

# MLN Matters®

Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3789

MLN Matters Number: MM3789

Related CR Release Date: April 8, 2005

Related CR Transmittal #: 520

Effective Date: January 1, 2005

Implementation Date: May 9, 2005

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

**Note:** This article was updated on February 4, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

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

### Provider Action Needed



#### **STOP – Impact to You**

HCPCS code Q3001 should be used by providers 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.



#### **CAUTION – What You Need to Know**

There has been confusion among ASCs and Medicare carriers regarding the use of HCPCS code Q3001. HCPCS Q3001 is carrier priced on the 2005 Medicare Physician Fee Schedule and should be used when billing for prostate brachytherapy procedures when performed in an ASC setting.



#### **GO – What You Need to Do**

Be aware of the current payment policy for Q3001 and Medicare carriers will process claims containing this code when the services are performed on or after January 1, 2005.

### Background

#### 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.

The Centers for Medicare & Medicaid Services (CMS) is aware of confusion among carriers and providers when HCPCS code Q3001 is used to bill for prostate brachytherapy procedures performed in an ASC setting.

Effective January 1, 2005, Q3001 is carrier priced under the 2005 Medicare Physician Fee Schedule Database (MPFSDB) and can be billed to Medicare carriers for Part B services. Previously, Q3001 was only paid under the Outpatient Prospective Payment System (OPPS) and billable only to Medicare fiscal intermediaries.

This instruction and CR 3789 clarify CMS' payment policy decision regarding the use of Q3001 on Medicare claims. HCPCS code Q3001 should be used instead of CPT 79900 when billing for prostate brachytherapy procedures performed in an ASC, on and after January 1, 2005.

### Additional Information

For complete details, please see the official instruction issued to your carrier regarding this change which may be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R520CP.pdf> on the CMS website.

If you have questions regarding this issue, contact your carrier on their toll free number available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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