DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash –

REVISED products from the Medicare Learning Network® (MLN)

"Acute Care Hospital Inpatient Prospective Payment System," Fact Sheet, ICN 006815, Downloadable

MLN Matters® Number: MM7754

Related Change Request (CR) #: CR 7754

Related CR Release Date: March 16, 2012

Effective Date: April 1, 2012

Related CR Transmittal #: R2425CP

Implementation Date: April 2, 2012

April 2012 Update of the Ambulatory Surgical Center (ASC) Payment System

Provider Types Affected

This MLN Matters® Article for Change Request (CR) 7754 is intended for physicians and Ambulatory Surgical Centers (ASCs) who submit claims to Medicare contractors (carriers and/or A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries and paid under the ASC payment system.

Provider Action Needed

This article is based on Change Request (CR) 7754 which describes changes to and billing instructions for various payment policies implemented in the April 2012 ASC payment system update. CR7754 also includes updates to the Healthcare Common Procedure Coding System (HCPCS).

The April 2012 Updates

Policy under the ASC payment system requires that ASC payment rates for covered separately payable drugs and biologicals be consistent with the payment rates under the Medicare hospital Outpatient Prospective Payment System (OPPS). Those rates are updated quarterly.

The key ASC updates effective on April 1, 2012, are as follows:

New Service (Fluorescent Vascular Angiography)

The following new packaged service has been created where there have not previously been specific codes available that describe the service. It is assigned under the ASC payment system, with an effective date of April 1, 2012.

Table 1 – Fluorescent Vascular Angiography

HCPCS	Effective date	Short Descriptor	Long descriptor	ASC Payment Indicator (PI)
C9733	4/01/2012	Non-ophthalmic FVA	Non-ophthalmic fluorescent vascular angiography	N1

HCPCS code C9733 describes SPY® Fluorescence Vascular Angiography and other types of non-ophthalmic fluorescent vascular angiography.

ASCs are reminded that since Medicare contractors pay the lesser of 80 percent of actual charge or the ASC payment rate for the separately payable procedure, and because this comparison is made at the claim line-item level, facilities may not be paid appropriately if they unbundle charges and separately report packaged codes and related charges as a separate line-item.

Billing for Drugs, Biologicals, and Radiopharmaceuticals

Drugs and Biologicals with Payments Based on Average Sales Price (ASP) Effective April 1, 2012

Payment 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. In cases where adjustments to payment rates are necessary based on the most recent ASP submissions, the Centers for Medicare & Medicaid Services (CMS) will incorporate changes to the payment rates in the April 2012 release of the ASC Drug file. The updated payment rates, effective April 1, 2012, will be included in the April 2012 update of the ASC Payment system Addendum BB, which will be posted at http://www.cms.gov/ascpayment/ascrn/itemdetail.asp?itemid=CMS1216691 on the CMS website.

New HCPCS Codes for Drugs and Biologicals Separately Payable Under the ASC Payment System Effective April 1, 2012

Four drugs and biologicals have been granted ASC payment status effective April 1, 2012. These items, along with their descriptors and APC assignments, are identified in the following table:

Table 2 – New Drugs and Biologicals Separately Payable
Effective April 1, 2012

HCPCS Code	Long Descriptor	Short Descriptor	ASC PI
C9288	Injection, centruroides (scorpion) immune f(ab)2 (equine), 1 vial	Inj, centruroides (scorpion)	K2
C9289	Injection, asparaginase erwinia chrysanthemi, 1,000 international units (I.U.)	Inj, erwinia chrysanthemi	K2
C9290	Injection, bupivicaine liposome, 1 mg	Inj, bupivicaine liposome	K2
C9291	Injection, aflibercept, 2 mg vial	Injection, aflibercept	K2

Note: Additional Information on HCPCS Code C9291 (Injection, aflibercept, 2 mg vial)

Eylea (aflibercept) is packaged in a sterile, 3 mL single use vial containing a 0.278 mL fill of 40 mg/mL Eylea (NDC 61755-0005-02). As approved by the Food and Drug Administration (FDA), the recommended dose for Eylea is 2 mg every 4 weeks, followed by 2 mg every 8 weeks. Payment for HCPCS code C9291 is for the entire contents of the single-use vial, which is labeled as providing a 2 mg dose of aflibercept. As indicated in 42 CFR 414.904, CMS calculates an ASP payment limit based on the amount of product included in a vial or other container as reflected on the FDA-approved label, and any additional product contained in the vial or other container does not represent a cost to providers and is not incorporated into the ASP payment limit. In addition, no payment is made for amounts of product in excess of that reflected on the FDA-approved label.

