CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2626	**Date: December 28, 2012**
	Change Request 8148

SUBJECT: January 2013 Update of the Ambulatory Surgery Center (ASC) Payment System

I. SUMMARY OF CHANGES: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the January 2013 ASC payment system update. This Recurring Update Notification applies to chapter 14, section 10. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

EFFECTIVE DATE: January 1, 2013
IMPLEMENTATION DATE: January 7, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):
The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Recurring Update Notification

Pub. 100-04	Transmittal: 2626	Date: December 28, 2012	Change Request: 8148

SUBJECT: January 2013 Update of the Ambulatory Surgery Center (ASC) Payment System

EFFECTIVE DATE: January 1, 2013
IMPLEMENTATION DATE: January 7, 2013

I. GENERAL INFORMATION

A. Background: This Recurring Update Notification describes changes to and billing instructions for various payment policies implemented in the January 2013 ASC payment system update. This Recurring Update Notification applies to chapter 14, section 10. As appropriate, this notification also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

Included in this notification are CY 2013 payment rates for separately payable drugs and biologicals, including long descriptors for newly created Level II HCPCS codes for drugs and biologicals (ASC DRUG files), and the CY 2013 ASC payment rates for covered surgical and ancillary services (ASCFS file).

Many ASC payment rates under the ASC payment system are established using payment rate information in the Medicare Physician Fee Schedule (MPFS). The payment files associated with this transmittal reflect the most recent changes to CY 2013 MPFS payment.

B. Policy: 1. New Procedure Codes

CMS is establishing one new HCPCS surgical procedure code for ASC use effective January 1, 2013. Table 1 provides a listing of the descriptor and payment indicator for the new code.

Table 1 – New HCPCS Procedure Codes (see Attachment A: Policy Section Tables)

2. Billing for Drugs, Biologicals, and Radiopharmaceuticals

1. **Reporting HCPCS Codes for All Drugs, Biologicals, and Radiopharmaceuticals**

ASCs are strongly encouraged to report charges for all separately payable drugs and biologicals, using the correct HCPCS codes for the items used.

Many HCPCS codes, including those for drugs, biologicals, and radiopharmaceuticals, have undergone changes in their HCPCS and CPT code descriptors that will be effective in CY 2013. In addition, several temporary HCPCS C-codes have been deleted effective December 31, 2012 and replaced with permanent HCPCS codes in CY 2013.

ASCs should pay close attention to accurate billing for units of service consistent with the dosages contained in the long descriptors of the active CY 2013 HCPCS codes. ASCs should not report HCPCS codes and separate charges for drugs and biologicals that receive packaged payment through the payment for the associated covered surgical procedure.

HCPCS payment updates are posted to the CMS website quarterly at:http://cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html

2. **Drugs and Biologicals with Payment Based on Average Sales Price (ASP) Effective January 1, 2013**

Payments for separately payable drugs and biologicals based on the average sales prices (ASPs) are updated on a quarterly basis as later quarter ASP submissions become available. Effective January 1, 2013, payment rates for many covered ancillary drugs and biologicals have changed from the values published in the CY 2013 OPPS/ASC final rule with comment period as a result of the new ASP calculations based on sales price submissions from the third quarter of CY 2012. In cases where adjustments to payment rates are necessary, the updated payment rates will be incorporated in the January 2013 release of the ASC DRUG file. CMS is not publishing the updated payment rates in this Change Request implementing the January 2013 update of the ASC payment system. However, the updated payment rates effective January 1, 2013 for covered ancillary drugs and biologicals can be found in the January 2013 update of the ASC Addendum BB on the CMS Website.

3. **New CY 2013 HCPCS Codes and Dosage Descriptors for Certain Drugs, Biologicals, and Radiopharmaceuticals**

For CY 2013, several new HCPCS codes have been created for reporting drugs and biologicals in the ASC setting, where there have not previously been specific codes available. These new codes are listed in Table 2 below.

Table 2 – New CY 2013 HCPCS Codes Effective for Certain Drugs, Biologicals, and Radiopharmaceuticals (see Attachment A: Policy Section Tables)

4. **Discontinued CY 2012 HCPCS and other Changes to CY 2013 HCPCS for Certain Drugs, Biologicals, and Radiopharmaceuticals**

Table 3 below notes those drugs, biologicals, and radiopharmaceuticals that have undergone changes in either their HCPCS codes, their long descriptors, or both. Each product' s CY 2012 HCPCS code and CY 2012 long descriptors are noted in the two left-hand columns. The CY 2013 HCPCS code and long descriptors are noted in the adjacent right-hand columns.

