

G0465 under CMS HOPD OPPS Payment System

The code G0465 is tied to the Ambulatory Payment Classification (APC) 5054 code, which is the same APC code that high-cost bucket skin subs (CTPs) are in. For hospital outpatient departments, Medicare assigns each procedure code to an APC group/code with an allowable rate. **In 2026, APC 5054 pays \$2,107.97 per billable application of ActiGraft** (see below).

HCPCS Code	Short Descriptor	SI	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G0460	Autolog prp not diab ulcer	T	5054	23.0593	\$2,107.97	.	\$421.60
G0465	Autolog prp diab wound ulcer	T	5054	23.0593	\$2,107.97	.	\$421.60

APC codes are based on relative weight. Below, see the CMS link to CY 2026 OPSS Addendum that locates the G0465 reimbursement within CMS for Hospital Outpatient Department (HOPD).

<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

Once you open the link:

1. Click on 2026 NFRM OPSS Addenda
2. Then scroll down and hit "Accept"
3. Click on Addendum B and ZIP file will download
4. Open ZIP file and open 2026 NFRM Addendum B
5. G0465 is in Column A, Line 14622