Updated Payment Rates for Certain HCPCS Codes Effective July 1, 2011, through September 30, 2011

The payment rates for several HCPCS codes were incorrect in the July 2011 ASC Drug File. The corrected payment rates are listed in Table 3 below and have been installed in the revised July 2011 ASC Drug File, effective for services furnished on July 1, 2011, through September 30, 2011 and processed prior to the implementation of the April 2012 ASC quarterly update. Suppliers who have received an incorrect payment for dates of service between July 1, 2011, through September 30, 2011, may request contractor adjustment of the previously processed claims.

Table 3 – Updated Payment Rates for Certain HCPCS Codes
Effective July 1, 2011, through September 30, 2011

HCPCS Code	Short Descriptor	Corrected Payment Rate	ASC PI
J0735	Clonidine hydrochloride	$35.67	K2
J1212	Dimethyl sulfoxide 50% 50 ML	$84.55	K2
J1756	Iron sucrose injection	$0.34	K2
J9245	Inj melphalan hydrochl 50 MG	$1,308.97	K2

Updated Payment Rates for Certain HCPCS Codes Effective October 1, 2011, through December 31, 2011

The payment rates for several HCPCS codes were incorrect in the October 2011 ASC Drug File. The corrected payment rates are listed in Table 4 below and have been installed in the revised October 2011 ASC Drug File, effective for services furnished on October 1, 2011, through December 31, 2011 and processed prior to the implementation of the April 2012 ASC quarterly update. Suppliers who have received an incorrect payment for dates of service between October 1, 2011 through December 31, 2011, may request contractor adjustment of the previously processed claims.

Table 4 – Updated Payment Rates for Certain HCPCS Codes

Effective October 1, 2011, through December 31, 2011

HCPCS Code	Short Descriptor	Corrected Payment Rate	ASC PI
J0735	Clonidine hydrochloride	$30.54	K2
J1212	Dimethyl sulfoxide 50% 50 ML	$84.86	K2
J1742	Ibutilide fumarate injection	$126.92	K2
J9245	Inj melphalan hydrochl 50 MG	$1,280.08	K2

Billing for Skin Substitutes

ASCs should only report the HCPCS codes describing products that can be used as skin substitutes, as listed in Table 5 below, when these products are used with one of the Current Procedural Terminology (CPT) codes describing the application of a skin substitute (15271-15278). Skin substitute products that are used with procedures outside the CPT code range of 15271-15278 are considered packaged and should not be separately reported.

Table 5 – Skin Substitute HCPCS Codes that are Separately Billable, Effective April 1, 2012, When Performed with CPT Codes 15271-15278

HCPCS Code	Short Descriptor	ASC PI
C9358	SurgiMend, fetal	K2
C9360	SurgiMend, neonatal	K2
C9363	Integra Meshed Bil Wound Mat	K2
C9366	EpiFix wound cover	K2
C9367	Endoform Dermal Template	K2
Q4101	Apligraf	K2
Q4102	Oasis wound matrix	K2
Q4103	Oasis burn matrix	K2
Q4104	Integra BMWD	K2
Q4105	Integra DRT	K2
Q4106	Dermagraft	K2
Q4107	Graftjacket	K2
Q4108	Integra matrix	K2
Q4110	Primatrix	K2
Q4111	Gammagraft	K2
Q4112	Cymetra injectable	K2
Q4113	Graftjacket xpress	K2
Q4114	Integra flowable wound matri	K2
Q4115	Alloskin	K2
Q4116	Alloderm	K2
Q4118	Matristem micromatrix	K2
Q4119	Matristem wound matrix	K2
Q4121	Theraskin	K2
Q4122	Dermacell	K2
Q4124	Oasis Ultra Tri-Layer Matrix	K2