Table 3 – Discountinued CY 2012 HCPCS and other CY 2013 HCPCS and CPT Code Changes for Certain Drugs, Biologicals, and Radiopharmaceuticals (see Attachment A: Policy Section Tables)

3. Updated Payment Rates for Certain HCPCS Codes Effective April 1, 2012 through June 30, 2012

The payment rate for one HCPCS code was incorrect in the April 2012 ASC Drug file. The corrected payment rate is listed in Table 4 below and has been included in the revised April 2012 ASC Drug file, effective for claims with dates of service April 1, 2012 through June 30, 2012, and processed prior to the implementation of the January 2013 ASC quarterly update. Suppliers who think they may have received an incorrect payment for dates of service April 1, 2012 through June 30, 2012, may request contractor adjustment of the previously processed claims.

Table 4 – Updated Payment Rates for Certain HCPCS Codes Effective April 1, 2012 (see Attachment A: Policy Section Tables)

4. Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2012 through September 30, 2012

The payment rate for one HCPCS code was incorrect in the July 2012 ASC Drug file. The corrected payment rate is listed in Table 5 below and has been included in the revised July 2012 ASC Drug file, effective for claims with dates of service July 1, 2012 through September 30, 2012 and processed prior to the implementation of the January 2013 ASC quarterly update. Suppliers who think they may have received an incorrect payment for dates of service July 1, 2012 through September 30, 2012, may request contractor

adjustment of the previously processed claims.

Table 5 – Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2012 (see Attachment A: Policy Section Tables)

5. Payment When a Device is Furnished With No Cost or With Full or Partial Credit

For CY 2013, CMS updated the list of ASC covered device intensive procedures and devices that are subject to the no cost/full credit and partial credit device adjustment policy. Contractors will reduce the payment for the device implantation procedures listed in Attachment A, below, by the full device offset amount for no cost/full credit cases. ASCs must append the modifier "FB" to the HCPCS procedure code when the device furnished without cost or with full credit is listed in Attachment B, below, and the associated implantation procedure code is listed in Attachment A. In addition, contractors will reduce the payment for implantation procedures listed in Attachment A by one half of the device offset amount that would be applied if a device were provided at no cost or with full credit, if the credit to the ASC is 50 percent or more of the device cost. If the ASC receives a partial credit of 50 percent or more of the cost of a device listed in Attachment B, the ASC must append the modifier "FC" to the associated implantation procedure code if the procedure is listed in Attachment A. A single procedure code should not be submitted with both modifiers "FB" and "FC."

More information regarding billing for procedures involving no cost/full credit and partial credit devices is available in the Medicare Claims Processing Manual, Pub 100-04, Chapter 14, Section 40.8.

6. Coverage Determinations

The fact that a drug, device, procedure or service is assigned a HCPCS code and a payment rate under the ASC payment system does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Carriers/Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage. For example, Carriers/MACs determine that it is reasonable and necessary to treat the beneficiary' s condition and whether it is excluded from payment.

7. Attachments

Four attachments are provided to this transmittal that contractors may wish to use as references to support their ASC module updating and validation processes.

Attachment A: POLICY SECTION TABLES

Attachment B: NEW CY 2013 ASC COVERED SURGICAL PROCEDURES AND ANCILLARY SERVICES THAT ARESEPARATELY PAYABLE

Attachment C: CY 2013 ASC PROCEDURES TO WHICH THE NO COST/FULL CREDIT AND PARTIAL CREDIT DEVICE ADJUSTMENT POLICY APPLIES

Attachment D: CY 2013 DEVICES FOR WHICH THE " FB" OR " FC" MODIFIER MUST BE REPORTED WITH THE ASC PROCEDURE CODE WHEN FURNISHED AT NO COST OR WITH FULL OR PARTIAL CREDIT

