



**News Flash** – Did you know that your local Medicare contractor (carrier, fiscal intermediary, or Medicare Administrative Contractor (MAC)) is a valuable source of news and information regarding Medicare business in your specific practice location? Through their electronic mailing lists, your local contractor can quickly provide you with information pertinent to your geographic area, such as local coverage determinations, local provider education activities, etc. If you have not done so already, you should go to your local contractor website and sign up for their listserv or e-mailing list. Many contractors have links on their home page to take you to their registration page to subscribe to their listserv. If you do not see a link on the homepage, just search their site for “listserv” or “e-mail list” to find the registration page. If you do not know the Web address of your contractor’s homepage, it is available at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

MLN Matters Number: MM6323

Related Change Request (CR) #: 6323

Related CR Release Date: January 13, 2009

Effective Date: January 1, 2009

Related CR Transmittal #: R1669CP

Implementation Date: January 5, 2009

## January 2009 Update of the Ambulatory Surgical Center (ASC) Payment System

### Provider Types Affected

ASCs that submit claims to Medicare Administrative Contractors (MACs) or carriers for services provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 6323 and is a recurring update that describes changes to and billing instructions for various **payment policies implemented in the January 2009 ASC update**. Make sure billing staff are aware of the changes.

### Background

This notification includes updates to the Healthcare Common Procedure Coding System (HCPCS) for ASCs and updated payment rates for selected separately payable drugs and biologicals, long descriptors for newly created Level II

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Healthcare Common Procedure Coding System (HCPCS) codes for drugs and biologicals (ASC DRUG files), and the calendar year (CY) 2009 ASC payment rates for covered surgical and ancillary services (ASCFS file).

## Key Points of CR6323

- **Table 1** below shows updates to four Core Based Statistical Areas (CBSAs) recognized by the Centers for Medicare & Medicaid Services (CMS) for ASC claims with dates of service on and after January 1, 2009.

**Table 1 - January 1, 2009 CBSA Changes**

COUNTY/STATE	FIPS CODE	2008 CBSA	2009 CBSA
Sarasota, Florida	12115	42260	14600
Chautauqua, New York	36013	27460	33
Garfield, Oklahoma	40047	21420	37
Stanly, North Carolina	37167	34	16740

- **Drugs and Biologicals with Payment Based on Average Sales Price (ASP) Effective January 1, 2009**
  - In the CY 2009 OPPTS/ASC final rule with comment period, it was stated that payments for separately payable drugs and biologicals based on the ASPs will be updated on a quarterly basis as later quarter ASP submissions become available.
  - Effective January 1, 2009, payment rates for many covered ancillary drugs and biologicals have changed from the values published in the CY 2009 Outpatient Prospective Payment System//Ambulatory Surgical Center (OPPTS/ASC) final rule with comment period as a result of ASP calculations based on sales price submissions from the third quarter of CY 2008. In cases where the payment rates are different from those published in Addendum BB to the OPPTS/ASC final rule with comment period in the *Federal Register*, the correct, updated payment rates have been incorporated into the January 2009 release of the ASC DRUG file. The updated payment rates effective January 1, 2009 for covered ancillary drugs and biologicals can be found in the January 2009 update of the ASC Addendum BB which may be viewed at <http://www.cms.hhs.gov/ASCPayment/ASCRN/ItemDetail.asp?ItemID=CM51216691> on the CMS website.

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- **New HCPCS Codes for Drugs and Biologicals that are Separately Payable under the ASC Payment System as of January 1, 2009.**
  - For CY 2009, new Level II HCPCS codes have been created for reporting specific drugs and biologicals for which no previous payable HCPCS code existed.
  - Thirty of the new Level II HCPCS codes for reporting drugs and biologicals are separately payable to ASCs for dates of service on or after January 1, 2009. The new **Level II HCPCS** codes, their payment indicators, and long descriptors are displayed in **Table 2** below. The CY 2009 ASC payment rates for the drugs and biologicals are in the January 2009 ASC DRUG file.

