

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



News Flash – The Centers for Medicare & Medicaid Services has posted an updated [Medicare FFS Version 5010 835 Health Care Claim Payment/Advice Companion Guide](#) to the [Medicare FFS Companion Guides](#) web page.

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Special Report for Ambulatory Surgical Center (ASC) Quality Reporting

Provider Types Affected

This MLN Matters® Special Edition Article is intended for ASCs that bill Medicare as a primary payer (from October 1, 2012 forward) or ASCs who bill Medicare as a primary or secondary payer (from January 1, 2013 forward).

What You Need to Know



STOP – Impact to You

ASCs that do not meet program requirements for ASC Quality Reporting may receive a two percent reduction in their annual payment update. Separately identifiable entities certified as ASCs by Medicare are affected by program requirements and possible payment penalty under the ASC Quality Reporting Program.

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CAUTION – What You Need to Know

To meet the ASC Quality Reporting Program requirements and receive the full annual payment update for Calendar Year (CY) 2014, ASCs must submit quality-data codes (QDCs) on the paper or electronic version of the Form CMS-1500 for October 1, 2012, to December 31, 2012, services where Medicare is the primary payer. To meet requirements to receive the full annual payment update for CY 2015, ASCs must submit QDCs on their claims beginning with January 1, 2013, services where Medicare is the primary or secondary payer and submit structural measure data using a web-based tool.



GO – What You Need to Do

The first step is to begin reporting with QDCs, which are specified CPT® Category II codes, or Level II G-codes that describe the presence or absence of an event. All claims must have at least two codes – no event documented (G8907) and an antibiotic code, or if a specified event occurs, the event code, codes in response to the other three events, and an antibiotic code. (See the chart below for details.) Claims submitted to Medicare must be completed using the appropriate codes and number of codes. ASCs must meet a completeness of reporting threshold of 50 percent. That is, 50 percent of their Medicare claims must have the appropriate QDCs.

Second, ASCs must register with QualityNet to establish a Security Administrator in order to report required structural measures data during the July 1, to August 15, 2013, time period and to access data submission reports. ASCs may register beginning in February 2013.

Below are guidelines to follow when reporting QDCs via claims:

1. QDCs must be submitted with a line item charge of zero dollars at the time the associated service is performed.
2. Claims may not be resubmitted for the sole purpose of adding QDCs.
3. Only one diagnosis code can be linked to each QDC.
4. Providers should work with their clearinghouse or vendor regarding line limitations to ensure that QDCs or nominal charge amounts are not dropped.

Background

A quality data reporting program for ASCs was finalized by CMS in the CY 2012 OPPS/ASC Final Rule with Comment Period (CMS-1525-FC- <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS1253623.html>).

For CY 2014 payment determination, the data collected by CMS will be claims-based and not require abstraction. ASCs will start submitting QDCs on five different measures beginning with claims with dates of service for October 1, 2012, through December 31, 2012. For this time

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period, ASCs must submit at least 50 percent of their Medicare paid claims with the appropriate QDCs by April 30, 2013, to receive the full annual payment update.

For CY 2015 payment determination, in addition to the same claims-based measures used for CY 2014, CMS adopted two structural measures that will be reported via a Web-based tool. The reporting period for the structural measures will begin on July 1, 2013, and extend through August 15, 2013, for services furnished between January 1, 2012, and December 31, 2012.

The chart on the next page contains the quality measures and applicable QDCs:

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AMBULATORY SURGICAL CENTER MEASURE G-CODES (QDCS)

Measure	Measure Description	QDC
ASC-1	Patient Burn	G8908: Patient documented to have received a burn prior to discharge
		G8909: Patient documented not to have received a burn prior to discharge
ASC-2	Patient Fall	G8910: Patient documented to have experienced a fall within the ASC
		G8911: Patient documented not to have experienced a fall within the ASC
ASC-3	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
		G8913: Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event
ASC-4	Hospital Transfer/Admission	G8914: Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC
		G8915: Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC
ASC-5	Prophylactic IV Antibiotic Timing	G8916: Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time
		G8917: Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time
		G8918: Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis
G8907: Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event; or a hospital transfer or hospital admission upon discharge from the facility. This code can be used in lieu of the other four codes if all are negative.		

The Specifications Manual for the program provides additional information for using the proper QDC and is available at

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754> on the Internet.

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Additional Information

The ACS listserv provides the latest information about the program and CMS updates about quality reporting for ASCs. To register for the listserv, go to <https://www.qualitynet.org> on the QualityNet web page.

For further assistance regarding this information, please contact the Florida Medical Quality Assurance, Inc. (FMQAI), the ASC Quality Reporting Program Support Contractor, at 866-800-8756 or at <http://www.oqrsupport.com> on the Internet.

If you have any questions, please contact your FI, carrier, DME MAC or A/B MAC 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.

Diabetes and the Seasonal Flu - November is National Diabetes Awareness Month. Diabetes can weaken the immune system, which can put seniors and others with diabetes at greater risk for flu-related complications like pneumonia. Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. Medicare provides coverage for the seasonal flu and pneumococcal vaccines and their administration for seniors and others with Medicare with no co-pay or deductible. And remember, seasonal flu vaccine is particularly important for health care workers, who may spread the flu to their patients. Don't forget to immunize yourself and your staff. Protect your patients. Protect your family. Protect yourself. *Know what to do about the flu.*

Remember – The influenza vaccine plus its administration and the pneumococcal vaccine plus its administration are covered Part B benefits. The influenza vaccine and pneumococcal vaccine are NOT Part D-covered drugs. CMS has posted the 2012-2013 [Seasonal Influenza Vaccines Pricing](#) on the CMS website. You may also refer to the [MLN Matters® Article #MM8047](#), "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season."

For more information on coverage and billing of the flu vaccine and its administration, please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages. And, while some providers may offer the flu vaccine, others can help their patients locate a vaccine provider within their local community. [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu vaccines.

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