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8148.1	Contractors shall download the January 2013 ASCFS from the CMS mainframe. FILENAME: MU00.@BF12390.ASC.CY13.FS.JANA.V1215 **NOTE: The January 2013 ASCFS is a full update and includes a list of ASC covered services subject to the FB and FC modifier payment adjustment policy as identified in this transmittal.** **NOTE: Date of retrieval will be provided in a separate email communication from CMS**		X			X						All EDCs (CDS, EDS)
8148.2	Medicare contractors shall download and install the January 2013 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY13.DRUG.JANA.V1215 **NOTE: Date of retrieval will be provided in a separate email communication from CMS**		X			X						All EDCs (CDS, EDS)
8148.3	Medicare contractors shall download and install the January 2013 ASC PI file. FILENAME: MU00.@BF12390.ASC.CY13.PI.JANA.V1215 **NOTE: Date of retrieval will be provided in a separate email communication from CMS.**		X			X						All EDCs (CDS, EDS)
8148.4	Medicare contractors shall download and install a revised April 2012 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY12.DRUG.APRC.V1215		X			X						All EDCs (CDS, EDS)

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	NOTE: Date of retrieval will be provided in a separate email communication from CMS											
8148.5	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service April 1, 2012 through June 30, 2012 and ; 2) Were originally processed prior to the installation of the revised April 2012 ASC DRUG File.		X			X						COBC
8148.6	Medicare contractors shall download and install a revised July 2012 ASC DRUG file. FILENAME: MU00.@BF12390.ASC.CY12.DRUG.JULC.V1215 **NOTE: Date of retrieval will be provided in a separate email communication from CMS**		X			X						All EDCs (CDS, EDS)
8148.7	Medicare contractors shall adjust as appropriate claims brought to their attention that: 1) Have dates of service July 1, 2012 through September 30, 2012 and ; 2) Were originally processed prior to the installation of the revised July 2012 ASC DRUG File.		X			X						COBC
8148.8	Medicare contractors shall download and utilize the January 2013 ASC CODE PAIR file to perform maintenance required to modify the code audit(s). FILENAME: MU00.@BF12390.ASC.CY13.CPAIR.JANA.V1215 **NOTE: Date of retrieval will be provided in a separate email communication from CMS**		X			X						All EDCs (CDS, EDS), COBC
8148.9	Contractors and CWF shall add TOS F to the codes listed in table 1, table 2, and Attachment B effective		X			X					X	

Number	Requirement	Responsibility										
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	January 1, 2013											
8148.10	Contractors and CWF shall end dateHCPCS C9279, C9286-C9289, C9366, C9368, C9369, J1051, J8561, and Q2045-Q2048in their systems effective December 31, 2012.		X			X					X	All EDCs (CDS, EDS), COBC
8148.11	Contractors shall make January 2013 ASCFS fee data for their ASC payment localities available on their web sites no later than 30 days after CMS makes the file available to contractors.		X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
8148.12	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider		X			X		

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
	community in billing and administering the Medicare program correctly.							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
8148.1	Attachments A, B, C, and D
8148.6	Attachment A
8148.2	Attachment A
8148.3	Attachment A
8148.8	Attachment A
8148.10	Attachment A
8148.11	Attachment A
8148.9	Attachment A and B

Section B: All other recommendations and supporting information:

Attachment A: POLICY SECTION TABLES

Attachment B: NEW CY 2013 ASC COVERED SURGICAL PROCEDURES AND ANCILLARY SERVICES THAT ARE SEPARATELY PAYABLE

Attachment C: CY 2013 ASC PROCEDURES TO WHICH THE NO COST/FULL CREDIT AND PARTIAL CREDIT DEVICE ADJUSTMENT POLICY APPLIES

Attachment D: CY 2013 DEVICES FOR WHICH THE “FB” OR “FC” MODIFIER MUST BE REPORTED WITH THE ASC PROCEDURE CODE WHEN FURNISHED AT NO COST OR WITH FULL OR PARTIAL CREDIT

V. CONTACTS

Pre-Implementation Contact(s): CHUCK BRAVER, 410-786-6719 or chuck.braver@cms.hhs.gov (ASC Payment Policy), YVETTE COUSAR, 410-786-2160 or yvette.cousar@cms.hhs.gov (Carrier/ AB MAC Claims Processing Issues), MARK BALDWIN, 410-786-8139 or mark.baldwin@cms.hhs.gov (Carrier/ AB MAC Claims Processing Issues)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments

