in the final rule.*

*The qualifying Medicare non-opioid medical devices for post-surgical pain relief with separate payment starting or continuing on January 1, 2026, are those listed in table 136 of the final rule with comment period.*

***HCPCS code C9814 applies to SonoLong starting January 1, 2026, and to both SonoLong and E-Cath beginning February 1, 2026.***

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