

Reimbursement Billing & Coding Guide

NO PAIN Act



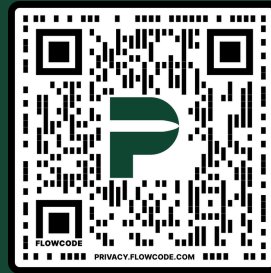
**Expanding Access to
Non-Opioid Pain Management**

For more information about PAJUNK or the ruling, please visit www.pajunk.com or scan the QR codes.

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Regional
Anesthesia
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Real People. Real Care.



Reimbursement Overview for PAJUNK

Hospital Outpatient & Ambulatory Surgical Center Qualifying Devices

Qualifying Medical Device HCPCS Codes

Device Description	Device Name	HCPCS	Description	SI	Payment Limitation
Ultrasound-Visible Nerve Block Needles	SonoPlex®, SonoBlock, SonoTAP®	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)	H1*	\$1,997.16
Perforated Continuous Infusion Catheter Set	InfiltraLong	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)	H1*	\$1,997.16
Continuous Anesthesia Conduction Catheter Sets	SonoLong, E-Cath®	C9814	Continuous anesthesia echogenic conduction catheter sets (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)	H1*	\$1,997.16

It is important to note that qualifying devices for post-surgical pain relief with separate Medicare payment are **limited to those listed in Table 136** of the CY2026 OPDS and ASC Payment System Final Rule. If the specific device is not listed in Table 136, that device is not eligible for reporting the corresponding C code unless Medicare has deemed the device eligible for separate payment.

Payment Calculation (NOPAIN Act)

The NOPAIN Act requires Medicare to provide temporary separate payment for qualifying non-opioid treatments for post-surgical pain furnished in Hospital Outpatient Departments (HOPD) and Ambulatory Surgery Centers (ASC). Effective for services provided from January 1, 2025 through December 31, 2027, this policy is intended to expand patient access through opioid-sparing pain management options by preventing these products from being packaged into standard procedure payments. Payment for PAJUNK’s qualifying medical devices began January 1, 2026. HCPCS code C9814 applies to SonoLong beginning January 1, 2026, and to both SonoLong and E-Cath® for dates of service on or after February 1, 2026.

*Non-Opioid Medical Devices for Post-Surgical Pain Relief

Product (HCPCS Code)	Top Primary Procedures HCPCS Code	Total Units of Drugs/Device packaged into Primary Procedure	Proposed CY2026 Procedure Rate	CY2026 Payment Limit (Volume Weighted Average of 18% of Primary Procedure Payment Rate)
C9812, C9813, C9814	27447	1	\$13,254.37	\$1,997.16
	27130	1	\$13,254.37	
	23472	1	\$18,056.80	
	29827	1	\$7,533.87	
	29881	1	\$3,377.20	

Disclaimer

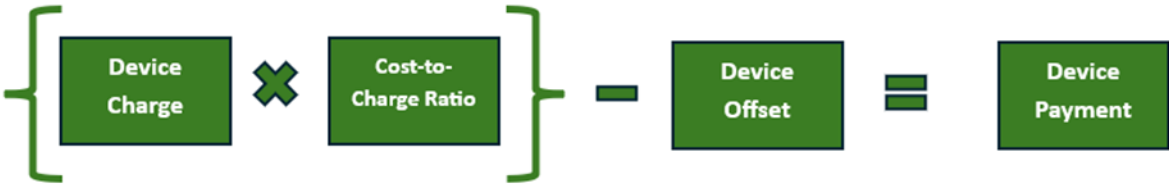
This coding and reimbursement guide provides information for physicians and healthcare facilities. The codes included in this guide are intended to represent typical procedures and are in no way intended to promote the off-label use of medical devices. Coverage of procedures are determined independently by payers. PAJUNK recommends that providers or healthcare facilities consult with your payers, reimbursement specialists, and/or legal counsel regarding specific coverage policies. It is always the provider's responsibility to understand and comply with any coverage requirements established by relevant payers which can be updated frequently. **Please note:** This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. PAJUNK encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes and charges for services that are rendered.



When PAJUNK’s devices are considered a qualifying non-opioid post-surgical pain management device, Medicare provides a separate payment under the NOPAIN Act. For CY2026, this payment is capped at 18% of the volume-weighted average Hospital Outpatient Department (HOPD) Ambulatory Payment Classification (APC) payment amount for procedures with which PAJUNK’s device are most commonly used. This results in a **maximum separate payment of \$1,997.16** for each of the approved devices.

CMS has determined that it will apply a \$0 device offset for 2026. Provided below is the Hospital Outpatient Department (HOPD) Payment Calculation methodology.

Medicare HOPD Separate Payment Calculation Illustration¹



Separate payments for **PAJUNK’s qualifying medical devices utilized in Ambulatory Surgery Centers (ASC)** are contractor-priced by the ASC’s Medicare Administrative Contractor. Therefore, the payment calculation illustration above does not apply to ASCs.

¹ **Device Charge** is the device's reasonable cost
Cost-to-Charge Ratio (CCR) is a measure derived from a hospital's Medicare cost report, calculated by dividing its total Medicare allowable **costs** (expenses like wages, supplies) by its total Medicare **charges** (amounts billed) for specific departments.
Device Offset amount is a **deduction from a procedure's payment (APC) amount** to account for the portion of costs already covered by the packaged payment for a device.
Device Payment is the amount eligible for separate reimbursement, up to the maximum payable amount.

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