Attachment A

Table 1 – New HCPCS Procedure Codes

HCPCS	Effective Date	Short Descriptor	Long Descriptor	CY2013 PI
G0458	01-01-13	LDR pros brachy comp rat	Low dose rate (ldr) prostate brachytherapy services, composite rate	G2

Table 2 – New CY 2013 HCPCS Codes Effective for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2013 HCPCS Code	CY 2013 Long Descriptor	CY 2013 PI
C9294	Injection, taliglucerase alfa, 10 units	K2
C9295	Injection, carfilzomib, 1 mg	K2
C9296	Injection, ziv-aflibercept, 1 mg	K2
J1744	Injection, icatibant, 1 mg	K2
J2212	Injection, methylnaltrexone, 0.1 mg	K2
J7315	Mitomycin, opthalmic, 0.2 mg	N1

Table 3 – Discountinued CY 2012 HCPCS and other CY 2013 HCPCS and CPT Code Changes for Certain Drugs, Biologicals, and Radiopharmaceuticals

CY 2012 HCPCS code	CY 2012 Long Descriptor	CY 2013 HCPCS Code	CY 2013 Long Descriptor
C9286	Injection, belatacept, 1 mg	J0485	Injection, belataccept, 1 mg
C9287	Injection, brentuximab vedotin, 1 mg	J9042	Injection, brentuximab vedotin, 1 mg
C9288	Injection, centruroides (scorpion) immune f(ab)2 (equine), 1 vial	J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams
C9289	Injection, asparaginase erwinia chrysanthemi, 1,000 international units (i.u.)	J9019	Injection, asparaginase (Erwinaze), 1,000 IU
C9366	EpiFix, per square centimeter	Q4131	Epifix, per square centimeter
C9368	Grafix core, per square centimeter	Q4132	Grafix core, per square centimeter
C9369	Grafix prime, per square centimeter	Q4133	Grafix prime, per square centimeter
J8561	Everolimus, oral, 0.25 mg	J7527	Everolimus, oral, 0.25 mg
J9020	Injection, asparaginase, 10,000 units	J9020	Injection, Asparaginase, Not Otherwise Specified, 10,000 Units
J9280	Mitomycin, 5 mg	J9280	Injection, mitomycin, 5 mg
Q2045*	Injection, human fibrinogen concentrate, 1 mg	J7178	Injection, human fibrinogen concentrate, 1 mg

Q2046*	Injection, aflibercept, 1 mg	J0178	Injection, aflibercept, 1 mg
Q2048*	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg	J9002	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg
Q4119	Matristem wound matrix, per square centimeter	Q4119	Matristem wound matrix, psmx, rs, or psm, per square centimeter
Q4128	Flexhd or allopatch hd, per square centimeter	Q4128	Flex hd, allopatch hd, or matrix hd, per square centimeter

*HCPCS code J1680 was replaced with HCPCS code Q2045 effective July 1, 2012. HCPCS code Q2045 was subsequently replaced with HCPCS code J7178, effective January 1, 2013.

*HCPCS code C9291 was replaced with HCPCS code Q2046 effective July 1, 2012. HCPCS code Q2046 was subsequently replaced with HCPCS code J0178, effective January 1, 2013.

*HCPCS code J9001 was replaced with HCPCS code Q2048 effective July 1, 2012. HCPCS code Q2048 was subsequently replaced with HCPCS code J9002, effective January 1, 2013.

Table 4 – Updated Payment Rates for Certain HCPCS Codes Effective April 1, 2012 through June 30, 2012

HCPCS Code	Short Descriptor	Corrected Payment Rate
Q4112	Cymetra allograft	$271.12

Table 5 – Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2012 through September 30, 2012

HCPCS Code	Short Descriptor	Corrected Payment Rate
Q4112	Cymetra allograft	$323.65

Attachment B

NEW CY 2013 ASC COVERED SURGICAL PROCEDURES AND ANCILLARY SERVICES THAT ARE SEPARATELY PAYABLE

CY 2013 HCPCS	CY 2013 Short Descriptor	CY 2013 Long Descriptor
24370	Revise reconst elbow joint	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
24371	Revise reconst elbow joint	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
31647	Bronchial valve init insert	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
31648	Bronchial valve addl insert	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
31649	Bronchial valve remov init	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)
31651	Bronchial valve remov addl	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])
32554	Aspirate pleura w/o imaging	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
32555	Aspirate pleura w/ imaging	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32556	Insert cath pleura w/o image	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
32557	Insert cath pleura w/ image	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
37197	Remove intrvas foreign body	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
37205	Transcath iv stent percut	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel
37206	Transcath iv stent/perc addl	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (list separately in addition to code for primary procedure)
37211	Thrombolytic art therapy	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day
37212	Thrombolytic venous therapy	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
37224	Fem/popl revas w/tla	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Fem/popl revas w/ather	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Fem/popl revasc w/stent	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Fem/popl revasc stnt & ather	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Tib/per revasc w/tla	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