**Table 2 - New Level II HCPCS Codes for Drugs and Biologicals Separately Payable under the ASC Payment System for CY 2009**

HCPCS Code	CY 2009 Payment Indicator	Long Descriptor
C9245	K2	Injection, romiplostim, 10 mcg
C9246	K2	Injection, gadoxetate disodium, per ml
C9248	K2	Injection, clevidipien butyrate, 1 mg
J0641	K2	Injection, levoleucovorin calcium, 0.5 mg
J1267	K2	Injection, doripenem, 10 mg
J1453	K2	Injection, fosaprepitant, 1 mg
J1459	K2	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1750	K2	Injection, iron dextran, 50 mg
J1930	K2	Injection, lanreotide, 1 mg
J1953	K2	Injection, levetiracetam, 10 mg
J2785	K2	Injection, regadenoson, 0.1 mg
J3101	K2	Injection, tenecteplase, 1 mg
J7186	K2	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
J8705	K2	Topotecan, oral, 0.25 mg
J9033	K2	Injection, bendamustine hcl, 1 mg

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HCPCS Code	CY 2009 Payment Indicator	Long Descriptor
J9207	K2	Injection, ixabepilone, 1 mg
J9330	K2	Injection, temsirolimus, 1 mg
J0132	K2	Injection, acetylcysteine, 100 mg
J0470	K2	Injection, dimercaprol, per 100 mg
J0550	K2	Injection, penicillin g benzathine and penicillin g procaine, up to 2,400,000 units
J0630	K2	Injection, calcitonin salmon, up to 400 units
J1212	K2	Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml
J1455	K2	Injection, foscarnet sodium, per 1000 mg
J2460	K2	Injection, oxytetracycline hcl, up to 50 mg
J2515	K2	Injection, pentobarbital sodium, per 50 mg
J2805	K2	Injection, sincalide, 5 micrograms
J3400	K2	Injection, triflupromazine hcl, up to 20 mg
J7191	K2	Factor viii (antihemophilic factor (porcine)), per i.u.
J7516	K2	Cyclosporin, parenteral, 250 mg
J9165	K2	Injection, diethylstilbestrol diphosphate, 250 mg
90296	K2	Diphtheria antitoxin, equine, any route
90378	K2	Respiratory syncytial virus immune globulin (rsv-igim), for intramuscular use, 50 mg, each
90665	K2	Lyme disease vaccine, adult sodate, for intramuscular use
90681	K2	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
90696	K2	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90740	F4	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular

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HCPCS Code	CY 2009 Payment Indicator	Long Descriptor
		use
90743	F4	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	F4	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	F4	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	F4	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
Q4101	K2	Skin substitute, apligraf, per square centimeter
Q4102	K2	Skin substitute, oasis wound matrix, per square centimeter
Q4103	K2	Skin substitute, oasis burn matrix, per square centimeter
Q4104	K2	Skin substitute, integra bilayer matrix wound dressing (bmwd), per square centimeter
Q4105	K2	Skin substitute, integra dermal regeneration template (drt), per square centimeter
Q4106	K2	Skin substitute, dermagraft, per square centimeter
Q4107	K2	Skin substitute, graft jacket, per square centimeter
Q4108	K2	Skin substitute, integra matrix, per square centimeter
Q4110	K2	Skin substitute, primatrix, per square centimeter
Q4111	K2	Skin substitute, gammagraft, per square centimeter
Q4112	K2	Allograft, cymetra, injectable, 1cc
Q4113	K2	Allograft, graft jacket express, injectable, 1cc
Q4114	K2	Allograft, integra flowable wound matrix, injectable, 1cc

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- **Updated Payment Rates for Certain HCPCS Codes Effective April 1, 2008 through June 30, 2008.**
  - The payment rates for six drugs and biologicals (Table 3) were incorrect in the April 2008 ASC DRUG file. The corrected payment rates are listed below and have been corrected in the revised April 2008 ASC DRUG file. The corrected rates are effective for services furnished on April 1, 2008 through June 30, 2008. If your claims were processed with the incorrect rates and you make your carrier/MAC aware of such claims, the carrier/MAC will adjust the claims.

