



Provider Inquiry Assistance

Implementation of an Ambulatory Surgical Center (ASC) Healthcare Common Procedure Coding System (HCPCS) Payment Indicator File – JA6184

Note: MLN Matters® article MM6184 was revised to add a reference to a related article that corrects the ASC Payment Indicator (ASCPI) file payment indicator assigned to HCPCS codes V2787 (Astigmatism correcting function of intraocular lens) and HCPCS V2788 (Presbyopia correcting function of intraocular lens). The article may be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6630.pdf> on the CMS website.

Related CR Release Date: October 17, 2008 **Revised**

Date Job Aid Revised: January 28, 2010

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Key Words MM6184, CR6184, R1616CP, ASC, Ambulatory, HCPCS

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

Provider Types Affected ASCs submitting claims to Medicare Carriers and/or A/B MACs for ASC services provided to Medicare beneficiaries



Change Request (CR) 6184 provides instructions to Medicare contractor(s) to modify their systems to accept the new ASC HCPCS Payment Indicator File and ensure that it properly interfaces with the other ASC files in order to process ASC claims appropriately.

Provider Needs to Know...

- CR6184 announces that the Centers for Medicare & Medicaid Services (CMS) is providing a file of the ASC payment indicators that are assigned to each HCPCS code in order to enhance the ability of Medicare contractors to identify both separately payable and non-separately payable (packaged) services, as well as non-payable services.
 - This information will enable contractors to provide detailed messaging in the processing
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and disposition of ASC claims for all HCPCS codes submitted by ASCs.

- In addition to the ASC Fee Schedule (ASCFS) and ASC Drug File(s), CMS is providing Medicare contractors with a more comprehensive list of HCPCS codes and the payment indicator assigned to each of the codes.
- The new ASC HCPCS Payment Indicator File will enable Medicare contractor(s) to enhance their ability to:
 - Identify all separately payable and non-separately payable (packaged) services, as well as non-payable services; and
 - Provide more precise messaging via remittance advice remark codes in the processing and disposition of ASC claims for all HCPCS codes submitted by ASCs.
- Beginning January 1, 2009, Medicare contractors will be able to process ASC claims using the revised ASC HCPCS Code Payment Indicator File and will provide messaging to ASCs and beneficiaries, in part, based on the "messaging " provided in CR6184.

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- As required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA; Section 626 of), CMS implemented a revised ASC payment system January 1, 2008.
 - CMS provided in CR5680 (Transmittal 1325, August 29, 2007; see related MLN Matters article at <http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM5680.pdf> on the CMS website) supporting ASC file record layouts of the ASCFS and ASC Drug File to interface with the instructions issued to implement the revised ASC payment system.
 - The ASCFS includes rates for all services that are eligible for payment under the revised ASC payment system, except separately paid drugs and biologicals. The ASC Drug File provides the rates for all drugs and biologicals that are eligible for separate payment under the revised ASC payment system.

Background

- Using defined "payment indicators" (72 FR 67189-67190; see <http://www.gpoaccess.gov/fr/retrieve.html> on the Internet), CMS identifies each covered service that is eligible for ASC payment and the payment methodology by which the payment amount is calculated.
- The payment indicators also indicate which services' costs are packaged into the payment for other services and which surgical procedures are excluded from Medicare payment.
- For calendar year 2008, Medicare contractors did not have access to the ASC payment indicators for all services. Therefore, they were unable to accurately determine the specific reason for nonpayment in all cases, though the payment decisions made on the claims were correct.

Operational Impact	N/A
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Reference
Materials

The MLN Matters® article related to that transmittal at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6184.pdf> on the CMS website.

The official instruction (CR6184) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1616CP.pdf> on the CMS website. Attachment B of CR6184 contains the list of ASC payment indicators and their respective definitions.