37229	Tib/per revasc w/ather	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Tib/per revasc w/stent	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Tib/per revasc stent & ather	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Tib/per revasc add-on	Revascularization, endovascular, open or percutaneous, tibial/ peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (list separately in addition to code for primary procedure)
37233	Tibper revasc w/ather add-on	Revascularization, endovascular, open or percutaneous, tibial/ peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37234	Revsc opn/prq tib/pero stent	Revascularization, endovascular, open or percutaneous, tibial/ peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
37235	Tib/per revasc stnt & ather	Revascularization, endovascular, open or percutaneous, tibial/ peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure)
38243	Transplj hematopoietic boost	Hematopoietic progenitor cell (HPC); HPC boost
43206	Esoph optical endomicroscopy	Esophagoscopy, rigid or flexible; with optical endomicroscopy
43252	Uppr gi opticl endomicrscopy	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy
52287	Cystoscopy chemodenervation	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
58541	Lsh uterus 250 g or less	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Lsh w/t/o ut 250 g or less	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58570	Tlh uterus 250 g or less	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Tlh w/t/o 250 g or less	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
63001	Removal of spinal lamina	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
63003	Removal of spinal lamina	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
63005	Removal of spinal lamina	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
64615	Chemodenerv musc migraine	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
78012	Thyroid uptake measurement	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013	Thyroid imaging w/blood flow	Thyroid imaging (including vascular flow, when performed);
78014	Thyroid imaging w/blood flow	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78071	Parathyrd planar w/wo subtrj	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
78072	Parathyrd planar w/spect&ct	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

0274T	Perq lamot/lam crv/thrc	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
0275T	Perq lamot/lam lumbar	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, ct), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar
0299T	Esw wound healing init wound	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
0300T	Esw wound healing addl wound	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (list separately in addition to code for primary procedure)
0313T	Laps rmvl nstim array vagus	Vagus nerve blocking therapy (morbid obesity); revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
0314T	Laps rmvl vgl arry & pls gen	Vagus nerve blocking therapy (morbid obesity); removal of vagal trunk neurostimulator electrode array and pulse generator
0315T	Rmvl vagus nerve pls gen	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
0316T	Replc vagus nerve pls gen	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
0319T	Insert subq defib w/eltrd	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode
0320T	Insert subq defib electrode	Insertion of subcutaneous defibrillator electrode
0321T	Insert subq defib pls gen	Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode
0322T	Rmvl subq defib pls gen	Removal of subcutaneous implantable defibrillator pulse generator only
0323T	Rmvl & replc subq pls gen	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only
0325T	Repos subq defib eltrd &/gen	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator
C9294	Inj, taliglucerase alfa	Injection, taliglucerase alfa, 100 units
C9295	Injection, carfilzomib	Injection, carfilzomib, 1 mg
C9296	Injection, ziv-aflibercept	Injection, ziv-aflibercept, 1 mg
G0458	LDR pros brachy comp rat	Low dose rate (ldr) prostate brachytherapy services, composite rate
J0178	Aflibercept injection	Injection, aflibercept, 1 mg
J0485	Belatacept injection	Injection, belataccept, 1 mg
J0716	Centruroides immune f(ab)	Injection, centruroides immune f(ab)2, up to 120 milligrams
J1744	Icatibant injection	Injection, icatibant, 1 mg
J2212	Methylnaltrexone, 0.1 mg	Injection, methylnaltrexone, 0.1 mg
J7178	Human fibrinogen conc inj	Injection, human fibrinogen concentrate, 1 mg
J7527	Oral everolimus	Everolimus, oral, 0.25 mg
J9002	Doxil injection	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg
J9019	Erwinaze injection	Injection, asparaginase (Erwinaze), 1,000 IU
J9042	Brentuximab vedotin inj	Injection, brentuximab vedotin, 1 mg
J9212	Interferon alfacon-1 inj	Injection, interferon alfacon-1, recombinant, 1 microgram
Q4131	Epifix	Epifix, per square centimeter
Q4132	Grafix core	Grafix core, per square centimeter
Q4133	Grafix prime	Grafix prime, per square centimeter