**Table 3 - Updated Payment Rates for Certain Drugs and Biologicals Effective April 1, 2008 through June 30, 2008**

HCPCS Code	CY 2008 PI	Short Descriptor	Corrected Payment Rate
J0150	K2	Injection adenosine 6 MG	\$12.71
J1626	K2	Granisetron HCl injection	\$5.99
J2405	K2	Ondansetron hcl injection	\$0.23
J2730	K2	Pralidoxime chloride inj	\$83.17
J9208	K2	Ifosfomide injection	\$36.77
J9209	K2	Mesna injection	\$7.81

- **Updated Payment Rates for Certain Drugs and Biologicals Effective July 1, 2008 through September 30, 2008**
  - The payment rates for nine drugs and biologicals (Table 4) were incorrect in the July 2008 ASC DRUG file. The corrected payment rates are listed below and have been corrected in the revised July 2008 ASC DRUG file.
  - The corrected rates are effective for services furnished on July 1, 2008 through September 30, 2008. If your claims were processed with the incorrect rates and you make your carrier/MAC aware of such claims, the carrier/MAC will adjust the claims.

**Table 4 - Updated Payment Rates for Certain Drugs and Biologicals Effective July 1, 2008 through September 30, 2008**

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CY 2008 HCPCS Code	CY 2008 PI	Short Descriptor	Corrected Payment Rate
J0150	K2	Injection adenosine 6 MG	\$11.57
J1566	K2	Immune globulin, powder	\$28.37
J1569	K2	Gammagard liquid injection	\$34.66
J2730	K2	Pralidoxime chloride inj	\$84.90
J7190	K2	Factor viii	\$0.85
J7192	K2	Factor viii recombinant	\$1.12
J7198	K2	Anti-inhibitor	\$1.47
J8510	K2	Oral busulfan	\$2.55
J9208	K2	Ifosfomide injection	\$34.04

- **Updated Payment Rates for Certain Drugs and Biologicals Effective October 1, 2008 through December 31, 2008**
  - The payment rates for two drugs and biologicals (Table 5) were incorrect in the October 2008 ASC DRUG file. The corrected payment rates are listed below and have been corrected in the revised October 2008 ASC DRUG file.
  - The corrected rates are effective for services furnished on October 1, 2008 through December 31, 2008. If your claims were processed with the incorrect rates and you make your carrier/MAC aware of such claims, the carrier/MAC will adjust the claims.

**Table 5 - Updated Payment Rates for Certain Drugs and Biologicals Effective October 1, 2008 through December 31, 2008**

CY 2008 HCPCS Code	CY 2008 PI	Short Descriptor	Corrected Payment Rate
J1568	K2	Octagam injection	\$35.58
J2323	K2	Natalizumab injection	\$7.51

- **Correct Reporting of Drugs and Biologicals When Used As Implantable Devices**
  - When billing for a biological for which the HCPCS code describes a product that is solely surgically implanted or inserted, and that is separately payable

