



Related MLN Matters Article #: MM3789

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### *Payment Policy Clarification Regarding the Healthcare Common Procedure Coding System (HCPCS) Code Q3001 Performed in an Ambulatory Surgery Center (ASC)*

#### Key Words

Payment, ASC, Q3001, MM3789, CR3789, CPT, 79900, HCPCS, radioelements, brachytherapy

#### Provider Types Affected

Physicians billing Medicare Carriers for HCPCS code Q3001 performed in an ASC setting

#### Key Points

- The effective date of the instruction is January 1, 2005.
- The implementation date is May 9, 2005.
- HCPCS code Q3001 should be used on claims when billing for radioelements for brachytherapy performed in an ASC setting, instead of the Current Procedural Terminology (CPT) code 79900, effective January 1, 2005.
- Previously, Q3001 was only paid under the Outpatient Prospective Payment System (OPPS) and billable only to Medicare fiscal intermediaries.
- HCPCS Q3001 is carrier priced on the 2005 Medicare Physician Fee Schedule.
- This instruction and CR3789 clarify CMS' payment policy decision regarding the use of Q3001 on Medicare claims.

#### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3789.pdf>

For complete details regarding this change, affected providers should see the official instruction issued to their carrier which may be found at <http://www.cms.hhs.gov/transmittals/downloads/R520CP.pdf> on the CMS website.

If affected providers have questions regarding this issue, they should contact their carrier on their toll free number available at

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