Attachment C

CY 2013 ASC PROCEDURES TO WHICH THE NO COST/FULL CREDIT AND PARTIAL CREDIT DEVICE ADJUSTMENT POLICY APPLIES

CY 2013 HCPCS Code	CY 2013 Short Descriptor	CY 2013 Device Offset Amount for No Cost/Full Credit Case	CY 2013 Device Offset Amount for Partial Credit Case
19296	Place po breast cath for rad	$2,290.58	$1,145.29
19297	Place breast cath for rad	$2,290.58	$1,145.29
19298	Place breast rad tube/caths	$2,290.58	$1,145.29
19325	Enlarge breast with implant	$2,290.58	$1,145.29
19342	Delayed breast prosthesis	$2,290.58	$1,145.29
19357	Breast reconstruction	$2,290.58	$1,145.29
24361	Reconstruct elbow joint	$5,698.72	$2,849.36
24363	Replace elbow joint	$5,698.72	$2,849.36
24366	Reconstruct head of radius	$5,698.72	$2,849.36
24370	Revise reconst elbow joint	$5,698.72	$2,849.36
24371	Revise reconst elbow joint	$5,698.72	$2,849.36
25441	Reconstruct wrist joint	$5,698.72	$2,849.36
25442	Reconstruct wrist joint	$5,698.72	$2,849.36
25446	Wrist replacement	$5,698.72	$2,849.36
27446	Revision of knee joint	$5,698.72	$2,849.36
33206	Insert heart pm atrial	$5,717.48	$2,858.74
33207	Insert heart pm ventricular	$5,717.48	$2,858.74
33208	Insrt heart pm atrial & vent	$7,457.60	$3,728.80
33212	Insert pulse gen sngl lead	$4,698.74	$2,349.37
33213	Insert pulse gen dual leads	$5,707.34	$2,853.67
33214	Upgrade of pacemaker system	$7,457.60	$3,728.80
33221	Insert pulse gen mult leads	$5,707.34	$2,853.67
33224	Insert pacing lead & connect	$7,457.60	$3,728.80
33225	L ventric pacing lead add-on	$7,457.60	$3,728.80
33227	Remove&replace pm gen singl	$4,698.74	$2,349.37
33228	Remv&replc pm gen dual lead	$5,707.34	$2,853.67
33229	Remv&replc pm gen mult leads	$5,707.34	$2,853.67
33230	Insrt pulse gen w/dual leads	$18,932.63	$9,466.32
33231	Insrt pulse gen w/mult leads	$18,932.63	$9,466.32
33240	Insrt pulse gen w/singl lead	$18,932.63	$9,466.32
33249	Nsert pace-defib w/lead	$25,743.60	$12,871.80
33262	Remv&replc cvd gen sing lead	$18,932.63	$9,466.32
33263	Remv&replc cvd gen dual lead	$18,932.63	$9,466.32
33264	Remv&replc cvd gen mult lead	$18,932.63	$9,466.32
33282	Implant pat-active ht record	$4,362.18	$2,181.09
53440	Male sling procedure	$4,756.04	$2,378.02
53444	Insert tandem cuff	$4,756.04	$2,378.02
53445	Insert uro/ves nck sphincter	$8,754.21	$4,377.11