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- under the ASC payment system, the ASC should report the HCPCS code for the product.
- If the implanted biological is packaged, that is, not eligible for separate payment under the ASC payment system, the ASC should not report the biological product HCPCS code.
  - When billing for a biological for which the HCPCS code describes a product that may be either surgically implanted or inserted or otherwise applied in the care of a patient, ASCs should not report the HCPCS code for the product when the biological is used as an implantable device (including as a scaffold or an alternative to human or nonhuman connective tissue or mesh used in a graft) during surgical procedures.
  - Under the ASC payment system, ASCs are provided a packaged payment for surgical procedures that includes the cost of supportive items. When using biologicals during surgical procedures as implantable devices, ASCs may include the charges for these items in their charges for the procedure.
- **Correct Reporting of Units for Drugs**
    - ASCs are reminded to ensure that units of drugs administered to patients are accurately reported in terms of the dosage specified in the HCPCS long code descriptor. That is, units should be reported in multiples of the units included in the HCPCS descriptor. For example, if the description for the drug code is 6 mg, and 6 mg of the drug was administered to the patient, the units billed should be 1. If the description for the drug code is 50 mg, but 200 mg of the drug was administered to the patient, the units billed should be 4.
    - ASCs should not bill the units based on the way the drug is packaged, stored, or stocked. That is, if the HCPCS descriptor for the drug code specifies 1 mg and a 10 mg vial of the drug was administered to the patient, bill 10 units, even though only one vial was administered.
    - The HCPCS short descriptors are limited to 28 characters, including spaces, so short descriptors do not always capture the complete description of the drug. Therefore, before submitting Medicare claims for drugs and biologicals, it is extremely important to review the complete long descriptors for the applicable HCPCS codes.
  - **Attachment A to CR 6323 lists the surgical procedures that are newly payable in the ASC setting as of January 1, 2009. Those procedures are displayed here in Table 6 as follows.**

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Table 6 - Surgical procedures newly payable in the ASC setting effective January 1, 2009

HCPCS Code	Short Descriptor	HCPCS Code	Short Descriptor
0190T	Place intraoc radiation src	49325	Lap revision perm ip cath
0191T	Insert ant segment drain int	49326	Lap w/omentopexy add-on
0192T	Insert ant segment drain ext	49652	Lap vent/abd hernia repair
15170	Acell graft trunk/arms/legs	49653	Lap vent/abd hern proc comp
15171	Acell graft t/arm/leg add-on	49654	Lap inc hernia repair
15175	Acellular graft, f/n/hf/g	49655	Lap inc hern repair comp
15176	Acell graft, f/n/hf/g add-on	49656	Lap inc hernia repair recur
20696	Comp multiplane ext fixation	49657	Lap inc hern recur comp
20697	Comp ext fixate strut change	55706	Prostate saturation sampling
34490	Removal of vein clot	62267	Interdiscal perq aspir, dx
36455	Bl exchange/transfuse non-nb	64448	N block inj fem, cont inf
41530	Tongue base vol reduction	64449	N block inj, lumbar plexus
43273	Endoscopic pancreatoscopy	64455*	N block inj, plantar digit
46930*	Destroy internal hemorrhoids	64632*	N block inj, common digit
49324	Lap insertion perm ip cath	65756	Corneal trnspl, endothelial
77785	Hdr brachytx, 1 channel	77786	Hdr brachytx, 2-12 channel
77787	Hdr brachytx over 12 chan		

\* Indicates that the office-based payment indicator assigned for CY 2009 is temporary.

- Attachment B to CR 6323 lists the procedures to which the no cost/full credit and partial credit device adjustment policy applies. Those procedures are displayed here in Table 7 as follows.

Table 7 – CY 2009 list of procedures to which the no cost/full credit and partial credit device adjustment policy applies.

HCPCS Code	Short Descriptor	HCPCS Code	Short Descriptor
24361	Reconstruct elbow joint	54416	Remv/repl penis contain pros
24363	Replace elbow joint	55873	Cryoablate prostate