ASC Quality Measures

In the Calendar Year (CY) 2012 OPPS/ASC Final Rule (CMS-1525-FC), CMS established a quality reporting program for ASCs and adopted five quality measures, including four outcome measures and one surgical infection control measure beginning in CY 2012 for the CY 2014 payment determination. (See http://www.cms.gov/HospitalOutpatientPPS/HORD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1253621&intNumPerPage=10 on the CMS website). The ASC quality measures, HCPCS codes, and their descriptions are included in the following table:

Table 6 – ASC Quality Measures, HCPCS Codes, Descriptors, and PIs for Claims Beginning April 1, 2012

ASC Quality Measures	G-code	Long Descriptor	Short Descriptor	ASC PI
	G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge, a fall within the facility, wrong site/side/patient/procedure/implant event, a hospital transfer or hospital admission upon discharge from the facility.	Pt doc no events on discharge	M5
Patient burn	G8908	Patient documented to have received a burn prior to discharge	Pt doc w burn prior to D/C	M5
	G8909	Patient documented not to have received a burn prior to discharge	Pt doc no burn prior to D/C	M5
Patient fall in ASC facility	G8910	Patient documented to have experienced a fall within ASC	Pt doc to have fall in ASC	M5
	G8911	Patient documented not to have experienced a fall within ASC	Pt doc no fall in ASC	M5
Wrong site, wrong side, wrong patient, wrong procedure, wrong implant	G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Pt doc with wrong event	M5
	G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant	Pt doc no wrong event	M5

ASC Quality Measures	G-code	Long Descriptor	Short Descriptor	ASC PI
		event		
Hospital transfer/Admission	G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	Pt trans to hosp post D/C	M5
	G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	Pt not trans to hosp at D/C	M5
Timing of Prophylactic antibiotic administration for SSI prevention	G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	Pt w IV AB given on time	M5
	G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	Pt w IV AB not given on time	M5
	G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	Pt w/o preop order IV AB prop	M5

ASCs may begin to report these quality measures on submitted ASC facility claims beginning with dates of service of April 1, 2012.

Additional information on the ASC quality reporting program and the required reporting of ASC measure submission timeframes and other program requirements is available on pages 76FR74492-74517 in the CY 2012 OPPS/ASC Final rule. CMS-1525-FC is available at http://www.cms.gov/HospitalOutpatientPPS/HORD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1253621&intNumPerPage=10 on the CMS website.

Corrected ASC Payment Rates for April 2012

CMS made corrections to the CY 2012 ASC payment rates and payment indicators issued in the CY 2012 OPPS/ASC final rule with comment period (CMS-1525-FC), in a correction notice published in the Federal Register on January 4, 2012 (CMS-1525-CN). CMS will make additional corrections to CMS-1525-FC, in an upcoming correction notice. The April 2012 ASCFS file included in this

transmittal is impacted by these corrections and reflect the corrected rates. These payment rates are retroactive to dates of service beginning with January 1, 2012. To view the revised ASC payment rates see the CMS April 2012 ASC Approved HCPCS Code and Payment Rates addenda, which have been updated to reflect these corrections and have been posted at http://www.cms.gov/ASCPayment/11_Addenda_Updates.asp#TopOfPage on the CMS website.

The ASCPI file is not impacted by these corrections but includes the April 2012 payment indicators.

Suppliers who think they may have received an incorrect payment between January 1, 2012, and March 31, 2012, may request contractor adjustment of the previously processed claims.

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/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.

Additional Information

The official instruction, CR7754, issued to your carriers and MACs regarding this change may be viewed at http://www.cms.gov/transmittals/downloads/R2425CP.pdf on the CMS website.

If you have any questions, please contact your carrier or MAC at their toll-free number, which may be found at http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.

News Flash - It's Not too Late to Give and Get the Flu Vaccine. Take advantage of each office visit and protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) also recommends that patients, healthcare workers and caregivers be vaccinated against the seasonal flu. Protect your patients. Protect your family. Protect yourself. Get the Flu Vaccine—Not the Flu. Remember: The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, and related provider resources, visit 2011-2012 Provider Seasonal Flu Resources and Immunizations. For the 2011-2012 seasonal flu vaccine payment limits, visit http://www.CMS.gov/McrPartBDrugAvgSalesPrice/10_VaccinesPricing.asp on the Centers for Medicare & Medicaid Services (CMS) website.