53447	Remove/replace ur sphincter	$8,754.21	$4,377.11
54400	Insert semi-rigid prosthesis	$4,756.04	$2,378.02
54401	Insert self-contd prosthesis	$8,754.21	$4,377.11
54405	Insert multi-comp penis pros	$8,754.21	$4,377.11
54410	Remove/replace penis prosth	$8,754.21	$4,377.11
54416	Remv/repl penis contain pros	$8,754.21	$4,377.11
61885	Insrt/redo neurostim 1 array	$14,199.48	$7,099.74
61886	Implant neurostim arrays	$18,228.87	$9,114.44
62361	Implant spine infusion pump	$11,509.13	$5,754.57
62362	Implant spine infusion pump	$11,509.13	$5,754.57
63650	Implant neuroelectrodes	$2,464.75	$1,232.38
63655	Implant neuroelectrodes	$4,670.21	$2,335.11
63663	Revise spine eltrd perq aray	$2,464.75	$1,232.38
63664	Revise spine eltrd plate	$2,464.75	$1,232.38
63685	Insrt/redo spine n generator	$14,199.48	$7,099.74
64553	Implant neuroelectrodes	$2,464.75	$1,232.38
64555	Implant neuroelectrodes	$2,464.75	$1,232.38
64561	Implant neuroelectrodes	$2,464.75	$1,232.38
64565	Implant neuroelectrodes	$2,464.75	$1,232.38
64568	Inc for vagus n elect impl	$22,707.61	$11,353.81
64569	Revise/repl vagus n eltrd	$2,464.75	$1,232.38
64575	Implant neuroelectrodes	$4,670.21	$2,335.11
64580	Implant neuroelectrodes	$4,670.21	$2,335.11
64581	Implant neuroelectrodes	$4,670.21	$2,335.11
64590	Insrt/redo pn/gastr stimul	$14,199.48	$7,099.74
69714	Implant temple bone w/stimul	$5,698.72	$2,849.36
69715	Temple bne implnt w/stimulat	$5,698.72	$2,849.36
69717	Temple bone implant revision	$5,698.72	$2,849.36
69718	Revise temple bone implant	$5,698.72	$2,849.36
69930	Implant cochlear device	$25,450.31	$12,725.16
0282T	Periph field stimul trial	$2,464.75	$1,232.38
0283T	Periph field stimul perm	$22,707.61	$11,353.81
0302T	Icar ischm mntrng sys compl	$5,717.48	$2,858.74
0304T	Icar ischm mntrng sys device	$4,698.74	$2,349.37
0316T	Replc vagus nerve pls gen	$14,199.48	$7,099.74
0319T	Insert subq defib w/eltrd	$18,932.63	$9,466.32
0321T	Insert subq defib pls gen	$18,932.63	$9,466.32
0323T	Rmvl & replc subq pls gen	$18,932.63	$9,466.32
G0448	Place perm pacing cardiovert	$25,743.60	$12,871.80

Attachment D

CY 2013 DEVICES FOR WHICH THE "FB" OR "FC" MODIFIER MUST BE REPORTED WITH THE ASC PROCEDURE CODE WHEN FURNISHED AT NO COST OR WITH FULL OR PARTIAL CREDIT

CY 2013 Device HCPCS Code	CY 2013 Short Descriptor
C1721	AICD, dual chamber
C1722	AICD, single chamber
C1728	Cath, brachytx seed adm
C1762	Conn tiss, human(inc fascia)
C1763	Conn tiss, non-human
C1764	Event recorder, cardiac
C1767	Generator, neurostim, imp
C1771	Rep dev, urinary, w/sling
C1772	Infusion pump, programmable
C1776	Joint device (implantable)
C1777	Stent, non-coat/cov w/o del
C1778	Lead, neurostimulator
C1779	Lead, pmkr, transvenous VDD
C1781	Mesh (implantable)
C1785	Pmkr, dual, rate-resp
C1786	Pmkr, single, rate-resp
C1789	Prosthesis, breast, imp
C1813	Prosthesis, penile, inflatab
C1815	Pros, urinary sph, imp
C1820	Generator, neuro rechg bat sys
C1881	Dialysis access system
C1882	AICD, other than sing/dual
C1891	Infusion pump, non-prog, perm
C1895	Lead, AICD, endo dual coil
C1897	Lead, neurostim, test kit
C1898	Lead, pmkr, other than trans
C1900	Lead coronary venous
C2618	Probe, cryoablation
C2619	Pmkr, dual, non rate-resp
C2620	Pmkr, single, non rate-resp
C2621	Pmkr, other than sing/dual
C2622	Prosthesis, penile, non-inf
C2626	Infusion pump, non-prog, temp
C2631	Rep dev, urinary, w/o sling
L8600	Implant breast silicone/eq
L8614	Cochlear device/system
L8680	Implt neurostim elctr each
L8685	Implt nrostm pls gen sng rec
L8686	Implt nrostm pls gen sng non
L8687	Implt nrostm pls gen dua rec
L8688	Implt nrostm pls gen dua non
L8690	Aud osseo dev, int/ext comp