

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



NEW products from the Medicare Learning Network® (MLN)

- ["Remittance Advice Information: An Overview,"](#) Fact Sheet, ICN 908325, Downloadable only.
- ["Remittance Advice Resources,"](#) Fact Sheet, ICN 908329, Downloadable only.

MLN Matters® Number: MM8328

Related Change Request (CR) #: CR 8328

Related CR Release Date: May 31, 2013

Effective Date: July 1, 2013

Related CR Transmittal #: R2717CP

Implementation Date: July 1, 2013

## July 2013 Update of the Ambulatory Surgical Center (ASC) Payment System

### Provider Types Affected

---

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (carriers and A/B Medicare Administrative Contractors (A/B MACs)) for services to Medicare beneficiaries.

### Provider Action Needed

---

This article is based on Change Request (CR) 8328 which informs Medicare contractors about the changes to and billing instructions for various payment policies implemented in the July 2013 Ambulatory Surgical Center (ASC) payment system update. Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

## Key Points of CR8328

One new Healthcare Common Procedure Coding System (HCPCS) procedure code listed in the following is assigned for payment under the ASC payment system effective July 1, 2013.

HCPCS Code	Effective Date	Short Descriptor	Long Descriptor	ASC Payment Indicator
C9736	7/1/2013	Lap ablate uteri fibroid rf	Laparoscopy, surgical, radiofrequency ablation of uterine fibroid(s), including intraoperative guidance and monitoring, when performed	G2

The AMA releases Category III CPT Codes twice per year: in January, for implementation beginning the following July, and in July, for implementation beginning the following January. For the July 2013 update, CMS is implementing six Category III CPT Codes that the AMA released in January 2013 for implementation on July 1, 2013. Two of the six Category III CPT codes are separately payable under the ASC payment system. The CPT code, short descriptor, long descriptor, and payment indicator for these codes are shown in the following table:

CPT Code	Short Descriptor	Long Descriptor	ASC Payment Indicator
0331T	Heart symp image plnr	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	Z2
0332T	Heart symp image plnr spect	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Z2

Payment rates for these services can be found in Addendum BB of the July 2013 ASC Payment System Update that is posted in the "Downloads" section [http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11\\_Addenda\\_Updates.html](http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html) on the CMS website.

### Drugs and Biologicals with Payments Based on Average Sales Price (ASP), Effective July 1, 2013

Payments for separately payable drugs and biologicals based on ASPs are updated on a quarterly basis as later quarter ASP submissions become available. In cases where adjustments to payment

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

rates are necessary based on the most recent ASP submissions, CMS will incorporate changes to the payment rates in the July 2013 ASC DRUG FILE. The updated payment rates, effective July 1, 2013, will be included in the July 2013 update of the ASC Addendum BB, which will be posted on the CMS website.

#### Drugs and Biologicals with OPPS Pass-Through Status, Effective July 1, 2013

Two drugs and biologicals have been granted ASC payment status effective July 1, 2013. These items, along with their short and long descriptors, and ASC Payment Indicator (PI) assignments, are identified in the following table:

HCPCS Code	Short Descriptor	Long Descriptor	ASC Payment Indicator
C9131*	In ado-trastuzumab emtansine	Injection, ado-trastuzumab emtansine, 1 mg	K2
Q4122	Dermacell	Dermacell, per square centimeter	K2

**Note:** The HCPCS code identified with an "\*" indicates that this is both newly payable in the ASC payment system as well as being a new HCPCS code effective July 1, 2013.

#### New HCPCS Codes Effective July 1, 2013, for Certain Drugs and Biologicals

Two new HCPCS codes have been created for reporting certain drugs and biologicals (other than new pass-through drugs and biologicals listed above) in the ASC payment system for July 1, 2013. These codes are listed in the following table are effective for services furnished on or after July 1, 2013.

HCPCS Code	Short Descriptor	Long Descriptor	ASC Payment Indicator
Q2050*	Doxorubicin inj 10mg	Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10 mg	K2
Q2051**	Zoledronic acid 1mg	Injection, Zoledronic Acid, Not Otherwise Specified, 1 mg	K2

\*HCPCS code J9002 (Injection, Doxorubicin Hydrochloride, Liposomal, Doxil, 10 mg) will be replaced with HCPCS code Q2050 effective July 1, 2013. The payment indicator for HCPCS code

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

J9002 will change to Y5 (Nonsurgical procedure/item not valid for Medicare purposes because of coverage, regulation and/or statute; no payment made) effective July 1, 2013.

\*\* HCPCS code J3487 (Injection, Zoledronic Acid (Zometa), 1 mg) and HCPCS code J3488 (Injection, Zoledronic Acid (Reclast), 1 mg) will be replaced with HCPCS code Q2051 effective July 1, 2013. The payment indicators for HCPCS codes J3487 and J3488 will change to Y5 (Nonsurgical procedure/item not valid for Medicare purposes because of coverage, regulation and/or statute; no payment made) effective July 1, 2013.

#### Revised Payment Indicator for HCPCS Codes Q4126 and Q4134, Effective July 1, 2013

Effective July 1, 2013, the ASC payment indicators for HCPCS code Q4126 (Memoderm, dermaspan, tranzgraft or integuply, per square centimeter) and HCPCS code Q4134 (Hmatrix, per square centimeter) will change from PI=Y5 to PI=K2 (Drugs and biologicals paid separately when provided integral to a surgical procedure on ASC list). For the remainder of CY 2013, HCPCS code Q4126 and HCPCS code Q4134 will be separately paid and the prices for these codes will be updated on a quarterly basis. These codes are listed in the following table and are effective for services furnished on or after July 1, 2013.

HCPCS Code	Long Descriptor	ASC Payment Indicator
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	K2
Q4134	Hmatrix, per square centimeter	K2

#### Updated Payment Rates for Certain HCPCS Codes Effective April 1, 2013, Through June 30, 2013

The payment rates for two HCPCS codes were incorrect in the April 2013 ASC Drug File. The corrected payment rates are listed in the following table and have been installed in the revised April 2013 ASC Drug File, effective for services furnished on or after April 1, 2013, through June 30, 2013.

HCPCS Code	Short Descriptor	Corrected Payment Rate	ASC Payment Indicator
C9297	Omacetaxine mepesuccinate	\$2.53	K2
C9298	Injection, ocriplasmin	\$1,046.75	K2

Suppliers who received an incorrect payment for dates of service between April 1, 2013, and June 30, 2013, may request contractor adjustment of the previously processed claims.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.

**Flublok (Influenza virus vaccine)**

Flublok (Influenza virus vaccine) was approved by the FDA on January 16, 2013, and is described by HCPCS code Q2033 (Influenza Vaccine, Recombinant Hemagglutinin Antigens, for Intramuscular Use (Flublok)). CMS is assigning the ASC payment indicator "L1" (Influenza vaccine; pneumococcal vaccine; packaged item/service; no separate payment made.) to HCPCS code Q2033 effective July 01, 2013.

**Fluarix Quadrivalent (Influenza virus vaccine)**

Fluarix Quadrivalent (Influenza virus vaccine) was approved by the FDA on December 14, 2012, and is described by CPT code 90686 (Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use). For the July 2013 update, CMS is revising the ASC payment indicator for CPT code 90686 from "Y5" to "L1" ((Influenza vaccine; pneumococcal vaccine; packaged item/service; no separate payment made) effective January 1, 2013.)

**Additional Information**

---

The official instruction, CR8328 issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2717CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2012 American Medical Association.