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HCPSC Code	Short Descriptor	HCPSC Code	Short Descriptor
24366	Reconstruct head of radius	61885	Insrt/redo neurostim 1 array
25441	Reconstruct wrist joint	61886	Implant neurostim arrays
25442	Reconstruct wrist joint	62361	Implant spine infusion pump
25446	Wrist replacement	62362	Implant spine infusion pump
27446	Revision of knee joint	63650	Implant neuroelectrodes
33206	Insertion of heart pacemaker	63655	Implant neuroelectrodes
33207	Insertion of heart pacemaker	63685	Insrt/redo spine n generator
33208	Insertion of heart pacemaker	64553	Implant neuroelectrodes
33212	Insertion of pulse generator	64555	Implant neuroelectrodes
33213	Insertion of pulse generator	64560	Implant neuroelectrodes
33214	Upgrade of pacemaker system	64561	Implant neuroelectrodes
33224	Insert pacing lead & connect	64565	Implant neuroelectrodes
33225	L ventric pacing lead add-on	64573	Implant neuroelectrodes
33240	Insert pulse generator	64575	Implant neuroelectrodes
33249	Eltrd/insert pace-defib	64577	Implant neuroelectrodes
33282	Implant pat-active ht record	64580	Implant neuroelectrodes
53440	Male sling procedure	64581	Implant neuroelectrodes
53444	Insert tandem cuff	64590	Insrt/redo pn/gastr stimul
53445	Insert uro/ves nck sphincter	65770	Revise cornea with implant
53447	Remove/replace ur sphincter	69714	Implant temple bone w/stimul
54400	Insert semi-rigid prosthesis	69715	Temple bne implnt w/stimulat
54401	Insert self-contd prosthesis	69717	Temple bone implant revision
54405	Insert multi-comp penis pros	69718	Revise temple bone implant
54410	Remove/replace penis prosth	69930	Implant cochlear device

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- Attachment C to CR 6323 lists the devices for which the “FB” or “FC” modifier must be reported with the procedure code when furnished at no cost or with full or partial credit. That list of devices is displayed here as Table 8.

Table 8 – CY 2009 list of devices for which the “FB” or “FC” modifier must be reported with the procedure code when furnished at no cost or with full or partial credit.

Device HCPCS Code	Short Descriptor	Device HCPCS Code	Short Descriptor
C1721	AICD, dual chamber	C1881	Dialysis access system
C1722	AICD, single chamber	C1882	AICD, other than sing/dual
C1764	Event recorder, cardiac	C1891	Infusion pump, non-prog, perm
C1767	Generator, neurostim, imp	C1897	Lead, neurostim, test kit
C1771	Rep dev, urinary, w/sling	C1898	Lead, pmkr, other than trans
C1772	Infusion pump, programmable	C1900	Lead coronary venous
C1776	Joint device (implantable)	C2619	Pmkr, dual, non rate- resp
C1778	Lead, neurostimulator	C2620	Pmkr, single, non rate- resp
C1779	Lead, pmkr, transvenous VDD	C2621	Pmkr, other than sing/dual
C1785	Pmkr, dual, rate- resp	C2622	Prosthesis, penile, non- inf
C1786	Pmkr, single, rate- resp	C2626	Infusion pump, non-prog, temp
C1813	Prosthesis, penile, inflatab	C2631	Rep dev, urinary, w/o sling
C1815	Pros, urinary sph, imp	L8614	Cochlear device/system
C1820	Generator, neuro rechg bat sys	L8690	Aud osseo dev, int/ext comp

## Additional Information

If you have questions, please contact your MAC or carrier at their toll-free numbers which may be found at

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<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction CR 6323 issued to your MAC or carrier is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1669CP.pdf> on the CMS website.

For a Special Edition article that provides an overview of the ASC payment system, see <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0742.pdf> on the CMS website.

**News Flash - It's Not Too Late to Get the Flu Shot.** We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. Re-vaccination is necessary each year because flu viruses change each year. So please encourage your Medicare patients who haven't already done so to get their annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. **Get Your Flu Shot – Not the Flu! Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of the influenza vaccine and other Medicare Part B covered vaccines and related provider education resources created by the CMS Medicare Learning Network (MLN), by reviewing Special Edition *MLN Matters* article SE0838 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0838.pdf> on the CMS website.

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